DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alamance Instrument Location Alamance Co. Jail

Instrument Serial No. 008853 Graham, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16945I
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY JAIL 000

Serial Number: *008853*
Test Date: *09/25/2026*

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

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

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

Lot Number: AG602101
Exp Date: 01/28/2028

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.08	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	**.00**	**12:31pm**
AIR BLK	.00	12:32pm
SUB TEST	**.00**	**12:34pm**
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ALAMANCE COUNTY JAIL 000

Serial Number: *008853* Test Record Number: *5580*
Test Date: *09/25/2026* Test Time: *12:35pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm

CRC Tests

Test	Status	Time
COMP	Pass	12:37pm
CAL	Pass	12:37pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Alamance Instrument Location BAT Mobile Unit 13

Instrument Serial No. 208869

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307659
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008869*
Test Date: *09/18/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	8:41pm
AIR BLK	.00	8:42pm
ACCY CHK	.08	8:43pm
AIR BLK	.00	8:44pm
SUB TEST	**.00**	**8:45pm**
AIR BLK	.00	8:45pm
SUB TEST	**.00**	**8:47pm**
AIR BLK	.00	8:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008869* Test Record Number: *2292*
Test Date: *09/18/2026* Test Time: *8:52pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:52pm
FLO	Pass	8:52pm
FC	Pass	8:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8:53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

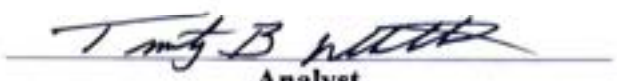
Printer Tests

Test	Status	Time
PRNT	Pass	8:53pm

CRC Tests

Test	Status	Time
COMP	Pass	8:53pm
CAL	Pass	8:53pm

Preventive Maintenance
Status: Pass



Analyst

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alamance Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008898*
Test Date: *09/18/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.07	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	**.00**	**8:30pm**
AIR BLK	.00	8:30pm
SUB TEST	**.00**	**8:32pm**
AIR BLK	.00	8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008898* Test Record Number: *2222*
Test Date: *09/18/2026* Test Time: *8:34pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:35pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:35pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

County Alamance Instrument Location Alamance Co. Jail

Instrument Serial No. 008913 Graham, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY JAIL 000

Serial Number: *008913*
Test Date: *09/25/2026*

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

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

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

Lot Number: AG602101
Exp Date: 01/28/2028

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	**.00**	**12:33pm**
AIR BLK	.00	12:34pm
SUB TEST	**.00**	**12:36pm**
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY JAIL 000

Serial Number: *008913* Test Record Number: *6094*
Test Date: *09/25/2026* Test Time: *12:38pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm

CRC Tests

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Alamance Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Tony B Hobbs
Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008939*
Test Date: *09/18/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.07	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	**.00**	**8:16pm**
AIR BLK	.00	8:16pm
SUB TEST	**.00**	**8:18pm**
AIR BLK	.00	8:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008939* Test Record Number: *2077*
Test Date: *09/18/2026* Test Time: *8:19pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
FLO	Pass	8:20pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm

CRC Tests

Test	Status	Time
COMP	Pass	8:21pm
CAL	Pass	8:21pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County ALEXANDER Instrument Location ALEXANDER CO. P.D.

Instrument Serial No. 000813 TAYLORSVILLE NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of SEPTEMBER, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

274970
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: *008813*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	8:41am
AIR BLK	.00	8:41am
ACCY CHK	.08	8:42am
AIR BLK	.00	8:43am
SUB TEST	**.00**	**8:44am**
AIR BLK	.00	8:45am
SUB TEST	**.00**	**8:46am**
AIR BLK	.00	8:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: *008813* Test Record Number: *2579*
Test Date: *09/25/2026* Test Time: *8:48am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:48am
FLO	Pass	8:48am
FC	Pass	8:48am

Temperature Tests

Test	Status	Time
FC1	Pass	8:49am
SRC	Pass	8:49am
DET	Pass	8:49am
BAR	Pass	8:49am
BT	Pass	8:49am

Blank Tests

Test	Status	Time
AIR	Pass	8:49am

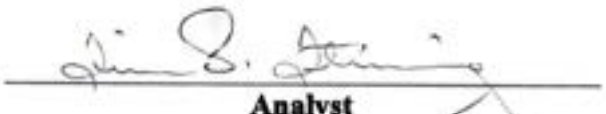
Printer Tests

Test	Status	Time
PRNT	Pass	8:49am

CRC Tests

Test	Status	Time
COMP	Pass	8:49am
CAL	Pass	8:49am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Alleghany Instrument Location BAT Mobile Unit 7

Instrument Serial No. D08002

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

16D4930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALLEGHANY COUNTY BAT MOBILE UNIT 7 020

Serial Number: *008002*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:58pm
AIR BLK	.00	7:59pm
ACCY CHK	.07	7:59pm
AIR BLK	.00	8:00pm
SUB TEST	**.00**	**8:01pm**
AIR BLK	.00	8:02pm
SUB TEST	**.00**	**8:03pm**
AIR BLK	.00	8:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

ALLEGHANY COUNTY BAT MOBILE UNIT 7 020

Serial Number: *008002* Test Record Number: *963*
Test Date: *09/05/2026* Test Time: *8:05pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:05pm
FLO	Pass	8:05pm
FC	Pass	8:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:05pm
SRC	Pass	8:05pm
DET	Pass	8:05pm
BAR	Pass	8:05pm
BT	Pass	8:05pm

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	8:06pm
CAL	Pass	8:06pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Alleghany Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008968

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALLEGHANY COUNTY BAT MOBILE UNIT 7 020

Serial Number: *008968*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:55pm
AIR BLK	.00	7:56pm
ACCY CHK	.08	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	**.00**	**7:59pm**
AIR BLK	.00	8:00pm
SUB TEST	**.00**	**8:01pm**
AIR BLK	.00	8:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ALLEGHANY COUNTY BAT MOBILE UNIT 7 020

Serial Number: *008968* Test Record Number: *524*
Test Date: *09/05/2026* Test Time: *8:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
FC	Pass	8:03pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:04pm

CRC Tests

Test	Status	Time
COMP	Pass	8:04pm
CAL	Pass	8:04pm

Preventive Maintenance
Status: Pass

John Poirier

Analyst

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

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

County Anson Instrument Location Anson County S.O.

Instrument Serial No. 008597 Wadesboro, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

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

Intox EC/IR-II: Subject Test

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: *008597*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:55am
ACCY CHK	.08	11:56am
AIR BLK	.00	11:57am
SUB TEST	**.00**	**11:57am**
AIR BLK	.00	11:58am
SUB TEST	**.00**	**12:00pm**
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: *008597* Test Record Number: *2083*
Test Date: *09/01/2026* Test Time: *12:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm

CRC Tests

Test	Status	Time
COMP	Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Bertie Instrument Location Bertie Co. S.O.

Instrument Serial No. 008897 Windsor, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BERTIE COUNTY BERTIE CO SO 070

Serial Number: *008897*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:09am
AIR BLK	.00	10:10am
ACCY CHK	.08	10:10am
AIR BLK	.00	10:11am
SUB TEST	**.00**	**10:12am**
AIR BLK	.00	10:13am
SUB TEST	**.00**	**10:15am**
AIR BLK	.00	10:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

BERTIE COUNTY BERTIE CO SO 070

Serial Number: *008897* Test Record Number: *1743*
Test Date: *09/10/2026* Test Time: *10:16am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:18am

Printer Tests

Test	Status	Time
PRNT	Pass	10:18am

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

County Brunswick Instrument Location Leland Police Department

Instrument Serial No. 008787 Leland, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

845025
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY LELAND PD 090

Serial Number: *008787*
Test Date: *09/02/2026*

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

Analyst's Name: *Ryan, Robert F*
Permit Number: *0084-5023*
Effective:
02/01/2026-02/01/2028

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	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	**.00**	**1:18pm**
AIR BLK	.00	1:19pm
SUB TEST	**.00**	**1:21pm**
AIR BLK	.00	1:22pm

Reported ACT .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY LELAND PD 090

Serial Number: *008787* Test Record Number: *1469*
Test Date: *09/02/2026* Test Time: *1:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:24pm

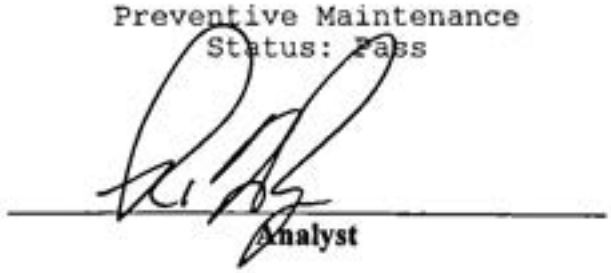
Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance Status: Pass



Analyst

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

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:27pm
AIR BLK	.00	8:28pm
ACCY CHK	.07	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	**.00**	**8:31pm**
AIR BLK	.00	8:31pm
SUB TEST	**.00**	**8:33pm**
AIR BLK	.00	8:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6417*
Test Date: *09/08/2026* Test Time: *8:34pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:35pm
FLO	Pass	8:35pm
FC	Pass	8:35pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:36pm

CRC Tests

Test	Status	Time
COMP	Pass	8:36pm
CAL	Pass	8:36pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:58am
AIR BLK	.00	7:59am
ACCY CHK	.07	8:00am
AIR BLK	.00	8:01am
SUB TEST	**.00**	**8:01am**
AIR BLK	.00	8:02am
SUB TEST	**.00**	**8:04am**
AIR BLK	.00	8:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6423*
Test Date: *09/24/2026* Test Time: *8:05am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:05am
FLO	Pass	8:05am
FC	Pass	8:05am

Temperature Tests

Test	Status	Time
FC1	Pass	8:05am
SRC	Pass	8:05am
DET	Pass	8:05am
BAR	Pass	8:05am
BT	Pass	8:05am

Blank Tests

Test	Status	Time
AIR	Pass	8:06am

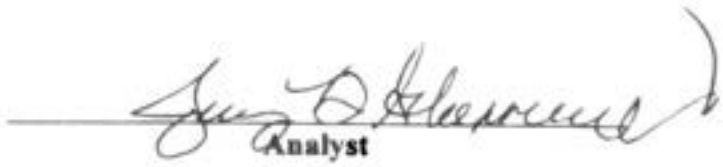
Printer Tests

Test	Status	Time
PRNT	Pass	8:06am

CRC Tests

Test	Status	Time
COMP	Pass	8:06am
CAL	Pass	8:06am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Cabarrus Instrument Location BAT Mobile Unit B

Instrument Serial No. 008615 -

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	6:18pm
AIR BLK	.00	6:19pm
ACCY CHK	.07	6:20pm
AIR BLK	.00	6:21pm
SUB TEST	**.00**	**6:22pm**
AIR BLK	.00	6:22pm
SUB TEST	**.00**	**6:24pm**
AIR BLK	.00	6:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6427*
Test Date: *09/25/2026* Test Time: *6:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:25pm
FLO	Pass	6:25pm
FC	Pass	6:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:26pm
SRC	Pass	6:26pm
DET	Pass	6:26pm
BAR	Pass	6:26pm
BT	Pass	6:26pm

Blank Tests

Test	Status	Time
AIR	Pass	6:26pm

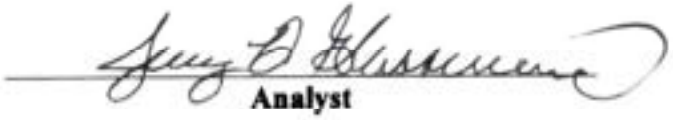
Printer Tests

Test	Status	Time
PRNT	Pass	6:26pm

CRC Tests

Test	Status	Time
COMP	Pass	6:26pm
CAL	Pass	6:27pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT B 120

Serial Number: *008615*
Test Date: *09/26/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:31pm
AIR BLK	.00	5:32pm
ACCY CHK	.07	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	**.00**	**5:34pm**
AIR BLK	.00	5:35pm
SUB TEST	**.00**	**5:36pm**
AIR BLK	.00	5:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6429*
Test Date: *09/26/2026* Test Time: *5:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:38pm
FLO	Pass	5:38pm
FC	Pass	5:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:38pm
SRC	Pass	5:38pm
DET	Pass	5:38pm
BAR	Pass	5:38pm
BT	Pass	5:38pm

Blank Tests

Test	Status	Time
AIR	Pass	5:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm

CRC Tests

Test	Status	Time
COMP	Pass	5:39pm
CAL	Pass	5:39pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Cabarrus Instrument Location Cabarrus County SO Concord, NC

Instrument Serial No. 008625

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

849845
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: *008625*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	**.00**	**12:24pm**
AIR BLK	.00	12:25pm
SUB TEST	**.00**	**12:27pm**
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: *008625* Test Record Number: *7504*
Test Date: *09/09/2026* Test Time: *12:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm

CRC Tests

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008775
Test Date: 09/08/2026

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.08	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	**.00**	**8:29pm**
AIR BLK	.00	8:30pm
SUB TEST	**.00**	**8:31pm**
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2634*
Test Date: *09/08/2026* Test Time: *8:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:33pm
FLO	Pass	8:33pm
FC	Pass	8:34pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:58am
AIR BLK	.00	7:59am
ACCY CHK	.08	8:00am
AIR BLK	.00	8:01am
SUB TEST	**.00**	**8:02am**
AIR BLK	.00	8:02am
SUB TEST	**.00**	**8:04am**
AIR BLK	.00	8:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2641*
Test Date: *09/24/2026* Test Time: *8:05am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:05am
FLO	Pass	8:05am
FC	Pass	8:06am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:06am

Printer Tests

Test	Status	Time
PRNT	Pass	8:06am

CRC Tests

Test	Status	Time
COMP	Pass	8:06am
CAL	Pass	8:06am

Preventive Maintenance
Status: Pass

Analyst

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

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	6:18pm
AIR BLK	.00	6:19pm
ACCY CHK	.08	6:19pm
AIR BLK	.00	6:20pm
SUB TEST	**.00**	**6:21pm**
AIR BLK	.00	6:22pm
SUB TEST	**.00**	**6:23pm**
AIR BLK	.00	6:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2647*
Test Date: *09/25/2026* Test Time: *6:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:25pm
FLO	Pass	6:25pm
FC	Pass	6:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:25pm
SRC	Pass	6:25pm
DET	Pass	6:25pm
BAR	Pass	6:25pm
BT	Pass	6:25pm

Blank Tests

Test	Status	Time
AIR	Pass	6:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:26pm

CRC Tests

Test	Status	Time
COMP	Pass	6:26pm
CAL	Pass	6:26pm

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
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008795 –

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775*
Test Date: *09/26/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:30pm
AIR BLK	.00	5:31pm
ACCY CHK	.08	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	**.00**	**5:33pm**
AIR BLK	.00	5:34pm
SUB TEST	**.00**	**5:35pm**
AIR BLK	.00	5:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2650*
Test Date: *09/26/2026* Test Time: *5:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:37pm
FLO	Pass	5:37pm
FC	Pass	5:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:37pm
SRC	Pass	5:37pm
DET	Pass	5:37pm
BAR	Pass	5:37pm
BT	Pass	5:37pm

Blank Tests

Test	Status	Time
AIR	Pass	5:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:38pm

CRC Tests

Test	Status	Time
COMP	Pass	5:38pm
CAL	Pass	5:38pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008816
Test Date: 09/08/2026

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:26pm
AIR BLK	.00	8:26pm
ACCY CHK	.07	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	**.00**	**8:29pm**
AIR BLK	.00	8:30pm
SUB TEST	**.00**	**8:31pm**
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8198*
Test Date: *09/08/2026* Test Time: *8:34pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:35pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 20 21 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:57am
AIR BLK	.00	7:58am
ACCY CHK	.08	7:59am
AIR BLK	.00	8:00am
SUB TEST	**.00**	**8:01am**
AIR BLK	.00	8:01am
SUB TEST	**.00**	**8:03am**
AIR BLK	.00	8:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8205*
Test Date: *09/24/2026* Test Time: *8:04am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:05am
FLO	Pass	8:05am
FC	Pass	8:05am

Temperature Tests

Test	Status	Time
FC1	Pass	8:05am
SRC	Pass	8:05am
DET	Pass	8:05am
BAR	Pass	8:05am
BT	Pass	8:05am

Blank Tests

Test	Status	Time
AIR	Pass	8:06am

Printer Tests

Test	Status	Time
PRNT	Pass	8:06am

CRC Tests

Test	Status	Time
COMP	Pass	8:06am
CAL	Pass	8:06am

Preventive Maintenance
Status: Pass

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit B

Instrument Serial No. 008816 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	6:17pm
AIR BLK	.00	6:18pm
ACCY CHK	.07	6:19pm
AIR BLK	.00	6:20pm
SUB TEST	**.00**	**6:21pm**
AIR BLK	.00	6:21pm
SUB TEST	**.00**	**6:23pm**
AIR BLK	.00	6:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8209*
Test Date: *09/25/2026* Test Time: *6:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:25pm
FLO	Pass	6:25pm
FC	Pass	6:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:25pm
SRC	Pass	6:25pm
DET	Pass	6:25pm
BAR	Pass	6:25pm
BT	Pass	6:25pm

Blank Tests

Test	Status	Time
AIR	Pass	6:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:26pm

CRC Tests

Test	Status	Time
COMP	Pass	6:26pm
CAL	Pass	6:26pm

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 –

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816*
Test Date: *09/26/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	5:29pm
AIR BLK	.00	5:30pm
ACCY CHK	.07	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	**.00**	**5:33pm**
AIR BLK	.00	5:34pm
SUB TEST	**.00**	**5:35pm**
AIR BLK	.00	5:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8211*
Test Date: *09/26/2026* Test Time: *5:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:37pm
FLO	Pass	5:37pm
FC	Pass	5:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:37pm
SRC	Pass	5:37pm
DET	Pass	5:37pm
BAR	Pass	5:37pm
BT	Pass	5:37pm

Blank Tests

Test	Status	Time
AIR	Pass	5:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:38pm

CRC Tests

Test	Status	Time
COMP	Pass	5:38pm
CAL	Pass	5:38pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:25pm
AIR BLK	.00	8:26pm
ACCY CHK	.08	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	**.00**	**8:28pm**
AIR BLK	.00	8:30pm
SUB TEST	**.00**	**8:31pm**
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1911*
Test Date: *09/08/2026* Test Time: *8:33pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:56am
AIR BLK	.00	7:57am
ACCY CHK	.08	7:58am
AIR BLK	.00	7:59am
SUB TEST	**.00**	**8:00am**
AIR BLK	.00	8:01am
SUB TEST	**.00**	**8:02am**
AIR BLK	.00	8:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1918*
Test Date: *09/24/2026* Test Time: *8:04am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:05am
SRC	Pass	8:05am
DET	Pass	8:05am
BAR	Pass	8:05am
BT	Pass	8:05am

Blank Tests

Test	Status	Time
AIR	Pass	8:05am

Printer Tests

Test	Status	Time
PRNT	Pass	8:05am

CRC Tests

Test	Status	Time
COMP	Pass	8:06am
CAL	Pass	8:06am

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	6:16pm
AIR BLK	.00	6:17pm
ACCY CHK	.08	6:18pm
AIR BLK	.00	6:19pm
SUB TEST	**.00**	**6:20pm**
AIR BLK	.00	6:21pm
SUB TEST	**.00**	**6:23pm**
AIR BLK	.00	6:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1923*
Test Date: *09/25/2026* Test Time: *6:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:25pm
FLO	Pass	6:25pm
FC	Pass	6:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:25pm
SRC	Pass	6:25pm
DET	Pass	6:25pm
BAR	Pass	6:25pm
BT	Pass	6:25pm

Blank Tests

Test	Status	Time
AIR	Pass	6:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:26pm

CRC Tests

Test	Status	Time
COMP	Pass	6:26pm
CAL	Pass	6:26pm

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929*
Test Date: *09/26/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:32pm
AIR BLK	.00	5:34pm
ACCY CHK	.08	5:34pm
AIR BLK	.00	5:36pm
SUB TEST	**.00**	**5:36pm**
AIR BLK	.00	5:37pm
SUB TEST	**.00**	**5:39pm**
AIR BLK	.00	5:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1925*
Test Date: *09/26/2026* Test Time: *5:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:41pm
FLO	Pass	5:41pm
FC	Pass	5:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:41pm
SRC	Pass	5:41pm
DET	Pass	5:41pm
BAR	Pass	5:41pm
BT	Pass	5:41pm

Blank Tests

Test	Status	Time
AIR	Pass	5:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:42pm

CRC Tests

Test	Status	Time
COMP	Pass	5:42pm
CAL	Pass	5:42pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Caldwell Instrument Location BAT Mobile Unit II

Instrument Serial No. 00 8970

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008970*
Test Date: *09/12/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2026-03/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	7:16pm
AIR BLK	.00	7:17pm
ACCY CHK	.07	7:18pm
AIR BLK	.00	7:19pm
SUB TEST	**.00**	**7:19pm**
AIR BLK	.00	7:20pm
SUB TEST	**.00**	**7:21pm**
AIR BLK	.00	7:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008970* Test Record Number: *1534*
Test Date: *09/12/2026* Test Time: *7:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:23pm
FLO	Pass	7:23pm
FC	Pass	7:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:23pm
SRC	Pass	7:23pm
DET	Pass	7:23pm
BAR	Pass	7:23pm
BT	Pass	7:23pm

Blank Tests

Test	Status	Time
AIR	Pass	7:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:24pm

CRC Tests

Test	Status	Time
COMP	Pass	7:24pm
CAL	Pass	7:24pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Caldwell Instrument Location BAT Mobile Unit II

Instrument Serial No. 008970

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Jeff Gilleland
Signature of Certifying Official

062446
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008970*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2026-03/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

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

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008970* Test Record Number: *1529*
Test Date: *09/05/2026* Test Time: *8:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
AIR	Pass	8:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:25pm

CRC Tests

Test	Status	Time
COMP	Pass	8:25pm
CAL	Pass	8:25pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Caldwell Instrument Location BAT Mobile Unit II

Instrument Serial No. 008973

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Jeff Gilbert
Signature of Certifying Official

062446
Certificate Number

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

DHHS 4080 (04/20)

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: 008973
Test Date: 09/05/2026

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2026-03/01/2028

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	8:16pm
AIR BLK	.00	8:17pm
ACCY CHK	.07	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	**.00**	**8:19pm**
AIR BLK	.00	8:20pm
SUB TEST	**.00**	**8:21pm**
AIR BLK	.00	8:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008973* Test Record Number: *1562*
Test Date: *09/05/2026* Test Time: *8:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:26pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:26pm

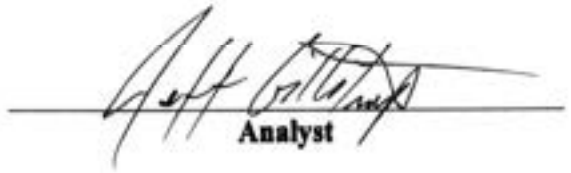
Printer Tests

Test	Status	Time
PRNT	Pass	8:26pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Caldwell Instrument Location BAT Mobile Unit II

Instrument Serial No. 008973

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008973*
Test Date: *09/12/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2026-03/01/2028

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	7:18pm
AIR BLK	.00	7:19pm
ACCY CHK	.07	7:19pm
AIR BLK	.00	7:20pm
SUB TEST	**.00**	**7:21pm**
AIR BLK	.00	7:22pm
SUB TEST	**.00**	**7:23pm**
AIR BLK	.00	7:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008973* Test Record Number: *1566*
Test Date: *09/12/2026* Test Time: *7:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:25pm
FLO	Pass	7:25pm
FC	Pass	7:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:25pm
SRC	Pass	7:25pm
DET	Pass	7:25pm
BAR	Pass	7:25pm
BT	Pass	7:25pm

Blank Tests

Test	Status	Time
AIR	Pass	7:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:26pm

CRC Tests

Test	Status	Time
COMP	Pass	7:26pm
CAL	Pass	7:26pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Camden Instrument Location Camden Co. S.O.

Instrument Serial No. 008940 Camden, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: *008940*
Test Date: *09/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.08	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	**.00**	**2:46pm**
AIR BLK	.00	2:47pm
SUB TEST	**.00**	**2:49pm**
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: *008940* Test Record Number: *1412*
Test Date: *09/16/2026* Test Time: *2:50pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:51pm
SRC	Pass	2:51pm
DET	Pass	2:51pm
BAR	Pass	2:51pm
BT	Pass	2:51pm

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm

CRC Tests

Test	Status	Time
COMP	Pass	2:52pm
CAL	Pass	2:52pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County CARTERET Instrument Location CARTERET COUNTY DETENTION CENTER

Instrument Serial No. 008605 BEAUFORT, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CARTERET COUNTY DETENTION CENTER 150

Serial Number: *008605*
Test Date: *09/09/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY DETENTION CENTER 150

Serial Number: *008605* Test Record Number: *4759*
Test Date: *09/09/2026* Test Time: *12:34pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location EMERALD ISLE POLICE DEPT

Instrument Serial No. 008620 EMERALD ISLE, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

282495
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: *008620*
Test Date: *09/09/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	2:30pm
AIR BLK	.00	2:31pm
ACCY CHK	.08	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	**.00**	**2:33pm**
AIR BLK	.00	2:34pm
SUB TEST	**.00**	**2:37pm**
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: *008620* Test Record Number: *2716*
Test Date: *09/09/2026* Test Time: *2:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

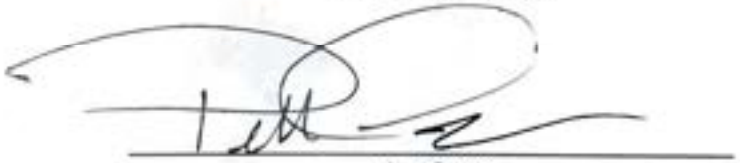
Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm

CRC Tests

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County CARTERET Instrument Location MOREHEAD CITY POLICE DEPT

Instrument Serial No. 008731 MOREHEAD CITY, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: *008731*
Test Date: *09/09/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.08	11:27am
AIR BLK	.00	11:28am
SUB TEST	**.00**	**11:29am**
AIR BLK	.00	11:30am
SUB TEST	**.00**	**11:31am**
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: *008731* Test Record Number: *3004*
Test Date: *09/09/2026* Test Time: *11:33am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Test	Status	Time
PRNT	Pass	11:34am

CRC Tests

Test	Status	Time
COMP	Pass	11:34am
CAL	Pass	11:34am

Preventive Maintenance
Status: Pass



Analyst

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

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

County CARTERET Instrument Location ATLATIC BEACH POLICE DEPT

Instrument Serial No. 008785 ATLANTIC BEACH, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: *008785*
Test Date: *09/09/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:21pm
SUB TEST	**.00**	**1:21pm**
AIR BLK	.00	1:22pm
SUB TEST	**.00**	**1:24pm**
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: *008785* Test Record Number: *1702*
Test Date: *09/09/2026* Test Time: *1:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:26pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

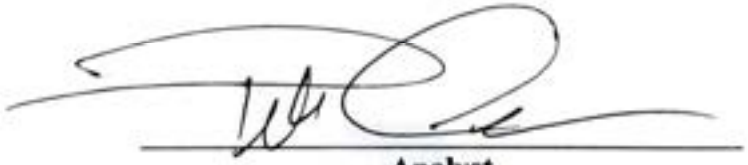
Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

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

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
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location CARTERET COUNTY DETENTION CENTER

Instrument Serial No. 008882 BEAUFORT, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

282950
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CARTERET COUNTY DETENTION CENTER 150

Serial Number: *008882*
Test Date: *09/09/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	**.00**	**12:24pm**
AIR BLK	.00	12:24pm
SUB TEST	**.00**	**12:26pm**
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CARTERET COUNTY DETENTION CENTER 150

Serial Number: *008882* Test Record Number: *2841*
Test Date: *09/09/2026* Test Time: *12:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

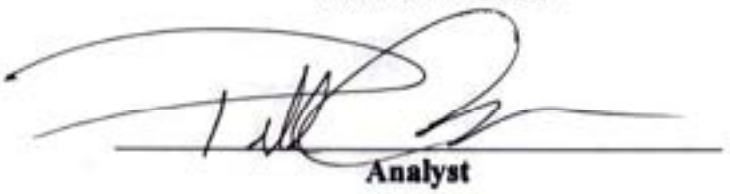
Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm

CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Caswell Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CASWELL COUNTY BAT MOBILE UNIT 13 160

Serial Number: *008869*
Test Date: *09/04/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	7:38pm
AIR BLK	.00	7:39pm
ACCY CHK	.08	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	**.00**	**7:41pm**
AIR BLK	.00	7:42pm
SUB TEST	**.00**	**7:43pm**
AIR BLK	.00	7:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CASWELL COUNTY BAT MOBILE UNIT 13 160

Serial Number: *008869* Test Record Number: *2286*
Test Date: *09/04/2026* Test Time: *7:45pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	7:45pm
SRC	Pass	7:45pm
DET	Pass	7:45pm
BAR	Pass	7:45pm
BT	Pass	7:45pm

Blank Tests

Test	Status	Time
AIR	Pass	7:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm

CRC Tests

Test	Status	Time
COMP	Pass	7:46pm
CAL	Pass	7:46pm

Preventive Maintenance
Status: Pass

Tmj B. White
Analyst

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

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

County Caswell Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CASWELL COUNTY BAT MOBILE UNIT 13 160

Serial Number: *008898*
Test Date: *09/04/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.07	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	**.00**	**7:28pm**
AIR BLK	.00	7:29pm
SUB TEST	**.00**	**7:31pm**
AIR BLK	.00	7:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CASWELL COUNTY BAT MOBILE UNIT 13 160

Serial Number: *008898* Test Record Number: *2218*
Test Date: *09/04/2026* Test Time: *7:32pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:32pm
FLO	Pass	7:32pm
FC	Pass	7:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:32pm
SRC	Pass	7:32pm
DET	Pass	7:32pm
BAR	Pass	7:32pm
BT	Pass	7:32pm

Blank Tests

Test	Status	Time
AIR	Pass	7:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:33pm

CRC Tests

Test	Status	Time
COMP	Pass	7:33pm
CAL	Pass	7:33pm

Preventive Maintenance
Status: Pass

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Caswell Instrument Location BAT Mobile Unit #3

Instrument Serial No. D08939

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Tony B Watts
Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CASWELL COUNTY BAT MOBILE UNIT 13 160

Serial Number: *008939*
Test Date: *09/04/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	7:09pm
AIR BLK	.00	7:10pm
ACCY CHK	.07	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	**.00**	**7:12pm**
AIR BLK	.00	7:13pm
SUB TEST	**.00**	**7:14pm**
AIR BLK	.00	7:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CASWELL COUNTY BAT MOBILE UNIT 13 160

Serial Number: *008939* Test Record Number: *2072*
Test Date: *09/04/2026* Test Time: *7:16pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:16pm
FLO	Pass	7:16pm
FC	Pass	7:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:16pm
SRC	Pass	7:16pm
DET	Pass	7:16pm
BAR	Pass	7:16pm
BT	Pass	7:16pm

Blank Tests

Test	Status	Time
AIR	Pass	7:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:17pm

CRC Tests

Test	Status	Time
COMP	Pass	7:17pm
CAL	Pass	7:17pm

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
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 –

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008615*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	6:04pm
AIR BLK	.00	6:05pm
ACCY CHK	.07	6:05pm
AIR BLK	.00	6:06pm
SUB TEST	**.00**	**6:08pm**
AIR BLK	.00	6:09pm
SUB TEST	**.00**	**6:11pm**
AIR BLK	.00	6:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008615* Test Record Number: *6407*
Test Date: *09/04/2026* Test Time: *6:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
BT	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:14pm

CRC Tests

Test	Status	Time
COMP	Pass	6:14pm
CAL	Pass	6:14pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Catawba Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official 2219283 Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008736*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	6:04pm
AIR BLK	.00	6:05pm
ACCY CHK	.07	6:05pm
AIR BLK	.00	6:07pm
SUB TEST	**.00**	**6:08pm**
AIR BLK	.00	6:09pm
SUB TEST	**.00**	**6:11pm**
AIR BLK	.00	6:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008736* Test Record Number: *1756*
Test Date: *09/04/2026* Test Time: *6:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
BT	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:13pm

CRC Tests

Test	Status	Time
COMP	Pass	6:14pm
CAL	Pass	6:14pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Catawba Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 –

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008775*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	6:04pm
AIR BLK	.00	6:05pm
ACCY CHK	.08	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	**.00**	**6:08pm**
AIR BLK	.00	6:09pm
SUB TEST	**.00**	**6:11pm**
AIR BLK	.00	6:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008775* Test Record Number: *2622*
Test Date: *09/04/2026* Test Time: *6:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
BT	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:14pm

CRC Tests

Test	Status	Time
COMP	Pass	6:14pm
CAL	Pass	6:14pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Catawba Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008816*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	6:05pm
AIR BLK	.00	6:06pm
ACCY CHK	.07	6:07pm
AIR BLK	.00	6:08pm
SUB TEST	**.00**	**6:08pm**
AIR BLK	.00	6:09pm
SUB TEST	**.00**	**6:12pm**
AIR BLK	.00	6:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008816* Test Record Number: *8189*
Test Date: *09/04/2026* Test Time: *6:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
BT	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:14pm

CRC Tests

Test	Status	Time
COMP	Pass	6:14pm
CAL	Pass	6:14pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County CATAWBA Instrument Location CATAWBA COUNTY S.O.

Instrument Serial No. 008821 NEWTON NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of SEPTEMBER, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

274970
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: *008821*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	10:00am
AIR BLK	.00	10:00am
ACCY CHK	.07	10:01am
AIR BLK	.00	10:02am
SUB TEST	**.00**	**10:03am**
AIR BLK	.00	10:03am
SUB TEST	**.00**	**10:05am**
AIR BLK	.00	10:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: *008821* Test Record Number: *2839*
Test Date: *09/25/2026* Test Time: *10:07am 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	10:08am

Printer Tests

Test	Status	Time
PRNT	Pass	10:08am

CRC Tests

Test	Status	Time
COMP	Pass	10:08am
CAL	Pass	10:08am

Preventive Maintenance
Status: Pass

Analyst

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

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

County Catawba Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 13 170

Serial Number: *008869*
Test Date: *09/05/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	7:42pm
AIR BLK	.00	7:43pm
ACCY CHK	.08	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	**.00**	**7:46pm**
AIR BLK	.00	7:46pm
SUB TEST	**.00**	**7:48pm**
AIR BLK	.00	7:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CATAWBA COUNTY BAT MOBILE UNIT 13 170

Serial Number: *008869* Test Record Number: *2289*
Test Date: *09/05/2026* Test Time: *7:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:50pm
SRC	Pass	7:50pm
DET	Pass	7:50pm
BAR	Pass	7:50pm
BT	Pass	7:50pm

Blank Tests

Test	Status	Time
AIR	Pass	7:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:50pm

CRC Tests

Test	Status	Time
COMP	Pass	7:50pm
CAL	Pass	7:50pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Catawba Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Tony Bullock
Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 13 170

Serial Number: *008898*
Test Date: *09/05/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	7:30pm
AIR BLK	.00	7:31pm
ACCY CHK	.07	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	**.00**	**7:33pm**
AIR BLK	.00	7:34pm
SUB TEST	**.00**	**7:35pm**
AIR BLK	.00	7:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY BAT MOBILE UNIT 13 170

Serial Number: *008898* Test Record Number: *2220*
Test Date: *09/05/2026* Test Time: *7:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:37pm
FLO	Pass	7:37pm
FC	Pass	7:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:37pm
SRC	Pass	7:37pm
DET	Pass	7:37pm
BAR	Pass	7:37pm
BT	Pass	7:37pm

Blank Tests

Test	Status	Time
AIR	Pass	7:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:38pm

CRC Tests

Test	Status	Time
COMP	Pass	7:38pm
CAL	Pass	7:38pm

Preventive Maintenance
Status: Pass

Timothy B White

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008929*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	6:05pm
AIR BLK	.00	6:06pm
ACCY CHK	.07	6:07pm
AIR BLK	.00	6:08pm
SUB TEST	**.00**	**6:09pm**
AIR BLK	.00	6:10pm
SUB TEST	**.00**	**6:11pm**
AIR BLK	.00	6:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CATAWBA COUNTY BAT MOBILE UNIT 8 170

Serial Number: *008929* Test Record Number: *1902*
Test Date: *09/04/2026* Test Time: *6:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
BT	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:14pm

CRC Tests

Test	Status	Time
COMP	Pass	6:14pm
CAL	Pass	6:14pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Catawba Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 13 170

Serial Number: *008939*
Test Date: *09/05/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	7:13pm
AIR BLK	.00	7:14pm
ACCY CHK	.07	7:14pm
AIR BLK	.00	7:15pm
SUB TEST	**.00**	**7:16pm**
AIR BLK	.00	7:17pm
SUB TEST	**.00**	**7:18pm**
AIR BLK	.00	7:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY BAT MOBILE UNIT 13 170

Serial Number: *008939* Test Record Number: *2074*
Test Date: *09/05/2026* Test Time: *7:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:23pm
FLO	Pass	7:23pm
FC	Pass	7:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:23pm
SRC	Pass	7:23pm
DET	Pass	7:23pm
BAR	Pass	7:23pm
BT	Pass	7:23pm

Blank Tests

Test	Status	Time
AIR	Pass	7:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:24pm

CRC Tests

Test	Status	Time
COMP	Pass	7:24pm
CAL	Pass	7:24pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Chatham Instrument Location Chatham Detention Center

Instrument Serial No. 008591 Pittsboro, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: *008591*
Test Date: *09/22/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:34pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:35pm
SUB TEST	**.00**	**12:36pm**
AIR BLK	.00	12:37pm
SUB TEST	**.00**	**12:38pm**
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: *008591* Test Record Number: *3553*
Test Date: *09/22/2026* Test Time: *12:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm

CRC Tests

Test	Status	Time
COMP	Pass	12:41pm
CAL	Pass	12:41pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Clay Instrument Location Clay County Jail

Instrument Serial No. 008608 Hayesville, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of September 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: *008608*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:42pm
ACCY CHK	.07	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	**.00**	**1:44pm**
AIR BLK	.00	1:45pm
SUB TEST	**.00**	**1:47pm**
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: *008608* Test Record Number: *1704*
Test Date: *09/09/2026* Test Time: *1:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
BT	Pass	1:49pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008575*
Test Date: *09/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:29pm
AIR BLK	.00	5:30pm
ACCY CHK	.07	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	**.00**	**5:33pm**
AIR BLK	.00	5:33pm
SUB TEST	**.00**	**5:35pm**
AIR BLK	.00	5:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008575* Test Record Number: *1656*
Test Date: *09/18/2026* Test Time: *5:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:37pm
FLO	Pass	5:37pm
FC	Pass	5:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:37pm
SRC	Pass	5:37pm
DET	Pass	5:37pm
BAR	Pass	5:37pm
BT	Pass	5:37pm

Blank Tests

Test	Status	Time
AIR	Pass	5:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:38pm

CRC Tests

Test	Status	Time
COMP	Pass	5:38pm
CAL	Pass	5:38pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008616*
Test Date: *09/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:30pm
AIR BLK	.00	5:31pm
ACCY CHK	.07	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	**.00**	**5:34pm**
AIR BLK	.00	5:34pm
SUB TEST	**.00**	**5:36pm**
AIR BLK	.00	5:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008616* Test Record Number: *3083*
Test Date: *09/18/2026* Test Time: *5:38pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:38pm
FLO	Pass	5:38pm
FC	Pass	5:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:38pm
SRC	Pass	5:38pm
DET	Pass	5:38pm
BAR	Pass	5:38pm
BT	Pass	5:38pm

Blank Tests

Test	Status	Time
AIR	Pass	5:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm

CRC Tests

Test	Status	Time
COMP	Pass	5:39pm
CAL	Pass	5:39pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008647*
Test Date: *09/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:31pm
AIR BLK	.00	5:32pm
ACCY CHK	.07	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	**.00**	**5:34pm**
AIR BLK	.00	5:35pm
SUB TEST	**.00**	**5:37pm**
AIR BLK	.00	5:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008647* Test Record Number: *3044*
Test Date: *09/18/2026* Test Time: *5:39pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:39pm
FLO	Pass	5:39pm
FC	Pass	5:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:40pm
SRC	Pass	5:40pm
DET	Pass	5:40pm
BAR	Pass	5:40pm
BT	Pass	5:40pm

Blank Tests

Test	Status	Time
AIR	Pass	5:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:40pm

CRC Tests

Test	Status	Time
COMP	Pass	5:41pm
CAL	Pass	5:41pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008704*
Test Date: *09/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:32pm
AIR BLK	.00	5:33pm
ACCY CHK	.07	5:34pm
AIR BLK	.00	5:34pm
SUB TEST	**.00**	**5:35pm**
AIR BLK	.00	5:36pm
SUB TEST	**.00**	**5:38pm**
AIR BLK	.00	5:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008704* Test Record Number: *1093*
Test Date: *09/18/2026* Test Time: *5:39pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:40pm
FLO	Pass	5:40pm
FC	Pass	5:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:40pm
SRC	Pass	5:40pm
DET	Pass	5:40pm
BAR	Pass	5:40pm
BT	Pass	5:40pm

Blank Tests

Test	Status	Time
AIR	Pass	5:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:41pm

CRC Tests

Test	Status	Time
COMP	Pass	5:41pm
CAL	Pass	5:41pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008826*
Test Date: *09/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:28pm
AIR BLK	.00	5:29pm
ACCY CHK	.07	5:30pm
AIR BLK	.00	5:31pm
SUB TEST	**.00**	**5:31pm**
AIR BLK	.00	5:32pm
SUB TEST	**.00**	**5:34pm**
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008826* Test Record Number: *8734*
Test Date: *09/18/2026* Test Time: *5:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:36pm
FLO	Pass	5:36pm
FC	Pass	5:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:36pm
SRC	Pass	5:36pm
DET	Pass	5:36pm
BAR	Pass	5:36pm
BT	Pass	5:36pm

Blank Tests

Test	Status	Time
AIR	Pass	5:37pm

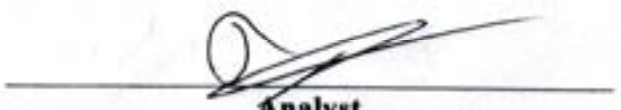
Printer Tests

Test	Status	Time
PRNT	Pass	5:37pm

CRC Tests

Test	Status	Time
COMP	Pass	5:37pm
CAL	Pass	5:37pm

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
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008575*
Test Date: *09/19/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:16pm
AIR BLK	.00	10:17pm
ACCY CHK	.08	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	**.00**	**10:20pm**
AIR BLK	.00	10:21pm
SUB TEST	**.00**	**10:23pm**
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008575* Test Record Number: *1658*
Test Date: *09/19/2026* Test Time: *10:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:27pm
FLO	Pass	10:27pm
FC	Pass	10:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
BT	Pass	10:28pm

Blank Tests

Test	Status	Time
AIR	Pass	10:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:28pm

CRC Tests

Test	Status	Time
COMP	Pass	10:28pm
CAL	Pass	10:28pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008616*
Test Date: *09/19/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	.08	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	**.00**	**10:21pm**
AIR BLK	.00	10:22pm
SUB TEST	**.00**	**10:24pm**
AIR BLK	.00	10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008616* Test Record Number: *3085*
Test Date: *09/19/2026* Test Time: *10:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:27pm
FLO	Pass	10:27pm
FC	Pass	10:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:27pm
SRC	Pass	10:27pm
DET	Pass	10:27pm
BAR	Pass	10:27pm
BT	Pass	10:27pm

Blank Tests

Test	Status	Time
AIR	Pass	10:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:28pm

CRC Tests

Test	Status	Time
COMP	Pass	10:28pm
CAL	Pass	10:28pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008647*
Test Date: *09/19/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.08	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	**.00**	**10:28pm**
AIR BLK	.00	10:29pm
SUB TEST	**.00**	**10:31pm**
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008647* Test Record Number: *3046*
Test Date: *09/19/2026* Test Time: *10:35pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:35pm
SRC	Pass	10:35pm
DET	Pass	10:35pm
BAR	Pass	10:35pm
BT	Pass	10:35pm

Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:36pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008704*
Test Date: *09/19/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:20pm
AIR BLK	.00	10:21pm
ACCY CHK	.07	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	**.00**	**10:24pm**
AIR BLK	.00	10:25pm
SUB TEST	**.00**	**10:27pm**
AIR BLK	.00	10:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008704* Test Record Number: *1095*
Test Date: *09/19/2026* Test Time: *10:28pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
FC	Pass	10:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:29pm
SRC	Pass	10:29pm
DET	Pass	10:29pm
BAR	Pass	10:29pm
BT	Pass	10:29pm

Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County CRAVEN Instrument Location CRAVEN COUNTY DETENTION CENTER

Instrument Serial No. 008732 NEW BERN, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2829950
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: *008732*
Test Date: *09/18/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG602201
Exp Date: 01/22/2028

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: *008732* Test Record Number: *3854*
Test Date: *09/18/2026* Test Time: *2:33pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

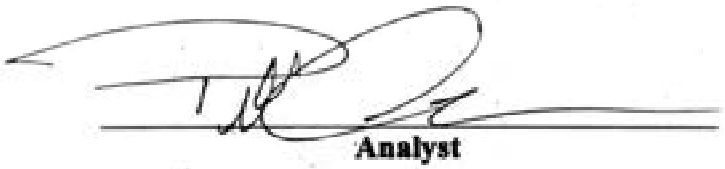
Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County CRAVEN Instrument Location CRAVEN COUNTY DETENTION CENTER

Instrument Serial No. 008732 NEW BERN, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: *008732*
Test Date: *09/08/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG602201
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:04pm
ACCY CHK	.07	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	**.00**	**3:07pm**
AIR BLK	.00	3:07pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: *008732* Test Record Number: *3842*
Test Date: *09/08/2026* Test Time: *3:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County CRAVEN Instrument Location HAVELOCK POLICE DEPT

Instrument Serial No. 008800 HAVELOCK, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

282495
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: *008800*
Test Date: *09/08/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:22am
AIR BLK	.00	10:22am
ACCY CHK	.07	10:23am
AIR BLK	.00	10:25am
SUB TEST	**.00**	**10:25am**
AIR BLK	.00	10:26am
SUB TEST	**.00**	**10:28am**
AIR BLK	.00	10:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: *008800* Test Record Number: *1817*
Test Date: *09/08/2026* Test Time: *10:29am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

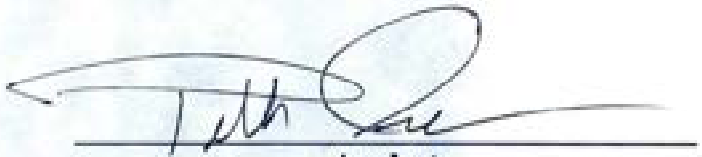
Printer Tests

Test	Status	Time
PRNT	Pass	10:31am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County CRAVEN Instrument Location NEW BERN POLICE DEPT.

Instrument Serial No. 008817 NEW BERN, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA

Signature of Certifying Official

2824953
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY NEW BERN PD 240

Serial Number: *008817*
Test Date: *09/08/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	2:02pm
AIR BLK	.00	2:03pm
ACCY CHK	.07	2:03pm
AIR BLK	.00	2:05pm
SUB TEST	**.00**	**2:05pm**
AIR BLK	.00	2:06pm
SUB TEST	**.00**	**2:07pm**
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY NEW BERN PD 240

Serial Number: *008817* Test Record Number: *2320*
Test Date: *09/08/2026* Test Time: *2:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm

CRC Tests

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Craven Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008826*
Test Date: *09/19/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: *008826* Test Record Number: *8736*
Test Date: *09/19/2026* 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
CAL	Pass	10:20pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County CRAVEN Instrument Location MCAS PMO CHERRY POINT

Instrument Serial No. 010819 HAVELOCK, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: *010819*
Test Date: *09/08/2026*

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

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: *010819* Test Record Number: *1023*
Test Date: *09/08/2026* Test Time: *11:18am 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
CAL	Pass	11:20am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Cumberland Instrument Location Hope Mills P.D.

Instrument Serial No. 008614 Hope Mills, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY HOPE MILLS PD 250

Serial Number: *008614*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:34am
AIR BLK	.00	8:35am
ACCY CHK	.07	8:35am
AIR BLK	.00	8:37am
SUB TEST	**.00**	**8:37am**
AIR BLK	.00	8:38am
SUB TEST	**.00**	**8:39am**
AIR BLK	.00	8:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CUMBERLAND COUNTY HOPE MILLS PD 250

Serial Number: *008614* Test Record Number: *5317*
Test Date: *09/08/2026* Test Time: *8:41am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:41am
FLO	Pass	8:41am
FC	Pass	8:41am

Temperature Tests

Test	Status	Time
FC1	Pass	8:42am
SRC	Pass	8:42am
DET	Pass	8:42am
BAR	Pass	8:42am
BT	Pass	8:42am

Blank Tests

Test	Status	Time
AIR	Pass	8:42am

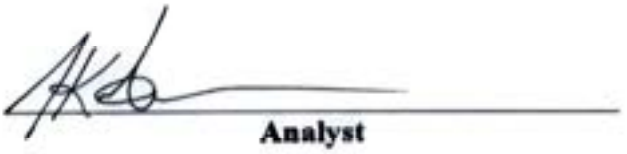
Printer Tests

Test	Status	Time
PRNT	Pass	8:42am

CRC Tests

Test	Status	Time
COMP	Pass	8:42am
CAL	Pass	8:42am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Cumberland Instrument Location Cumberland Detention Center

Instrument Serial No. 008632 Fayetteville, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: *008632*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.07	10:26am
AIR BLK	.00	10:28am
SUB TEST	**.00**	**10:29am**
AIR BLK	.00	10:30am
SUB TEST	**.00**	**10:31am**
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: *008632* Test Record Number: *5195*
Test Date: *09/08/2026* Test Time: *10:33am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Test	Status	Time
PRNT	Pass	10:34am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Cumberland Instrument Location Cumberland Detention Center

Instrument Serial No. 008633 Fayetteville, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: *008633*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:27am
AIR BLK	.00	10:28am
ACCY CHK	.07	10:29am
AIR BLK	.00	10:30am
SUB TEST	**.00**	**10:31am**
AIR BLK	.00	10:31am
SUB TEST	**.00**	**10:33am**
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: *008633* Test Record Number: *7624*
Test Date: *09/08/2026* Test Time: *10:36am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:37am

Printer Tests

Test	Status	Time
PRNT	Pass	10:37am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Cumberland Instrument Location Cumberland County Detention

Instrument Serial No. 008672 Fayetteville, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: *008672*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:26am
AIR BLK	.00	10:27am
ACCY CHK	.07	10:27am
AIR BLK	.00	10:29am
SUB TEST	**.00**	**10:29am**
AIR BLK	.00	10:30am
SUB TEST	**.00**	**10:32am**
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: *008672* Test Record Number: *9156*
Test Date: *09/08/2026* Test Time: *10:33am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:34am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Test	Status	Time
PRNT	Pass	10:34am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Currituck Instrument Location Currituck Co. S.O.

Instrument Serial No. 008947 Maple, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CURRITUCK COUNTY CURRITUCK SO-MAPLE
260

Serial Number: *008947*
Test Date: *09/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:43am
AIR BLK	.00	9:43am
ACCY CHK	.07	9:44am
AIR BLK	.00	9:45am
SUB TEST	**.00**	**9:46am**
AIR BLK	.00	9:46am
SUB TEST	**.00**	**9:48am**
AIR BLK	.00	9:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: *008947* Test Record Number: *3881*
Test Date: *09/11/2026* Test Time: *9:49am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:50am
FLO	Pass	9:50am
FC	Pass	9:50am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:50am

Printer Tests

Test	Status	Time
PRNT	Pass	9:50am

CRC Tests

Test	Status	Time
COMP	Pass	9:51am
CAL	Pass	9:51am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Dare Instrument Location Dare Co. Detention Center

Instrument Serial No. 008783 Manteo, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: *008783*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.08	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	**.00**	**1:11pm**
AIR BLK	.00	1:12pm
SUB TEST	**.00**	**1:13pm**
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: *008783* Test Record Number: *1873*
Test Date: *09/04/2026* 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

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

CRC Tests

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Dare Instrument Location Kill Devil Hills P.D.

Instrument Serial No. 008844 Kill Devil Hills, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of September 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Mark J. Daigneault — Signature of Certifying Official

206272 — Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: *008844*
Test Date: *09/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:34pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	**.00**	**12:37pm**
AIR BLK	.00	12:38pm
SUB TEST	**.00**	**12:39pm**
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: *008844* Test Record Number: *3491*
Test Date: *09/14/2026* Test Time: *12:40pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

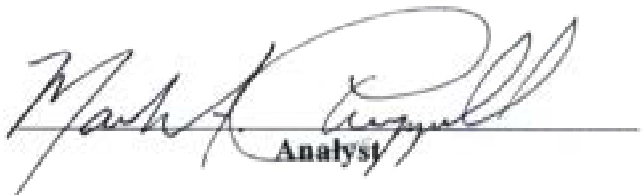
Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Dare Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008869*
Test Date: *09/25/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	3:59pm
AIR BLK	.00	4:00pm
ACCY CHK	.08	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	**.00**	**4:02pm**
AIR BLK	.00	4:03pm
SUB TEST	**.00**	**4:04pm**
AIR BLK	.00	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008869* Test Record Number: *2297*
Test Date: *09/25/2026* Test Time: *4:05pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
BT	Pass	4:06pm

Blank Tests

Test	Status	Time
AIR	Pass	4:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm

CRC Tests

Test	Status	Time
COMP	Pass	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance
Status: Pass

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307697
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008869*
Test Date: *09/26/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	5:18pm
AIR BLK	.00	5:19pm
ACCY CHK	.08	5:19pm
AIR BLK	.00	5:20pm
SUB TEST	**.00**	**5:21pm**
AIR BLK	.00	5:22pm
SUB TEST	**.00**	**5:23pm**
AIR BLK	.00	5:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008869* Test Record Number: *2301*
Test Date: *09/26/2026* Test Time: *5:35pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:36pm
FLO	Pass	5:36pm
FC	Pass	5:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:36pm
SRC	Pass	5:36pm
DET	Pass	5:36pm
BAR	Pass	5:36pm
BT	Pass	5:36pm

Blank Tests

Test	Status	Time
AIR	Pass	5:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:37pm

CRC Tests

Test	Status	Time
COMP	Pass	5:37pm
CAL	Pass	5:37pm

Preventive Maintenance
Status: Pass

Tmf Buttle

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008898*
Test Date: *09/25/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	3:44pm
AIR BLK	.00	3:45pm
ACCY CHK	.07	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	**.00**	**3:47pm**
AIR BLK	.00	3:48pm
SUB TEST	**.00**	**3:50pm**
AIR BLK	.00	3:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008898* Test Record Number: *2226*
Test Date: *09/25/2026* Test Time: *3:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
FC	Pass	3:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

Blank Tests

Test	Status	Time
AIR	Pass	3:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm

CRC Tests

Test	Status	Time
COMP	Pass	3:53pm
CAL	Pass	3:53pm

Preventive Maintenance
Status: Pass

Tony B Hall

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Trent B Watts — Signature of Certifying Official

307699 — Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008898*
Test Date: *09/26/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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	5:00pm
AIR BLK	.00	5:01pm
ACCY CHK	.07	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	**.00**	**5:03pm**
AIR BLK	.00	5:04pm
SUB TEST	**.00**	**5:06pm**
AIR BLK	.00	5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008898* Test Record Number: *2228*
Test Date: *09/26/2026* Test Time: *5:07pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:07pm
FLO	Pass	5:07pm
FC	Pass	5:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

Blank Tests

Test	Status	Time
AIR	Pass	5:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm

CRC Tests

Test	Status	Time
COMP	Pass	5:08pm
CAL	Pass	5:08pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Dare Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Timothy B White
Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008939*
Test Date: *09/25/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:32pm
ACCY CHK	.08	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	**.00**	**3:34pm**
AIR BLK	.00	3:35pm
SUB TEST	**.00**	**3:36pm**
AIR BLK	.00	3:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008939* Test Record Number: *2081*
Test Date: *09/25/2026* Test Time: *3:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:39pm

CRC Tests

Test	Status	Time
COMP	Pass	3:39pm
CAL	Pass	3:39pm

Preventive Maintenance
Status: Pass

Tony B Willett
Analyst

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

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

County Dare Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008939*
Test Date: *09/26/2026*

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

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	4:44pm
AIR BLK	.00	4:45pm
ACCY CHK	.07	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	**.00**	**4:47pm**
AIR BLK	.00	4:48pm
SUB TEST	**.00**	**4:49pm**
AIR BLK	.00	4:50pm

Reported AC: .00 g/210L

Tmty B Hhh
Signature of Chemical Analyst

Court CVR

Tmty B Hhh
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: *008939* Test Record Number: *2083*
Test Date: *09/26/2026* Test Time: *4:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:51pm
FLO	Pass	4:51pm
FC	Pass	4:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:51pm
SRC	Pass	4:51pm
DET	Pass	4:51pm
BAR	Pass	4:51pm
BT	Pass	4:51pm

Blank Tests

Test	Status	Time
AIR	Pass	4:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:52pm

CRC Tests

Test	Status	Time
COMP	Pass	4:52pm
CAL	Pass	4:52pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Davidson Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA

Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008615*
Test Date: *09/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:59pm
AIR BLK	.00	1:00pm
ACCY CHK	.07	1:01pm
AIR BLK	.00	1:02pm
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

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008615* Test Record Number: *6415*
Test Date: *09/07/2026* Test Time: *1:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Davidson Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 ~

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4060 (rev. 7/01)

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008775*
Test Date: *09/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:46am
SUB TEST	**.00**	**11:47am**
AIR BLK	.00	11:47am
SUB TEST	**.00**	**11:49am**
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008775* Test Record Number: *2632*
Test Date: *09/07/2026* Test Time: *11:50am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:51am
FLO	Pass	11:51am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:52am

CRC Tests

Test	Status	Time
COMP	Pass	11:52am
CAL	Pass	11:52am

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Davidson Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04-20)

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008816*
Test Date: *09/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	11:43am
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

Analyst

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008816* Test Record Number: *8196*
Test Date: *09/07/2026* Test Time: *11:50am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:51am
FLO	Pass	11:51am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:52am

CRC Tests

Test	Status	Time
COMP	Pass	11:52am
CAL	Pass	11:52am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Davidson Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008929*
Test Date: *09/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	11:42am
AIR BLK	.00	11:43am
ACCY CHK	.08	11:44am
AIR BLK	.00	11:45am
SUB TEST	**.00**	**11:46am**
AIR BLK	.00	11:47am
SUB TEST	**.00**	**11:48am**
AIR BLK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008929* Test Record Number: *1909*
Test Date: *09/07/2026* Test Time: *11:50am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:50am

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:51am

CRC Tests

Test	Status	Time
COMP	Pass	11:51am
CAL	Pass	11:51am

Preventive Maintenance
Status: Pass

Analyst

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

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

County DAVIE Instrument Location DAVIE COUNTY DETENTION

Instrument Serial No. 008905 MOCKSVILLE, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2ND day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIE COUNTY DETENTION CENTER 290

Serial Number: *008905*
Test Date: *09/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:27am
AIR BLK	.00	10:27am
ACCY CHK	.07	10:28am
AIR BLK	.00	10:29am
SUB TEST	**.00**	**10:29am**
AIR BLK	.00	10:30am
SUB TEST	**.00**	**10:32am**
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DAVIE COUNTY DETENTION CENTER 290

Serial Number: *008905* Test Record Number: *3415*
Test Date: *09/02/2026* Test Time: *10:33am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

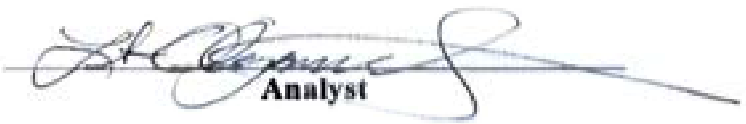
Printer Tests

Test	Status	Time
PRNT	Pass	10:34am

CRC Tests

Test	Status	Time
COMP	Pass	10:35am
CAL	Pass	10:35am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Duplin Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008698

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83034
Certificate Number

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

Intox EC/IR-II: Subject Test

DUPLIN COUNTY BAT MOBILE UNIT 12 300

Serial Number: *008698*
Test Date: *09/10/2026*

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

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	5:20pm
AIR BLK	.00	5:21pm
ACCY CHK	.08	5:21pm
AIR BLK	.00	5:22pm
SUB TEST	**.00**	**5:23pm**
AIR BLK	.00	5:24pm
SUB TEST	**.00**	**5:26pm**
AIR BLK	.00	5:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DUPLIN COUNTY BAT MOBILE UNIT 12 300

Serial Number: *008698* Test Record Number: *2844*
Test Date: *09/10/2026* Test Time: *5:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:27pm
FLO	Pass	5:27pm
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
AIR	Pass	5:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:28pm

CRC Tests

Test	Status	Time
COMP	Pass	5:29pm
CAL	Pass	5:29pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County DUPLIN Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83034
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DUPLIN COUNTY BAT MOBILE UNIT 12 300

Serial Number: *008788*
Test Date: *09/10/2026*

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

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	4:43pm
AIR BLK	.00	4:44pm
ACCY CHK	.07	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	**.00**	**4:47pm**
AIR BLK	.00	4:47pm
SUB TEST	**.00**	**4:49pm**
AIR BLK	.00	4:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DUPLIN COUNTY BAT MOBILE UNIT 12 300

Serial Number: *008788* Test Record Number: *2619*
Test Date: *09/10/2026* Test Time: *4:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:00pm
FLO	Pass	5:00pm
FC	Pass	5:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:00pm
SRC	Pass	5:00pm
DET	Pass	5:00pm
BAR	Pass	5:00pm
BT	Pass	5:00pm

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm

CRC Tests

Test	Status	Time
COMP	Pass	5:01pm
CAL	Pass	5:01pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County DURHAM Instrument Location DURHAM Co. JAIL

Instrument Serial No. 008859 DURHAM, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

E A Bryant 179207

Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008859*
Test Date: *09/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:36am
AIR BLK	.00	10:36am
ACCY CHK	.08	10:37am
AIR BLK	.00	10:38am
SUB TEST	**.00**	**10:39am**
AIR BLK	.00	10:40am
SUB TEST	**.00**	**10:41am**
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008859* Test Record Number: *3596*
Test Date: *09/02/2026* Test Time: *10:44am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am

CRC Tests

Test	Status	Time
COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance
Status: Pass

Analyst

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

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

County DURHAM Instrument Location DURHAM Co. JAIL

Instrument Serial No. 008878 DURHAM, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

179707
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008878*
Test Date: *09/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:35am
AIR BLK	.00	10:35am
ACCY CHK	.08	10:36am
AIR BLK	.00	10:37am
SUB TEST	**.00**	**10:38am**
AIR BLK	.00	10:39am
SUB TEST	**.00**	**10:40am**
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008878* Test Record Number: *7161*
Test Date: *09/02/2026* Test Time: *10:42am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

County DURHAM Instrument Location DURHAM Co. JAIL

Instrument Serial No. 008891 DURHAM, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

179707
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008891*
Test Date: *09/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.07	10:39am
AIR BLK	.00	10:40am
SUB TEST	**.00**	**10:40am**
AIR BLK	.00	10:41am
SUB TEST	**.00**	**10:43am**
AIR BLK	.00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008891* Test Record Number: *5164*
Test Date: *09/02/2026* 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	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

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

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

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

County Edgecombe Instrument Location Edgecombe Co Magistrate's Office

Instrument Serial No. 008603 Tarboro, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: *008603*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	11:56am
AIR BLK	.00	11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	**.00**	**11:59am**
AIR BLK	.00	12:00pm
SUB TEST	**.00**	**12:01pm**
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: *008603* Test Record Number: *2953*
Test Date: *09/17/2026* Test Time: *12:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm

CRC Tests

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County FORSYTH Instrument Location KERNERSVILLE PD

Instrument Serial No. 008660 KERNERSVILLE, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24TH day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: *008660*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.07	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	**.00**	**3:14pm**
AIR BLK	.00	3:15pm
SUB TEST	**.00**	**3:17pm**
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: *008660* Test Record Number: *4852*
Test Date: *09/24/2026* Test Time: *3:18pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

County FRANKLIN Instrument Location YOUNGSVILLE PD

Instrument Serial No. 008781 YOUNGSVILLE, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

E A Bennett 179707

Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: *008781*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.07	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	**.00**	**3:02pm**
AIR BLK	.00	3:03pm
SUB TEST	**.00**	**3:05pm**
AIR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: *008781* Test Record Number: *6372*
Test Date: *09/01/2026* Test Time: *3:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:06pm
FLO	Pass	3:06pm
FC	Pass	3:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm

CRC Tests

Test	Status	Time
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Gaston Instrument Location Gaston County Jail Gastonia, NC

Instrument Serial No. 008043

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Bryce Adams
Signature of Certifying Official

849845
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: *008643*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.07	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	**.00**	**12:02pm**
AIR BLK	.00	12:03pm
SUB TEST	**.00**	**12:05pm**
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: *008643* Test Record Number: *5542*
Test Date: *09/24/2026* Test Time: *12:07pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

CRC Tests

Test	Status	Time
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County: Gaston Instrument Location: Gaston County Jail Gastonia, NC

Instrument Serial No. 008684

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Bryan Adams — Signature of Certifying Official

849845 — Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: *008684*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

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

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: *008684* Test Record Number: *7292*
Test Date: *09/24/2026* Test Time: *12:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:12pm
FLO	Pass	12:12pm
FC	Pass	12:13pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

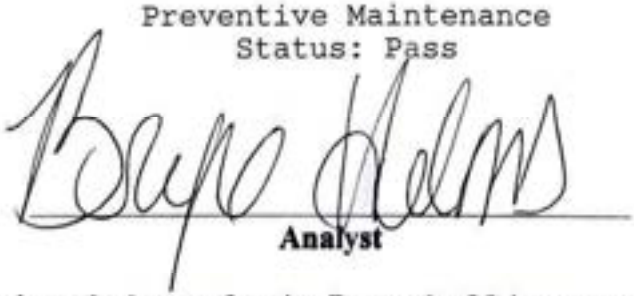
Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

CRC Tests

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Graham Instrument Location Graham County SO

Instrument Serial No. 008915 Robbinsville, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GRAHAM COUNTY GRAHAM COUNTY SO 370

Serial Number: *008915*
Test Date: *09/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602201
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	4:18pm
AIR BLK	.00	4:18pm
ACCY CHK	.08	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	**.00**	**4:21pm**
AIR BLK	.00	4:22pm
SUB TEST	**.00**	**4:23pm**
AIR BLK	.00	4:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GRAHAM COUNTY GRAHAM COUNTY SO 370

Serial Number: *008915* Test Record Number: *1045*
Test Date: *09/28/2026* Test Time: *4:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:25pm
FLO	Pass	4:25pm
FC	Pass	4:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:25pm
SRC	Pass	4:25pm
DET	Pass	4:25pm
BAR	Pass	4:25pm
BT	Pass	4:25pm

Blank Tests

Test	Status	Time
AIR	Pass	4:26pm

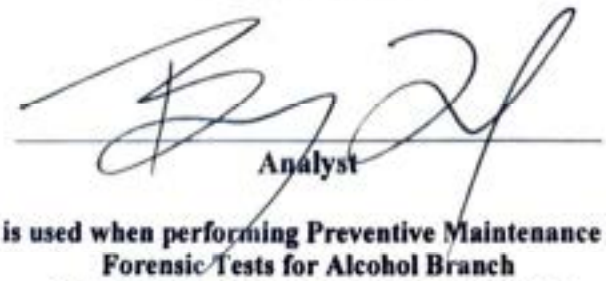
Printer Tests

Test	Status	Time
PRNT	Pass	4:26pm

CRC Tests

Test	Status	Time
COMP	Pass	4:26pm
CAL	Pass	4:26pm

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GRANVILLE Instrument Location CREEDMOOR PD

Instrument Serial No. 008641 CREEDMOOR, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

E A Smith

Signature of Certifying Official

179707

Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: *008641*
Test Date: *09/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602201
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:58am
AIR BLK	.00	11:59am
SUB TEST	**.00**	**12:00pm**
AIR BLK	.00	12:01pm
SUB TEST	**.00**	**12:02pm**
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: *008641* Test Record Number: *1726*
Test Date: *09/02/2026* Test Time: *12:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm

CRC Tests

Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County Greene Instrument Location Greene Co. S.O.

Instrument Serial No. 008670 Snow Hill, NC.

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GREENE COUNTY GREENE CO SO 390

Serial Number: *008670*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:33am
AIR BLK	.00	10:34am
SUB TEST	**.00**	**10:35am**
AIR BLK	.00	10:36am
SUB TEST	**.00**	**10:37am**
AIR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

GREENE COUNTY GREENE CO SO 390

Serial Number: *008670* Test Record Number: *2766*
Test Date: *09/25/2026* Test Time: *10:40am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance
Status: Pass

Analyst

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

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

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008002

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008002*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:31am
AIR BLK	.00	8:32am
ACCY CHK	.07	8:32am
AIR BLK	.00	8:33am
SUB TEST	**.00**	**8:34am**
AIR BLK	.00	8:35am
SUB TEST	**.00**	**8:36am**
AIR BLK	.00	8:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008002* Test Record Number: *968*
Test Date: *09/24/2026* Test Time: *8:38am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:39am

Printer Tests

Test	Status	Time
PRNT	Pass	8:39am

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008090

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008090*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

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

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008090* Test Record Number: *312*
Test Date: *09/17/2026* Test Time: *8:31am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:31am
FLO	Pass	8:31am
FC	Pass	8:32am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:32am

Printer Tests

Test	Status	Time
PRNT	Pass	8:32am

CRC Tests

Test	Status	Time
COMP	Pass	8:33am
CAL	Pass	8:33am

Preventive Maintenance
Status: Pass

John Ranier

Analyst

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

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

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008090

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1160 4930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008090*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008090* Test Record Number: *316*
Test Date: *09/24/2026* Test Time: *9:04am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:05am
FLO	Pass	9:05am
FC	Pass	9:05am

Temperature Tests

Test	Status	Time
FC1	Pass	9:05am
SRC	Pass	9:05am
DET	Pass	9:05am
BAR	Pass	9:05am
BT	Pass	9:05am

Blank Tests

Test	Status	Time
AIR	Pass	9:06am

Printer Tests

Test	Status	Time
PRNT	Pass	9:06am

CRC Tests

Test	Status	Time
COMP	Pass	9:06am
CAL	Pass	9:06am

Preventive Maintenance
Status: Pass

John Ranier

Analyst

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

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

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008968

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008968*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:16am
AIR BLK	.00	7:17am
ACCY CHK	.08	7:18am
AIR BLK	.00	7:19am
SUB TEST	**.00**	**7:19am**
AIR BLK	.00	7:20am
SUB TEST	**.00**	**7:22am**
AIR BLK	.00	7:23am

Reported AC: .00 g/210L

John Lanier
Signature of Chemical Analyst

Court CVR

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008968* Test Record Number: *526*
Test Date: *09/17/2026* Test Time: *7:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:24am
FLO	Pass	7:24am
FC	Pass	7:24am

Temperature Tests

Test	Status	Time
FC1	Pass	7:24am
SRC	Pass	7:24am
DET	Pass	7:24am
BAR	Pass	7:24am
BT	Pass	7:24am

Blank Tests

Test	Status	Time
AIR	Pass	7:25am

Printer Tests

Test	Status	Time
PRNT	Pass	7:25am

CRC Tests

Test	Status	Time
COMP	Pass	7:25am
CAL	Pass	7:25am

Preventive Maintenance
Status: Pass

John Lanier
Analyst

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

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

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008968

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008968*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:27am
AIR BLK	.00	8:28am
ACCY CHK	.08	8:28am
AIR BLK	.00	8:29am
SUB TEST	**.00**	**8:30am**
AIR BLK	.00	8:31am
SUB TEST	**.00**	**8:33am**
AIR BLK	.00	8:33am

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

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

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008968* Test Record Number: *528*
Test Date: *09/24/2026* Test Time: *8:34am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:34am
FLO	Pass	8:34am
FC	Pass	8:34am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:35am

Printer Tests

Test	Status	Time
PRNT	Pass	8:35am

CRC Tests

Test	Status	Time
COMP	Pass	8:35am
CAL	Pass	8:35am

Preventive Maintenance
Status: Pass

Analyst

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

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

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008971

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008971*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:19am
AIR BLK	.00	8:20am
ACCY CHK	.08	8:20am
AIR BLK	.00	8:21am
SUB TEST	**.00**	**8:22am**
AIR BLK	.00	8:23am
SUB TEST	**.00**	**8:24am**
AIR BLK	.00	8:25am

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

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

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008971* Test Record Number: *466*
Test Date: *09/17/2026* Test Time: *8:34am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:35am
FLO	Pass	8:35am
FC	Pass	8:35am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:35am

Printer Tests

Test	Status	Time
PRNT	Pass	8:35am

CRC Tests

Test	Status	Time
COMP	Pass	8:36am
CAL	Pass	8:36am

Preventive Maintenance
Status: Pass

John Lanier

Analyst

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

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

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008971

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008971*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:31am
AIR BLK	.00	8:32am
ACCY CHK	.08	8:33am
AIR BLK	.00	8:34am
SUB TEST	**.00**	**8:34am**
AIR BLK	.00	8:35am
SUB TEST	**.00**	**8:37am**
AIR BLK	.00	8:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008971* Test Record Number: *468*
Test Date: *09/24/2026* Test Time: *8:39am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:40am

Printer Tests

Test	Status	Time
PRNT	Pass	8:40am

CRC Tests

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

Preventive Maintenance
Status: Pass

John Ranier
Analyst

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

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

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008002

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008002*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:18am
AIR BLK	.00	7:19am
ACCY CHK	.07	7:20am
AIR BLK	.00	7:21am
SUB TEST	**.00**	**7:21am**
AIR BLK	.00	7:22am
SUB TEST	**.00**	**7:24am**
AIR BLK	.00	7:25am

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008002* Test Record Number: *966*
Test Date: *09/17/2026* Test Time: *7:26am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:27am
FLO	Pass	7:27am
FC	Pass	7:27am

Temperature Tests

Test	Status	Time
FC1	Pass	7:27am
SRC	Pass	7:27am
DET	Pass	7:27am
BAR	Pass	7:27am
BT	Pass	7:27am

Blank Tests

Test	Status	Time
AIR	Pass	7:28am

Printer Tests

Test	Status	Time
PRNT	Pass	7:28am

CRC Tests

Test	Status	Time
COMP	Pass	7:28am
CAL	Pass	7:28am

Preventive Maintenance
Status: Pass

John Ranier

Analyst

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

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

County Guilford Instrument Location UNCG Police Department

Instrument Serial No. 008604 Greensboro, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: *008604*
Test Date: *09/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK	.00	2:27pm
ACCY CHK	.08	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	**.00**	**2:30pm**
AIR BLK	.00	2:31pm
SUB TEST	**.00**	**2:32pm**
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: *008604* Test Record Number: *2446*
Test Date: *09/14/2026* Test Time: *2:34pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008638 Greensboro, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: *008638*
Test Date: *09/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.07	11:20am
AIR BLK	.00	11:22am
SUB TEST	**.00**	**11:22am**
AIR BLK	.00	11:23am
SUB TEST	**.00**	**11:24am**
AIR BLK	.00	11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: *008638* Test Record Number: *7717*
Test Date: *09/14/2026* Test Time: *11:26am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:27am

Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BT	Pass	11:27am

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am

CRC Tests

Test	Status	Time
COMP	Pass	11:28am
CAL	Pass	11:28am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Guilford Instrument Location Greensboro Police Department

Instrument Serial No. 008725 Greensboro, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: *008725*
Test Date: *09/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.07	1:21pm
AIR BLK	.00	1:22pm
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

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: *008725* Test Record Number: *5010*
Test Date: *09/14/2026* Test Time: *1:28pm 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
CAL	Pass	1:29pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008790 Greensboro, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: *008790*
Test Date: *09/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:39am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:40am
AIR BLK	.00	11:41am
SUB TEST	**.00**	**11:44am**
AIR BLK	.00	11:45am
SUB TEST	**.00**	**11:46am**
AIR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: *008790* Test Record Number: *8929*
Test Date: *09/14/2026* Test Time: *11:48am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test	Status	Time
PRNT	Pass	11:49am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008794 Greensboro, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: *008794*
Test Date: *09/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:14am
AIR BLK	.00	11:15am
ACCY CHK	.07	11:16am
AIR BLK	.00	11:17am
SUB TEST	**.00**	**11:19am**
AIR BLK	.00	11:20am
SUB TEST	**.00**	**11:22am**
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: *008794* Test Record Number: *9548*
Test Date: *09/14/2026* Test Time: *11:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:24am

Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
BT	Pass	11:24am

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am

CRC Tests

Test	Status	Time
COMP	Pass	11:25am
CAL	Pass	11:25am

Preventive Maintenance
Status: Pass



Analyst

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

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

County HALIFAX Instrument Location HALIFAX CO. S.O.

Instrument Serial No. 008695 HALIFAX, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

179707
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HALIFAX CO. HALIFAX CO SO 410

Serial Number: *008695*
Test Date: *09/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	3:58pm
AIR BLK	.00	3:59pm
ACCY CHK	.07	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	**.00**	**4:01pm**
AIR BLK	.00	4:02pm
SUB TEST	**.00**	**4:04pm**
AIR BLK	.00	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

HALIFAX CO. HALIFAX CO SO 410

Serial Number: *008695* Test Record Number: *4123*
Test Date: *09/03/2026* Test Time: *4:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
BT	Pass	4:06pm

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm

CRC Tests

Test	Status	Time
COMP	Pass	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County HALIFAX Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008698

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83054
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008698*
Test Date: *09/06/2026*

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

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

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	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	**.00**	**1:44pm**
AIR BLK	.00	1:45pm
SUB TEST	**.00**	**1:46pm**
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008698* Test Record Number: *2841*
Test Date: *09/06/2026* Test Time: *1:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:49pm
FLO	Pass	1:49pm
FC	Pass	1:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
BT	Pass	1:49pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance
Status: Pass

Analyst

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

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

County HALIFAX Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83034
Certificate Number

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

Intox EC/IR-II: Subject Test

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008788*
Test Date: *09/06/2026*

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

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

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

Reported Avg: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008788* Test Record Number: *2616*
Test Date: *09/06/2026* Test Time: *1:55pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

County Haywood Instrument Location Haywood County Jail

Instrument Serial No. 008712 Waynesville, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: *008712*
Test Date: *09/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	1:19pm
AIR BLK	.00	1:19pm
ACCY CHK	.07	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	**.00**	**1:21pm**
AIR BLK	.00	1:22pm
SUB TEST	**.00**	**1:24pm**
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: *008712* Test Record Number: *2576*
Test Date: *09/15/2026* Test Time: *1:25pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

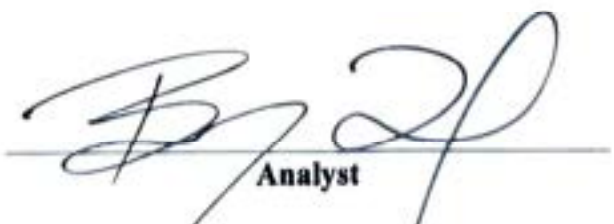
Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Haywood Instrument Location Haywood County Jail

Instrument Serial No. 009714 Waynesville, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: *008714*
Test Date: *09/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:17pm
ACCY CHK	.08	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	**.00**	**1:20pm**
AIR BLK	.00	1:21pm
SUB TEST	**.00**	**1:22pm**
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: *008714* Test Record Number: *2676*
Test Date: *09/15/2026* Test Time: *1:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm

CRC Tests

Test	Status	Time
COMP	Pass	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County IREDELL Instrument Location MOORESVILLE PD

Instrument Serial No. 608823 MOORESVILLE NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of SEPTEMBER, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

274970
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: *008823*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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	10:52am
AIR BLK	.00	10:52am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
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

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: *008823* Test Record Number: *2246*
Test Date: *09/10/2026* Test Time: *10:59am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am

CRC Tests

Test	Status	Time
COMP	Pass	11:01am
CAL	Pass	11:01am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson Instrument Location Jackson County Jail

Instrument Serial No. 008708 Sylva, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: *008708*
Test Date: *09/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: *008708* Test Record Number: *2248*
Test Date: *09/15/2026* Test Time: *11:17am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance
Status: Pass

Analyst

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson Instrument Location BAT Mobile Unit II

Instrument Serial No. 008970

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JACKSON COUNTY BAT MOBILE UNIT 11 490

Serial Number: *008970*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2026-03/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY BAT MOBILE UNIT 11 490

Serial Number: *008970* Test Record Number: *1531*
Test Date: *09/08/2026* Test Time: *8:19pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson Instrument Location BAT Mobile Unit II

Instrument Serial No. 008973

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

06 2446
Certificate Number

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

DHHS 4080 (04/20)

JACKSON COUNTY BAT MOBILE UNIT 11 490

Serial Number: *008973*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2026-03/01/2028

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY BAT MOBILE UNIT 11 490

Serial Number: *008973* Test Record Number: *1564*
Test Date: *09/08/2026* Test Time: *8:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
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	8:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:21pm

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
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FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Johnston Instrument Location: BAT Mobile Unit 10

Instrument Serial No. 008584

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008584*
Test Date: *09/12/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:24pm
AIR BLK	.00	10:25pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	**.00**	**10:27pm**
AIR BLK	.00	10:28pm
SUB TEST	**.00**	**10:30pm**
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008584* Test Record Number: *2958*
Test Date: *09/12/2026* Test Time: *10:32pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	10:32pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm

CRC Tests

Test	Status	Time
COMP	Pass	10:33pm
CAL	Pass	10:33pm

Preventive Maintenance
Status: Pass

Analyst

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FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Johnston Instrument Location BAT Mobile unit 10

Instrument Serial No. 005637

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008637*
Test Date: *09/12/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:34pm
AIR BLK	.00	10:35pm
ACCY CHK	.07	10:35pm
AIR BLK	.00	10:36pm
SUB TEST	**.00**	**10:37pm**
AIR BLK	.00	10:38pm
SUB TEST	**.00**	**10:40pm**
AIR BLK	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: 008637 Test Record Number: 3659
Test Date: 09/12/2026 Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:43pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County: Johnston Instrument Location: BAT mobile unit 10

Instrument Serial No: 008686

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

143759
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008686*
Test Date: *09/12/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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

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

Test	g/210L	Time
DIAG	Pass	10:36pm
AIR BLK	.00	10:37pm
ACCY CHK	.08	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	**.00**	**10:39pm**
AIR BLK	.00	10:40pm
SUB TEST	**.00**	**10:42pm**
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008686* Test Record Number: *7302*
Test Date: *09/12/2026* Test Time: *10:43pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:44pm
FLO	Pass	10:44pm
FC	Pass	10:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
BT	Pass	10:44pm

Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:45pm

CRC Tests

Test	Status	Time
COMP	Pass	10:45pm
CAL	Pass	10:45pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Johnston Instrument Location Johnston Detention Center

Instrument Serial No. 008721 Smithfield, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: *008721*
Test Date: *09/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	8:44am
AIR BLK	.00	8:44am
ACCY CHK	.08	8:45am
AIR BLK	.00	8:46am
SUB TEST	**.00**	**8:47am**
AIR BLK	.00	8:47am
SUB TEST	**.00**	**8:49am**
AIR BLK	.00	8:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: *008721* Test Record Number: *2747*
Test Date: *09/03/2026* Test Time: *8:50am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:51am
FLO	Pass	8:51am
FC	Pass	8:51am

Temperature Tests

Test	Status	Time
FC1	Pass	8:51am
SRC	Pass	8:51am
DET	Pass	8:51am
BAR	Pass	8:51am
BT	Pass	8:51am

Blank Tests

Test	Status	Time
AIR	Pass	8:51am

Printer Tests

Test	Status	Time
PRNT	Pass	8:52am

CRC Tests

Test	Status	Time
COMP	Pass	8:52am
CAL	Pass	8:52am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Johnston Instrument Location BAT Mobile Unit 10

Instrument Serial No. 083776

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008776*
Test Date: *09/12/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:29pm
AIR BLK	.00	10:30pm
ACCY CHK	.08	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	**.00**	**10:32pm**
AIR BLK	.00	10:33pm
SUB TEST	**.00**	**10:35pm**
AIR BLK	.00	10:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008776* Test Record Number: *4285*
Test Date: *09/12/2026* Test Time: *10:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:37pm
FLO	Pass	10:37pm
FC	Pass	10:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:37pm
SRC	Pass	10:37pm
DET	Pass	10:37pm
BAR	Pass	10:37pm
BT	Pass	10:37pm

Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm

CRC Tests

Test	Status	Time
COMP	Pass	10:38pm
CAL	Pass	10:38pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Johnston Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008779

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008779*
Test Date: *09/12/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	10:32pm
AIR BLK	.00	10:32pm
ACCY CHK	.08	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	**.00**	**10:34pm**
AIR BLK	.00	10:35pm
SUB TEST	**.00**	**10:37pm**
AIR BLK	.00	10:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008779* Test Record Number: *4204*
Test Date: *09/12/2026* Test Time: *10:39pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:40pm
FLO	Pass	10:40pm
FC	Pass	10:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:40pm
SRC	Pass	10:40pm
DET	Pass	10:40pm
BAR	Pass	10:40pm
BT	Pass	10:40pm

Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:40pm

CRC Tests

Test	Status	Time
COMP	Pass	10:41pm
CAL	Pass	10:41pm

Preventive Maintenance
Status: Pass



Analyst

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

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

County Johnston Instrument Location Johnston Detention Center

Instrument Serial No. 008810 Smithfield, NC

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: *008810*
Test Date: *09/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	8:44am
AIR BLK	.00	8:45am
ACCY CHK	.07	8:46am
AIR BLK	.00	8:47am
SUB TEST	**.00**	**8:48am**
AIR BLK	.00	8:49am
SUB TEST	**.00**	**8:50am**
AIR BLK	.00	8:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: *008810* Test Record Number: *6884*
Test Date: *09/03/2026* Test Time: *8:54am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:54am
SRC	Pass	8:54am
DET	Pass	8:54am
BAR	Pass	8:54am
BT	Pass	8:54am

Blank Tests

Test	Status	Time
AIR	Pass	8:55am

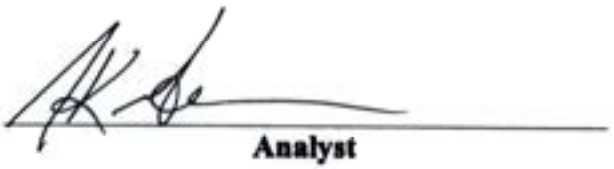
Printer Tests

Test	Status	Time
PRNT	Pass	8:55am

CRC Tests

Test	Status	Time
COMP	Pass	8:55am
CAL	Pass	8:55am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008575*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.08	9:14pm
AIR BLK	.00	9:14pm
SUB TEST	**.00**	**9:15pm**
AIR BLK	.00	9:16pm
SUB TEST	**.00**	**9:18pm**
AIR BLK	.00	9:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008575* Test Record Number: *1662*
Test Date: *09/25/2026* Test Time: *9:27pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

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

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008616*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.08	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	**.00**	**9:16pm**
AIR BLK	.00	9:17pm
SUB TEST	**.00**	**9:19pm**
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008616* Test Record Number: *3089*
Test Date: *09/25/2026* Test Time: *9:23pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm

CRC Tests

Test	Status	Time
COMP	Pass	9:24pm
CAL	Pass	9:24pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lenoir Instrument Location Kinston P.D.

Instrument Serial No. 002624 Kinston, NC.

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22nd day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY KINSTON PD 530

Serial Number: *008624*
Test Date: *09/22/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.08	10:31am
AIR BLK	.00	10:32am
SUB TEST	**.00**	**10:33am**
AIR BLK	.00	10:34am
SUB TEST	**.00**	**10:35am**
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

LENOIR COUNTY KINSTON PD 530

Serial Number: *008624* Test Record Number: *2580*
Test Date: *09/22/2026* Test Time: *10:37am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:38am

Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

Printer Tests

Test	Status	Time
PRNT	Pass	10:38am

CRC Tests

Test	Status	Time
COMP	Pass	10:39am
CAL	Pass	10:39am

Preventive Maintenance
Status: Pass



Analyst

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

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

County Lenoir Instrument Location Lenoir Co. S.O.

Instrument Serial No. 008639 Kinston, N.C.

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22nd day of September, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA

Signature of Certifying Official

377722
Certificate Number

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY LENOIR CO SO 530

Serial Number: *008639*
Test Date: *09/22/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:47am
AIR BLK	.00	9:47am
ACCY CHK	.07	9:48am
AIR BLK	.00	9:49am
SUB TEST	**.00**	**9:50am**
AIR BLK	.00	9:51am
SUB TEST	**.00**	**9:52am**
AIR BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: *008639* Test Record Number: *4510*
Test Date: *09/22/2026* 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

Test	Status	Time
AIR	Pass	9:55am

Printer Tests

Test	Status	Time
PRNT	Pass	9:55am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008647*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:14pm
AIR BLK	.00	9:15pm
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

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008647* Test Record Number: *3052*
Test Date: *09/25/2026* Test Time: *9:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

Test	Status	Time
COMP	Pass	9:24pm
CAL	Pass	9:24pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008704*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:15pm
AIR BLK	.00	9:16pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	**.00**	**9:18pm**
AIR BLK	.00	9:19pm
SUB TEST	**.00**	**9:20pm**
AIR BLK	.00	9:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008704* Test Record Number: *1099*
Test Date: *09/25/2026* Test Time: *9:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
FC	Pass	9:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

Test	Status	Time
COMP	Pass	9:24pm
CAL	Pass	9:24pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008826*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:10pm
AIR BLK	.00	9:11pm
ACCY CHK	.07	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	**.00**	**9:14pm**
AIR BLK	.00	9:15pm
SUB TEST	**.00**	**9:16pm**
AIR BLK	.00	9:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008826* Test Record Number: *8740*
Test Date: *09/25/2026* Test Time: *9:18pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:18pm
FLO	Pass	9:18pm
FC	Pass	9:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm

CRC Tests

Test	Status	Time
COMP	Pass	9:19pm
CAL	Pass	9:19pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Macon Instrument Location Macon County Ja. 1

Instrument Serial No. 008618 Franklin, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: *008618*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	5:01pm
AIR BLK	.00	5:02pm
ACCY CHK	.07	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	**.00**	**5:04pm**
AIR BLK	.00	5:05pm
SUB TEST	**.00**	**5:07pm**
AIR BLK	.00	5:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: *008618* Test Record Number: *2917*
Test Date: *09/09/2026* Test Time: *5:08pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:09pm
FLO	Pass	5:09pm
FC	Pass	5:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:09pm
SRC	Pass	5:09pm
DET	Pass	5:09pm
BAR	Pass	5:09pm
BT	Pass	5:09pm

Blank Tests

Test	Status	Time
AIR	Pass	5:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:10pm

CRC Tests

Test	Status	Time
COMP	Pass	5:10pm
CAL	Pass	5:10pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Macon Instrument Location Macon County Jail

Instrument Serial No. 008789 Franklin, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: *008789*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	5:02pm
AIR BLK	.00	5:03pm
ACCY CHK	.07	5:03pm
AIR BLK	.00	5:04pm
SUB TEST	**.00**	**5:05pm**
AIR BLK	.00	5:06pm
SUB TEST	**.00**	**5:07pm**
AIR BLK	.00	5:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: *008789* Test Record Number: *1078*
Test Date: *09/09/2026* Test Time: *5:09pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:09pm
FLO	Pass	5:09pm
FC	Pass	5:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:09pm
SRC	Pass	5:09pm
DET	Pass	5:09pm
BAR	Pass	5:09pm
BT	Pass	5:09pm

Blank Tests

Test	Status	Time
AIR	Pass	5:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:10pm

CRC Tests

Test	Status	Time
COMP	Pass	5:10pm
CAL	Pass	5:10pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Macon Instrument Location Macon County Magistrate

Instrument Serial No. 008795 Highlands, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: *008795*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	3:47pm
AIR BLK	.00	3:48pm
ACCY CHK	.08	3:48pm
AIR BLK	.00	3:50pm
SUB TEST	**.00**	**3:50pm**
AIR BLK	.00	3:51pm
SUB TEST	**.00**	**3:53pm**
AIR BLK	.00	3:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: *008795* Test Record Number: *795*
Test Date: *09/09/2026* Test Time: *3:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm

CRC Tests

Test	Status	Time
COMP	Pass	3:55pm
CAL	Pass	3:55pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Madison Instrument Location Mars Hill PD

Instrument Serial No 008582 Mars Hill, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MADISON COUNTY MARS HILL PD 560

Serial Number: *008582*
Test Date: *09/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:28am
AIR BLK	.00	10:29am
ACCY CHK	.07	10:29am
AIR BLK	.00	10:30am
SUB TEST	**.00**	**10:31am**
AIR BLK	.00	10:32am
SUB TEST	**.00**	**10:33am**
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MADISON COUNTY MARS HILL PD 560

Serial Number: *008582* Test Record Number: *1400*
Test Date: *09/30/2026* Test Time: *10:34am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

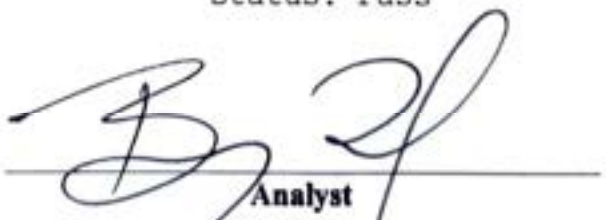
Printer Tests

Test	Status	Time
PRNT	Pass	10:35am

CRC Tests

Test	Status	Time
COMP	Pass	10:36am
CAL	Pass	10:36am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Madison Instrument Location Madison County Jail

Instrument Serial No. 008599 Marshall, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: *008599*
Test Date: *09/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	11:10am
AIR BLK	.00	11:10am
ACCY CHK	.07	11:11am
AIR BLK	.00	11:13am
SUB TEST	**.00**	**11:13am**
AIR BLK	.00	11:14am
SUB TEST	**.00**	**11:16am**
AIR BLK	.00	11:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: *008599* Test Record Number: *1642*
Test Date: *09/30/2026* Test Time: *11:17am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

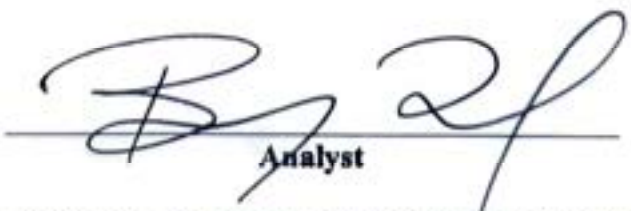
Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location CMPD LEC

Instrument Serial No. D085914 Charlotte, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

849845
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: *008594*
Test Date: *09/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

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

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: *008594* Test Record Number: *7042*
Test Date: *09/03/2026* Test Time: *1:15pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

CRC Tests

Test	Status	Time
COMP	Pass	1:16pm
CAL	Pass	1:16pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of September 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008615
Test Date: 09/10/2026

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:23am
AIR BLK	.00	8:24am
ACCY CHK	.07	8:24am
AIR BLK	.00	8:25am
SUB TEST	**.00**	**8:26am**
AIR BLK	.00	8:27am
SUB TEST	**.00**	**8:28am**
AIR BLK	.00	8:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008615* Test Record Number: *6419*
Test Date: *09/10/2026* Test Time: *8:31am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:31am
FLO	Pass	8:31am
FC	Pass	8:31am

Temperature Tests

Test	Status	Time
FC1	Pass	8:31am
SRC	Pass	8:31am
DET	Pass	8:31am
BAR	Pass	8:31am
BT	Pass	8:31am

Blank Tests

Test	Status	Time
AIR	Pass	8:32am

Printer Tests

Test	Status	Time
PRNT	Pass	8:32am

CRC Tests

Test	Status	Time
COMP	Pass	8:32am
CAL	Pass	8:32am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008615*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:40pm
AIR BLK	.00	7:41pm
ACCY CHK	.07	7:42pm
AIR BLK	.00	7:43pm
SUB TEST	**.00**	**7:44pm**
AIR BLK	.00	7:45pm
SUB TEST	**.00**	**7:46pm**
AIR BLK	.00	7:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT B 590

Serial Number: *008615* Test Record Number: *6421*
Test Date: *09/17/2026* Test Time: *7:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:48pm
FLO	Pass	7:48pm
FC	Pass	7:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:48pm
SRC	Pass	7:48pm
DET	Pass	7:48pm
BAR	Pass	7:48pm
BT	Pass	7:48pm

Blank Tests

Test	Status	Time
AIR	Pass	7:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:49pm

CRC Tests

Test	Status	Time
COMP	Pass	7:49pm
CAL	Pass	7:49pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008615*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	**.00**	**9:27pm**
AIR BLK	.00	9:28pm
SUB TEST	**.00**	**9:30pm**
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008615* Test Record Number: *6425*
Test Date: *09/24/2026* Test Time: *9:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm

CRC Tests

Test	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008775*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:23am
AIR BLK	.00	8:24am
ACCY CHK	.08	8:25am
AIR BLK	.00	8:26am
SUB TEST	**.00**	**8:26am**
AIR BLK	.00	8:27am
SUB TEST	**.00**	**8:28am**
AIR BLK	.00	8:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008775* Test Record Number: *2636*
Test Date: *09/10/2026* Test Time: *8:30am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:30am
FLO	Pass	8:30am
FC	Pass	8:30am

Temperature Tests

Test	Status	Time
FC1	Pass	8:30am
SRC	Pass	8:30am
DET	Pass	8:30am
BAR	Pass	8:30am
BT	Pass	8:30am

Blank Tests

Test	Status	Time
AIR	Pass	8:31am

Printer Tests

Test	Status	Time
PRNT	Pass	8:31am

CRC Tests

Test	Status	Time
COMP	Pass	8:31am
CAL	Pass	8:31am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008775*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:39pm
AIR BLK	.00	7:40pm
ACCY CHK	.08	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	**.00**	**7:42pm**
AIR BLK	.00	7:43pm
SUB TEST	**.00**	**7:45pm**
AIR BLK	.00	7:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008775* Test Record Number: *2638*
Test Date: *09/17/2026* Test Time: *7:46pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:46pm
FLO	Pass	7:46pm
FC	Pass	7:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:47pm
SRC	Pass	7:47pm
DET	Pass	7:47pm
BAR	Pass	7:47pm
BT	Pass	7:47pm

Blank Tests

Test	Status	Time
AIR	Pass	7:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:47pm

CRC Tests

Test	Status	Time
COMP	Pass	7:47pm
CAL	Pass	7:47pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008775*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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*
Permit Number:
Effective:
00/00/0000-00/00/0000

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	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.08	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	**.00**	**9:27pm**
AIR BLK	.00	9:28pm
SUB TEST	**.00**	**9:29pm**
AIR BLK	.00	9:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008775* Test Record Number: *2643*
Test Date: *09/24/2026* Test Time: *9:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm

CRC Tests

Test	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official 2219283 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008816*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:22am
AIR BLK	.00	8:23am
ACCY CHK	.07	8:23am
AIR BLK	.00	8:24am
SUB TEST	**.00**	**8:25am**
AIR BLK	.00	8:26am
SUB TEST	**.00**	**8:27am**
AIR BLK	.00	8:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008816* Test Record Number: *8200*
Test Date: *09/10/2026* Test Time: *8:29am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:30am
FLO	Pass	8:30am
FC	Pass	8:30am

Temperature Tests

Test	Status	Time
FC1	Pass	8:30am
SRC	Pass	8:30am
DET	Pass	8:30am
BAR	Pass	8:30am
BT	Pass	8:30am

Blank Tests

Test	Status	Time
AIR	Pass	8:30am

Printer Tests

Test	Status	Time
PRNT	Pass	8:30am

CRC Tests

Test	Status	Time
COMP	Pass	8:31am
CAL	Pass	8:31am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of September 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008816*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:43pm
AIR BLK	.00	7:43pm
ACCY CHK	.07	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	**.00**	**7:45pm**
AIR BLK	.00	7:46pm
SUB TEST	**.00**	**7:48pm**
AIR BLK	.00	7:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008816* Test Record Number: *8203*
Test Date: *09/17/2026* Test Time: *7:52pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:52pm
FLO	Pass	7:52pm
FC	Pass	7:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:52pm
SRC	Pass	7:52pm
DET	Pass	7:52pm
BAR	Pass	7:52pm
BT	Pass	7:52pm

Blank Tests

Test	Status	Time
AIR	Pass	7:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:53pm

CRC Tests

Test	Status	Time
COMP	Pass	7:53pm
CAL	Pass	7:53pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit B

Instrument Serial No. 008816 -

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008816*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:23pm
AIR BLK	.00	9:24pm
ACCY CHK	.07	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	**.00**	**9:26pm**
AIR BLK	.00	9:27pm
SUB TEST	**.00**	**9:29pm**
AIR BLK	.00	9:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008816* Test Record Number: *8207*
Test Date: *09/24/2026* Test Time: *9:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm

CRC Tests

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 -

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008929*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	8:28am
AIR BLK	.00	8:29am
ACCY CHK	.07	8:29am
AIR BLK	.00	8:31am
SUB TEST	**.00**	**8:31am**
AIR BLK	.00	8:32am
SUB TEST	**.00**	**8:34am**
AIR BLK	.00	8:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008929* Test Record Number: *1914*
Test Date: *09/10/2026* Test Time: *8:35am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:36am
FLO	Pass	8:36am
FC	Pass	8:36am

Temperature Tests

Test	Status	Time
FC1	Pass	8:36am
SRC	Pass	8:36am
DET	Pass	8:36am
BAR	Pass	8:36am
BT	Pass	8:36am

Blank Tests

Test	Status	Time
AIR	Pass	8:37am

Printer Tests

Test	Status	Time
PRNT	Pass	8:37am

CRC Tests

Test	Status	Time
COMP	Pass	8:37am
CAL	Pass	8:37am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official — 2219283 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008929*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:38pm
AIR BLK	.00	7:39pm
ACCY CHK	.07	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	**.00**	**7:41pm**
AIR BLK	.00	7:42pm
SUB TEST	**.00**	**7:44pm**
AIR BLK	.00	7:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008929* Test Record Number: *1916*
Test Date: *09/17/2026* Test Time: *7:45pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:45pm
FLO	Pass	7:45pm
FC	Pass	7:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:46pm
SRC	Pass	7:46pm
DET	Pass	7:46pm
BAR	Pass	7:46pm
BT	Pass	7:46pm

Blank Tests

Test	Status	Time
AIR	Pass	7:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm

CRC Tests

Test	Status	Time
COMP	Pass	7:47pm
CAL	Pass	7:47pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008929*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:25pm
SUB TEST	**.00**	**9:25pm**
AIR BLK	.00	9:26pm
SUB TEST	**.00**	**9:28pm**
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008929* Test Record Number: *1920*
Test Date: *09/24/2026* Test Time: *9:30pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

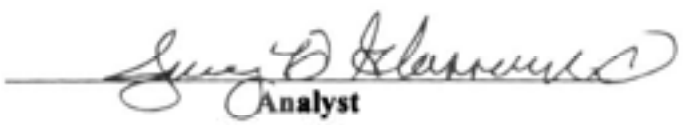
Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm

CRC Tests

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mitchell Instrument Location Spruce Pine P.D.

Instrument Serial No 008726 Spruce Pine, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: *008726*
Test Date: *09/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:12pm
AIR BLK	.00	12:13pm
ACCY CHK	.08	12:13pm
AIR BLK	.00	12:15pm
SUB TEST	**.00**	**12:16pm**
AIR BLK	.00	12:16pm
SUB TEST	**.00**	**12:18pm**
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: *008726* Test Record Number: *1633*
Test Date: *09/16/2026* Test Time: *12:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:21pm
SRC	Pass	12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

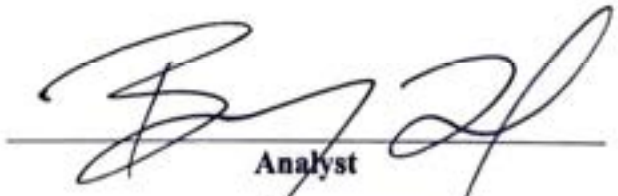
Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NASH Instrument Location NASH COUNTY DETENTION CENTER

Instrument Serial No. 008688 NASHVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NASH COUNTY NASH DETENTION CTR 630

Serial Number: *008688*
Test Date: *09/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	11:39am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:40am
AIR BLK	.00	11:42am
SUB TEST	**.00**	**11:42am**
AIR BLK	.00	11:43am
SUB TEST	**.00**	**11:45am**
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

NASH COUNTY NASH DETENTION CTR 630

Serial Number: *008688* Test Record Number: *1289*
Test Date: *09/03/2026* Test Time: *11:47am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am

CRC Tests

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NASH Instrument Location Rocky Mount PD

Instrument Serial No. 008740 Rocky Mount, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

E A Bryant
Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008740*
Test Date: *09/29/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	**.00**	**3:01pm**
AIR BLK	.00	3:02pm
SUB TEST	**.00**	**3:03pm**
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008740* Test Record Number: *1246*
Test Date: *09/29/2026* Test Time: *3:05pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County New Hanover Instrument Location Wilmington Police Department

Instrument Serial No. 008628 Wilmington, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

845025
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: *008628*
Test Date: *09/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Ryan, Robert F*
Permit Number: *0084-5023*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	12:02pm
AIR BLK	.00	12:03pm
ACCY CHK	.07	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	**.00**	**12:05pm**
AIR BLK	.00	12:06pm
SUB TEST	**.00**	**12:08pm**
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: *008628* Test Record Number: *7576*
Test Date: *09/02/2026* Test Time: *12:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:12pm
FLO	Pass	12:12pm
FC	Pass	12:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:12pm
SRC	Pass	12:12pm
DET	Pass	12:12pm
BAR	Pass	12:12pm
BT	Pass	12:12pm

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

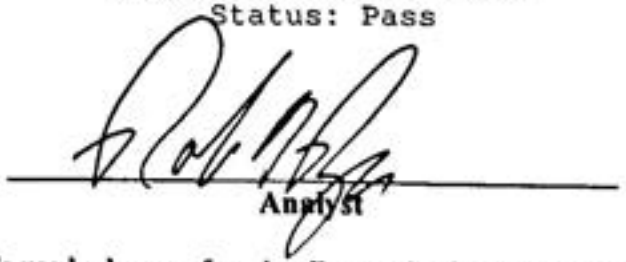
Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

CRC Tests

Test	Status	Time
COMP	Pass	12:13pm
CAL	Pass	12:13pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Northampton Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Tmty B Hthth
Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NORTHAMPTON COUNTY BAT MOBILE UNIT 13
650

Serial Number: *008869*
Test Date: *09/19/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	4:52pm
AIR BLK	.00	4:53pm
ACCY CHK	.08	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	**.00**	**4:55pm**
AIR BLK	.00	4:56pm
SUB TEST	**.00**	**4:57pm**
AIR BLK	.00	4:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY BAT MOBILE UNIT 13 650

Serial Number: *008869* Test Record Number: *2295*
Test Date: *09/19/2026* Test Time: *4:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:59pm
FLO	Pass	4:59pm
FC	Pass	4:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:59pm
SRC	Pass	4:59pm
DET	Pass	4:59pm
BAR	Pass	4:59pm
BT	Pass	4:59pm

Blank Tests

Test	Status	Time
AIR	Pass	5:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm

CRC Tests

Test	Status	Time
COMP	Pass	5:00pm
CAL	Pass	5:00pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Northampton Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Tony B Hall
Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NORTHAMPTON COUNTY BAT MOBILE UNIT 13
650

Serial Number: *008898*
Test Date: *09/19/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	4:36pm
AIR BLK	.00	4:37pm
ACCY CHK	.07	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	**.00**	**4:39pm**
AIR BLK	.00	4:40pm
SUB TEST	**.00**	**4:42pm**
AIR BLK	.00	4:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY BAT MOBILE UNIT 13 650

Serial Number: *008898* Test Record Number: *2224*
Test Date: *09/19/2026* Test Time: *4:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:43pm
FLO	Pass	4:43pm
FC	Pass	4:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:44pm
SRC	Pass	4:44pm
DET	Pass	4:44pm
BAR	Pass	4:44pm
BT	Pass	4:44pm

Blank Tests

Test	Status	Time
AIR	Pass	4:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:44pm

CRC Tests

Test	Status	Time
COMP	Pass	4:44pm
CAL	Pass	4:44pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Northampton Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NORTHAMPTON COUNTY BAT MOBILE UNIT 13
650

Serial Number: *008939*
Test Date: *09/19/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	4:14pm
AIR BLK	.00	4:15pm
ACCY CHK	.07	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	**.00**	**4:17pm**
AIR BLK	.00	4:18pm
SUB TEST	**.00**	**4:19pm**
AIR BLK	.00	4:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY BAT MOBILE UNIT 13 650

Serial Number: *008939* Test Record Number: *2079*
Test Date: *09/19/2026* Test Time: *4:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:21pm
FLO	Pass	4:21pm
FC	Pass	4:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:21pm
SRC	Pass	4:21pm
DET	Pass	4:21pm
BAR	Pass	4:21pm
BT	Pass	4:21pm

Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:22pm

CRC Tests

Test	Status	Time
COMP	Pass	4:22pm
CAL	Pass	4:22pm

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:02pm
AIR BLK	.00	10:03pm
ACCY CHK	.07	10:04pm
AIR BLK	.00	10:04pm
SUB TEST	**.00**	**10:05pm**
AIR BLK	.00	10:06pm
SUB TEST	**.00**	**10:07pm**
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575* Test Record Number: *1650*
Test Date: *09/05/2026* 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

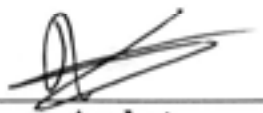
Printer Tests

Test	Status	Time
PRNT	Pass	10:10pm

CRC Tests

Test	Status	Time
COMP	Pass	10:10pm
CAL	Pass	10:10pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:40pm
AIR BLK	.00	12:41pm
ACCY CHK	.08	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	**.00**	**12:43pm**
AIR BLK	.00	12:44pm
SUB TEST	**.00**	**12:46pm**
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575* Test Record Number: *1654*
Test Date: *09/17/2026* Test Time: *12:47pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm

CRC Tests

Test	Status	Time
COMP	Pass	12:49pm
CAL	Pass	12:49pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575*
Test Date: *09/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:29pm
AIR BLK	.00	7:30pm
ACCY CHK	.08	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	**.00**	**7:32pm**
AIR BLK	.00	7:33pm
SUB TEST	**.00**	**7:35pm**
AIR BLK	.00	7:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575* Test Record Number: *1660*
Test Date: *09/23/2026* Test Time: *7:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:38pm
FLO	Pass	7:38pm
FC	Pass	7:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:38pm
SRC	Pass	7:38pm
DET	Pass	7:38pm
BAR	Pass	7:38pm
BT	Pass	7:38pm

Blank Tests

Test	Status	Time
AIR	Pass	7:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:39pm

CRC Tests

Test	Status	Time
COMP	Pass	7:39pm
CAL	Pass	7:39pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ONSLOW Instrument Location ONSLOW COUNTY SNEADS FERRY ANEX

Instrument Serial No. 008578 SNEADS FERRY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: *008578*
Test Date: *09/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:02am
AIR BLK	.00	9:02am
ACCY CHK	.07	9:03am
AIR BLK	.00	9:04am
SUB TEST	**.00**	**9:05am**
AIR BLK	.00	9:06am
SUB TEST	**.00**	**9:07am**
AIR BLK	.00	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: *008578* Test Record Number: *3811*
Test Date: *09/11/2026* Test Time: *9:08am 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
AIR	Pass	9:10am

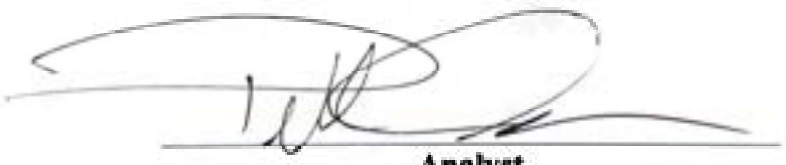
Printer Tests

Test	Status	Time
PRNT	Pass	9:10am

CRC Tests

Test	Status	Time
COMP	Pass	9:10am
CAL	Pass	9:10am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008616*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.08	10:04pm
AIR BLK	.00	10:06pm
SUB TEST	**.00**	**10:06pm**
AIR BLK	.00	10:07pm
SUB TEST	**.00**	**10:09pm**
AIR BLK	.00	10:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008616* Test Record Number: *3077*
Test Date: *09/05/2026* Test Time: *10:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:11pm
FLO	Pass	10:11pm
FC	Pass	10:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

Blank Tests

Test	Status	Time
AIR	Pass	10:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:12pm

CRC Tests

Test	Status	Time
COMP	Pass	10:12pm
CAL	Pass	10:12pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008616*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:41pm
AIR BLK	.00	12:42pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	**.00**	**12:45pm**
AIR BLK	.00	12:45pm
SUB TEST	**.00**	**12:47pm**
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008616* Test Record Number: *3081*
Test Date: *09/17/2026* Test Time: *12:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

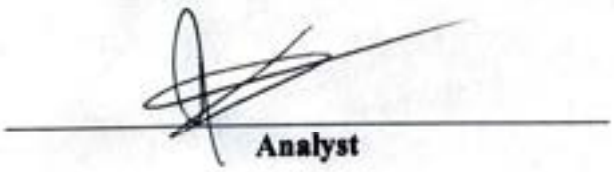
Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm

CRC Tests

Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008616*
Test Date: *09/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:30pm
AIR BLK	.00	7:31pm
ACCY CHK	.08	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	**.00**	**7:33pm**
AIR BLK	.00	7:34pm
SUB TEST	**.00**	**7:36pm**
AIR BLK	.00	7:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008616* Test Record Number: *3087*
Test Date: *09/23/2026* Test Time: *7:38pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:38pm
FLO	Pass	7:38pm
FC	Pass	7:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:38pm
SRC	Pass	7:38pm
DET	Pass	7:38pm
BAR	Pass	7:38pm
BT	Pass	7:38pm

Blank Tests

Test	Status	Time
AIR	Pass	7:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:39pm

CRC Tests

Test	Status	Time
COMP	Pass	7:39pm
CAL	Pass	7:39pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:04pm
AIR BLK	.00	10:05pm
ACCY CHK	.07	10:05pm
AIR BLK	.00	10:06pm
SUB TEST	**.00**	**10:07pm**
AIR BLK	.00	10:08pm
SUB TEST	**.00**	**10:10pm**
AIR BLK	.00	10:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647* Test Record Number: *3038*
Test Date: *09/05/2026* Test Time: *10:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:12pm
FLO	Pass	10:12pm
FC	Pass	10:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

CRC Tests

Test	Status	Time
COMP	Pass	10:13pm
CAL	Pass	10:13pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	1:02pm
AIR BLK	.00	1:04pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	**.00**	**1:06pm**
AIR BLK	.00	1:07pm
SUB TEST	**.00**	**1:08pm**
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647* Test Record Number: *3042*
Test Date: *09/17/2026* Test Time: *1:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm

CRC Tests

Test	Status	Time
COMP	Pass	1:19pm
CAL	Pass	1:19pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647*
Test Date: *09/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:31pm
AIR BLK	.00	7:32pm
ACCY CHK	.07	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	**.00**	**7:35pm**
AIR BLK	.00	7:35pm
SUB TEST	**.00**	**7:37pm**
AIR BLK	.00	7:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647* Test Record Number: *3050*
Test Date: *09/23/2026* Test Time: *7:39pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:39pm
FLO	Pass	7:39pm
FC	Pass	7:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:40pm
SRC	Pass	7:40pm
DET	Pass	7:40pm
BAR	Pass	7:40pm
BT	Pass	7:40pm

Blank Tests

Test	Status	Time
AIR	Pass	7:40pm

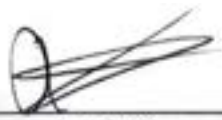
Printer Tests

Test	Status	Time
PRNT	Pass	7:40pm

CRC Tests

Test	Status	Time
COMP	Pass	7:40pm
CAL	Pass	7:40pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:04pm
AIR BLK	.00	10:05pm
ACCY CHK	.07	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	**.00**	**10:07pm**
AIR BLK	.00	10:08pm
SUB TEST	**.00**	**10:10pm**
AIR BLK	.00	10:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704* Test Record Number: *1087*
Test Date: *09/05/2026* Test Time: *10:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:12pm
FLO	Pass	10:12pm
FC	Pass	10:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

CRC Tests

Test	Status	Time
COMP	Pass	10:13pm
CAL	Pass	10:13pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:42pm
AIR BLK	.00	12:43pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:44pm
SUB TEST	**.00**	**12:45pm**
AIR BLK	.00	12:46pm
SUB TEST	**.00**	**12:47pm**
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704* Test Record Number: *1091*
Test Date: *09/17/2026* Test Time: *12:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm

CRC Tests

Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704*
Test Date: *09/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:32pm
AIR BLK	.00	7:33pm
ACCY CHK	.07	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	**.00**	**7:35pm**
AIR BLK	.00	7:36pm
SUB TEST	**.00**	**7:38pm**
AIR BLK	.00	7:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704* Test Record Number: *1097*
Test Date: *09/23/2026* Test Time: *7:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:40pm
FLO	Pass	7:40pm
FC	Pass	7:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:40pm
SRC	Pass	7:40pm
DET	Pass	7:40pm
BAR	Pass	7:40pm
BT	Pass	7:40pm

Blank Tests

Test	Status	Time
AIR	Pass	7:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:41pm

CRC Tests

Test	Status	Time
COMP	Pass	7:41pm
CAL	Pass	7:41pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:01pm
AIR BLK	.00	10:02pm
ACCY CHK	.07	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	**.00**	**10:05pm**
AIR BLK	.00	10:06pm
SUB TEST	**.00**	**10:07pm**
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826* Test Record Number: *8728*
Test Date: *09/05/2026* 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	10:09pm
SRC	Pass	10:09pm
DET	Pass	10:09pm
BAR	Pass	10:09pm
BT	Pass	10:09pm

Blank Tests

Test	Status	Time
AIR	Pass	10:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:10pm

CRC Tests

Test	Status	Time
COMP	Pass	10:10pm
CAL	Pass	10:10pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.07	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	**.00**	**12:42pm**
AIR BLK	.00	12:43pm
SUB TEST	**.00**	**12:45pm**
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826* Test Record Number: *8732*
Test Date: *09/17/2026* 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
CAL	Pass	12:48pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826*
Test Date: *09/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:27pm
AIR BLK	.00	7:28pm
ACCY CHK	.07	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	**.00**	**7:31pm**
AIR BLK	.00	7:32pm
SUB TEST	**.00**	**7:34pm**
AIR BLK	.00	7:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826* Test Record Number: *8738*
Test Date: *09/23/2026* Test Time: *7:35pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:35pm
FLO	Pass	7:36pm
FC	Pass	7:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:36pm
SRC	Pass	7:36pm
DET	Pass	7:36pm
BAR	Pass	7:36pm
BT	Pass	7:36pm

Blank Tests

Test	Status	Time
AIR	Pass	7:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:36pm

CRC Tests

Test	Status	Time
COMP	Pass	7:37pm
CAL	Pass	7:37pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ONSLOW Instrument Location SWANSBORO POLICE DEPT

Instrument Serial No. 008894 SWANSBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

3824950
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY SWANSBORO PD 660

Serial Number: *008894*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:03am
AIR BLK	.00	10:04am
ACCY CHK	.08	10:05am
AIR BLK	.00	10:06am
SUB TEST	**.00**	**10:06am**
AIR BLK	.00	10:07am
SUB TEST	**.00**	**10:09am**
AIR BLK	.00	10:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY SWANSBORO PD 660

Serial Number: *008894* Test Record Number: *1881*
Test Date: *09/09/2026* Test Time: *10:11am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:11am
FLO	Pass	10:11am
FC	Pass	10:12am

Temperature Tests

Test	Status	Time
FC1	Pass	10:12am
SRC	Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

Blank Tests

Test	Status	Time
AIR	Pass	10:12am

Printer Tests

Test	Status	Time
PRNT	Pass	10:12am

CRC Tests

Test	Status	Time
COMP	Pass	10:13am
CAL	Pass	10:13am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ONSLOW Instrument Location ONSLOW COUNTY DETENTION CENTER

Instrument Serial No. 008917 JACKSONVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

282450
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: *008917*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

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**	**11:39am**
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: *008917* Test Record Number: *1462*
Test Date: *09/10/2026* Test Time: *11:41am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am

CRC Tests

Test	Status	Time
COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ONSLOW Instrument Location MCAS NEW RIVER PMO

Instrument Serial No. 008919 JACKSONVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: *008919*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

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	9:23am
AIR BLK	.00	9:24am
ACCY CHK	.07	9:24am
AIR BLK	.00	9:26am
SUB TEST	**.00**	**9:27am**
AIR BLK	.00	9:28am
SUB TEST	**.00**	**9:30am**
AIR BLK	.00	9:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: *008919* Test Record Number: *972*
Test Date: *09/10/2026* Test Time: *9:31am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:31am
FLO	Pass	9:31am
FC	Pass	9:31am

Temperature Tests

Test	Status	Time
FC1	Pass	9:31am
SRC	Pass	9:31am
DET	Pass	9:31am
BAR	Pass	9:31am
BT	Pass	9:31am

Blank Tests

Test	Status	Time
AIR	Pass	9:32am

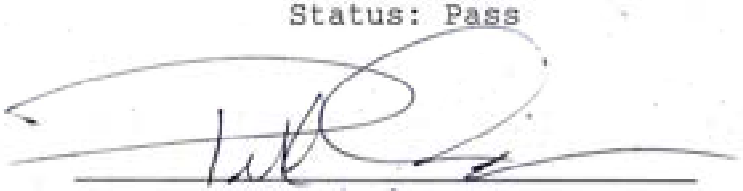
Printer Tests

Test	Status	Time
PRNT	Pass	9:32am

CRC Tests

Test	Status	Time
COMP	Pass	9:32am
CAL	Pass	9:32am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ONSLOW Instrument Location CAMP LEJUENE PMO

Instrument Serial No. 008920 JACKSONVILLE NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

282495
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: *008920*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	3:43pm
AIR BLK	.00	3:44pm
ACCY CHK	.08	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	**.00**	**3:46pm**
AIR BLK	.00	3:47pm
SUB TEST	**.00**	**3:48pm**
AIR BLK	.00	3:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: *008920* Test Record Number: *2668*
Test Date: *09/10/2026* Test Time: *3:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC	Pass	3:50pm
DET	Pass	3:50pm
BAR	Pass	3:50pm
BT	Pass	3:50pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ONSLOW Instrument Location JACKSONVILLE POLICE DEPT

Instrument Serial No. 008930 JACKSONVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

26 24950
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: *008930*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:01pm
AIR BLK	.00	1:02pm
ACCY CHK	.07	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	**.00**	**1:04pm**
AIR BLK	.00	1:05pm
SUB TEST	**.00**	**1:06pm**
AIR BLK	.00	1:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: *008930* Test Record Number: *2524*
Test Date: *09/10/2026* Test Time: *1:07pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

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	1:09pm

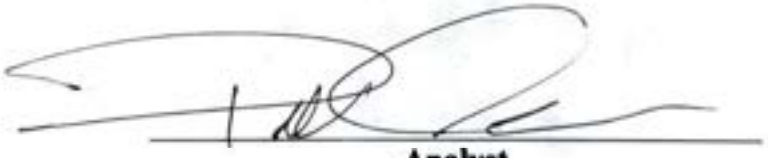
Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ONSLOW Instrument Location ONSLOW COUNTY DETENTION CENTER

Instrument Serial No. 008931 JACKSONVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

28L495O
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: *008931*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

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**	**11:34am**
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: *008931* Test Record Number: *5718*
Test Date: *09/10/2026* Test Time: *11:36am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am

CRC Tests

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County PAMLICO Instrument Location PAMLICO COUNTY DETENTION CENTER

Instrument Serial No. 008640 BAYBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: *008640*
Test Date: *09/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:41pm
AIR BLK	.00	12:42pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	**.00**	**12:45pm**
AIR BLK	.00	12:46pm
SUB TEST	**.00**	**12:48pm**
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: *008640* Test Record Number: *1773*
Test Date: *09/08/2026* Test Time: *12:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

CRC Tests

Test	Status	Time
COMP	Pass	12:51pm
CAL	Pass	12:51pm

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
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Pasquotank Instrument Location Elizabeth City P.D.
Elizabeth City, NC

Instrument Serial No. 008941

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Mark A. Hogwood
Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

PASQUOTANK COUNTY ELIZABETH CITY PD
690

Serial Number: *008941*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:51am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	**.00**	**9:54am**
AIR BLK	.00	9:55am
SUB TEST	**.00**	**9:56am**
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: *008941* Test Record Number: *1808*
Test Date: *09/25/2026* Test Time: *9:59am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

Blank Tests

Test	Status	Time
AIR	Pass	10:00am

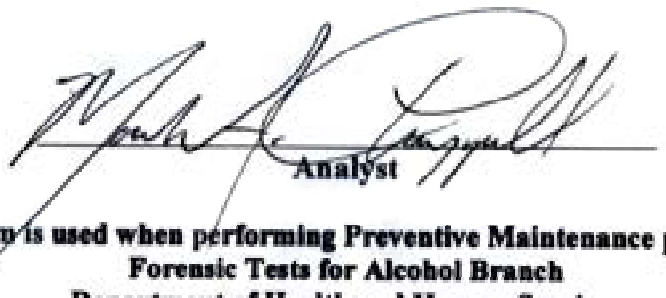
Printer Tests

Test	Status	Time
PRNT	Pass	10:00am

CRC Tests

Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County PERSON Instrument Location PERSON Co. LEC

Instrument Serial No. 008693 FOXBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA

E A Bryant
Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

PERSON COUNTY LAW ENFORCEMENT CTR 720

Serial Number: *008693*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG501303
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:01am
AIR BLK	.00	11:02am
SUB TEST	**.00**	**11:03am**
AIR BLK	.00	11:04am
SUB TEST	**.00**	**11:05am**
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY LAW ENFORCEMENT CTR 720

Serial Number: *008693* Test Record Number: *2268*
Test Date: *09/01/2026* Test Time: *11:07am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am

CRC Tests

Test	Status	Time
COMP	Pass	11:08am
CAL	Pass	11:08am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County PERSON Instrument Location FOXBORO PD

Instrument Serial No. 008880 FOXBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of SEPTEMBER, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: *008880*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.08	10:20am
AIR BLK	.00	10:21am
SUB TEST	**.00**	**10:22am**
AIR BLK	.00	10:23am
SUB TEST	**.00**	**10:24am**
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: *008880* Test Record Number: *2681*
Test Date: *09/01/2026* Test Time: *10:26am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

CRC Tests

Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Pitt Instrument Location Pitt County Detention Center

Instrument Serial No. 0086668 Greenville, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: *008668*
Test Date: *09/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	10:05am
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**	**10:12am**
AIR BLK	.00	10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 730

Serial Number: *008668* Test Record Number: *4984*
Test Date: *09/24/2026* 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
AIR	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

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Polk Instrument Location Polk County Jail

Instrument Serial No. 008832 Columbus, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: *008832*
Test Date: *09/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602201
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:04am
AIR BLK	.00	11:04am
ACCY CHK	.07	11:05am
AIR BLK	.00	11:06am
SUB TEST	**.00**	**11:07am**
AIR BLK	.00	11:08am
SUB TEST	**.00**	**11:09am**
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: *008832* Test Record Number: *2102*
Test Date: *09/23/2026* Test Time: *11:11am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:11am
FLO	Pass	11:11am
FC	Pass	11:11am

Temperature Tests

Test	Status	Time
FC1	Pass	11:11am
SRC	Pass	11:11am
DET	Pass	11:11am
BAR	Pass	11:11am
BT	Pass	11:11am

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am

CRC Tests

Test	Status	Time
COMP	Pass	11:12am
CAL	Pass	11:12am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Polk Instrument Location Polk County Jail

Instrument Serial No. 008881 Columbus, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: *008881*
Test Date: *09/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	11:04am
AIR BLK	.00	11:05am
ACCY CHK	.08	11:05am
AIR BLK	.00	11:06am
SUB TEST	**.00**	**11:07am**
AIR BLK	.00	11:08am
SUB TEST	**.00**	**11:09am**
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: *008881* Test Record Number: *1335*
Test Date: *09/23/2026* Test Time: *11:11am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:11am
FLO	Pass	11:11am
FC	Pass	11:11am

Temperature Tests

Test	Status	Time
FC1	Pass	11:11am
SRC	Pass	11:11am
DET	Pass	11:11am
BAR	Pass	11:11am
BT	Pass	11:11am

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am

CRC Tests

Test	Status	Time
COMP	Pass	11:12am
CAL	Pass	11:12am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Randolph Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008584

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008584*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:46pm
AIR BLK	.00	10:47pm
ACCY CHK	.08	10:48pm
AIR BLK	.00	10:49pm
SUB TEST	**.00**	**10:50pm**
AIR BLK	.00	10:51pm
SUB TEST	**.00**	**10:52pm**
AIR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008584* Test Record Number: *2954*
Test Date: *09/04/2026* Test Time: *10:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:54pm
FLO	Pass	10:54pm
FC	Pass	10:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:54pm
SRC	Pass	10:54pm
DET	Pass	10:54pm
BAR	Pass	10:54pm
BT	Pass	10:54pm

Blank Tests

Test	Status	Time
AIR	Pass	10:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:55pm

CRC Tests

Test	Status	Time
COMP	Pass	10:55pm
CAL	Pass	10:55pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Randolph Instrument Location BAT mobile unit 10

Instrument Serial No. 008637

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008637*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:58pm
AIR BLK	.00	10:59pm
ACCY CHK	.07	10:59pm
AIR BLK	.00	11:00pm
SUB TEST	**.00**	**11:01pm**
AIR BLK	.00	11:02pm
SUB TEST	**.00**	**11:03pm**
AIR BLK	.00	11:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008637* Test Record Number: *3653*
Test Date: *09/04/2026* Test Time: *11:07pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:07pm
FLO	Pass	11:07pm
FC	Pass	11:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm

CRC Tests

Test	Status	Time
COMP	Pass	11:08pm
CAL	Pass	11:08pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Randolph Instrument Location BAT Mobile Unit 10

Instrument Serial No. 005686

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008686*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	11:01pm
AIR BLK	.00	11:02pm
ACCY CHK	.08	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	**.00**	**11:05pm**
AIR BLK	.00	11:05pm
SUB TEST	**.00**	**11:07pm**
AIR BLK	.00	11:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008686* Test Record Number: *7297*
Test Date: *09/04/2026* Test Time: *11:08pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:09pm
FLO	Pass	11:09pm
FC	Pass	11:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:09pm
SRC	Pass	11:09pm
DET	Pass	11:09pm
BAR	Pass	11:09pm
BT	Pass	11:09pm

Blank Tests

Test	Status	Time
AIR	Pass	11:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:10pm

CRC Tests

Test	Status	Time
COMP	Pass	11:10pm
CAL	Pass	11:10pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Randolph Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008776

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008776*
Test Date: *09/04/2026*

Citation Number: *M0000000 0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:51pm
AIR BLK	.00	10:52pm
ACCY CHK	.08	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	**.00**	**10:53pm**
AIR BLK	.00	10:54pm
SUB TEST	**.00**	**10:56pm**
AIR BLK	.00	10:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008776* Test Record Number: *4278*
Test Date: *09/04/2026* Test Time: *10:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:58pm
FLO	Pass	10:58pm
FC	Pass	10:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm

CRC Tests

Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Randolph Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008779

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008779*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	10:49pm
AIR BLK	.00	10:50pm
ACCY CHK	.08	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	**.00**	**10:52pm**
AIR BLK	.00	10:53pm
SUB TEST	**.00**	**10:55pm**
AIR BLK	.00	10:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: *008779* Test Record Number: *4194*
Test Date: *09/04/2026* Test Time: *10:56pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:56pm
FLO	Pass	10:56pm
FC	Pass	10:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:57pm
SRC	Pass	10:57pm
DET	Pass	10:57pm
BAR	Pass	10:57pm
BT	Pass	10:57pm

Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:57pm

CRC Tests

Test	Status	Time
COMP	Pass	10:57pm
CAL	Pass	10:57pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Richmond Instrument Location Richmond County Magistrate

Instrument Serial No. 008701 Rockingham, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RICHMOND COUNTY MAGISTRATE'S OFFICE
760

Serial Number: *008701*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602201
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass.	1:17pm
AIR BLK	.00	1:17pm
ACCY CHK	.08	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	**.00**	**1:20pm**
AIR BLK	.00	1:20pm
SUB TEST	**.00**	**1:22pm**
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: *008701* Test Record Number: *1716*
Test Date: *09/01/2026* Test Time: *1:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm

CRC Tests

Test	Status	Time
COMP	Pass	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Richmond Instrument Location Richmond County Magistrate

Instrument Serial No. 008840 Rockingham, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RICHMOND COUNTY MAGISTRATE'S OFFICE
760

Serial Number: *008840*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602201
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:18pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	**.00**	**1:21pm**
AIR BLK	.00	1:22pm
SUB TEST	**.00**	**1:23pm**
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: *008840* Test Record Number: *3411*
Test Date: *09/01/2026* Test Time: *1:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Owner Robeson Instrument Location BAT Noble Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September 2024, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

22433
Certificate Number

A signed program of the preventive maintenance record shall be kept on file for two years.

DHHS 4080-694.20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.07	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	**.00**	**7:51pm**
AIR BLK	.00	7:51pm
SUB TEST	**.00**	**7:53pm**
AIR BLK	.00	7:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575* Test Record Number: *1648*
Test Date: *09/04/2026* Test Time: *7:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:56pm
FLO	Pass	7:56pm
FC	Pass	7:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:56pm
SRC	Pass	7:56pm
DET	Pass	7:56pm
BAR	Pass	7:56pm
BT	Pass	7:56pm

Blank Tests

Test	Status	Time
AIR	Pass	7:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:56pm

CRC Tests

Test	Status	Time
COMP	Pass	7:57pm
CAL	Pass	7:57pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	3:03pm
AIR BLK	.00	3:04pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	**.00**	**3:06pm**
AIR BLK	.00	3:07pm
SUB TEST	**.00**	**3:08pm**
AIR BLK	.00	3:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575* Test Record Number: *1652*
Test Date: *09/09/2026* Test Time: *3:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

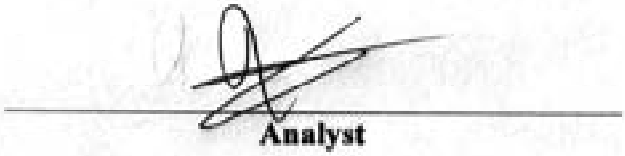
Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:47pm
AIR BLK	.00	7:48pm
ACCY CHK	.08	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	**.00**	**7:50pm**
AIR BLK	.00	7:51pm
SUB TEST	**.00**	**7:53pm**
AIR BLK	.00	7:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616* Test Record Number: *3075*
Test Date: *09/04/2026* Test Time: *7:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:55pm
FLO	Pass	7:55pm
FC	Pass	7:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:56pm
SRC	Pass	7:56pm
DET	Pass	7:56pm
BAR	Pass	7:56pm
BT	Pass	7:56pm

Blank Tests

Test	Status	Time
AIR	Pass	7:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:56pm

CRC Tests

Test	Status	Time
COMP	Pass	7:56pm
CAL	Pass	7:56pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	**.00**	**3:05pm**
AIR BLK	.00	3:06pm
SUB TEST	**.00**	**3:08pm**
AIR BLK	.00	3:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616* Test Record Number: *3079*
Test Date: *09/09/2026* Test Time: *3:09pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

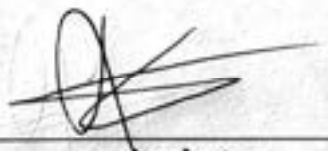
Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location Lumberton Police Dept.

Instrument Serial No. 008629 Lumberton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY LUMBERTON PD 770

Serial Number: *008629*
Test Date: *09/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:29pm
AIR BLK	.00	12:30pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:32pm
SUB TEST	**.00**	**12:32pm**
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

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY LUMBERTON PD 770

Serial Number: *008629* Test Record Number: *1605*
Test Date: *09/28/2026* Test Time: *12:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm

CRC Tests

Test	Status	Time
COMP	Pass	12:37pm
CAL	Pass	12:37pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:50pm
AIR BLK	.00	7:51pm
ACCY CHK	.07	7:52pm
AIR BLK	.00	7:53pm
SUB TEST	**.00**	**7:53pm**
AIR BLK	.00	7:54pm
SUB TEST	**.00**	**7:56pm**
AIR BLK	.00	7:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647* Test Record Number: *3036*
Test Date: *09/04/2026* Test Time: *7:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:59pm
FLO	Pass	7:59pm
FC	Pass	7:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:59pm
SRC	Pass	7:59pm
DET	Pass	7:59pm
BAR	Pass	7:59pm
BT	Pass	7:59pm

Blank Tests

Test	Status	Time
AIR	Pass	7:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:00pm

CRC Tests

Test	Status	Time
COMP	Pass	8:00pm
CAL	Pass	8:00pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:08pm**
AIR BLK	.00	3:09pm
SUB TEST	**.00**	**3:11pm**
AIR BLK	.00	3:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647* Test Record Number: *3040*
Test Date: *09/09/2026* Test Time: *3:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:13pm
SRC	Pass	3:13pm
DET	Pass	3:13pm
BAR	Pass	3:13pm
BT	Pass	3:13pm

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

CRC Tests

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008698

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83034
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008698*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

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	7:55pm
AIR BLK	.00	7:56pm
ACCY CHK	.08	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	**.00**	**7:58pm**
AIR BLK	.00	7:59pm
SUB TEST	**.00**	**8:00pm**
AIR BLK	.00	8:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008698* Test Record Number: *2846*
Test Date: *09/17/2026* Test Time: *8:02pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:02pm
FLO	Pass	8:02pm
FC	Pass	8:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:02pm
SRC	Pass	8:02pm
DET	Pass	8:02pm
BAR	Pass	8:02pm
BT	Pass	8:02pm

Blank Tests

Test	Status	Time
AIR	Pass	8:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:03pm

CRC Tests

Test	Status	Time
COMP	Pass	8:03pm
CAL	Pass	8:03pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:49pm
AIR BLK	.00	7:50pm
ACCY CHK	.07	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	**.00**	**7:52pm**
AIR BLK	.00	7:53pm
SUB TEST	**.00**	**7:55pm**
AIR BLK	.00	7:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704* Test Record Number: *1085*
Test Date: *09/04/2026* Test Time: *7:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:58pm
FLO	Pass	7:58pm
FC	Pass	7:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:58pm
SRC	Pass	7:58pm
DET	Pass	7:58pm
BAR	Pass	7:58pm
BT	Pass	7:58pm

Blank Tests

Test	Status	Time
AIR	Pass	7:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:59pm

CRC Tests

Test	Status	Time
COMP	Pass	7:59pm
CAL	Pass	7:59pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	.07	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	**.00**	**3:07pm**
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:10pm**
AIR BLK	.00	3:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704* Test Record Number: *1089*
Test Date: *09/09/2026* Test Time: *3:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location Robeson Detention Center

Instrument Serial No. 008728 Lumberton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ROBESON COUNTY DETENTION CENTER 770

Serial Number: *008728*
Test Date: *09/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:36am
AIR BLK	.00	11:37am
ACCY CHK	.08	11:38am
AIR BLK	.00	11:39am
SUB TEST	**.00**	**11:39am**
AIR BLK	.00	11:40am
SUB TEST	**.00**	**11:42am**
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY DETENTION CENTER 770

Serial Number: *008728* Test Record Number: *651*
Test Date: *09/28/2026* Test Time: *11:44am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

Blank Tests

Test	Status	Time
AIR	Pass	11:45am

Printer Tests

Test	Status	Time
PRNT	Pass	11:45am

CRC Tests

Test	Status	Time
COMP	Pass	11:45am
CAL	Pass	11:45am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83034
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008788*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	7:57pm
AIR BLK	.00	7:58pm
ACCY CHK	.07	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	**.00**	**8:00pm**
AIR BLK	.00	8:01pm
SUB TEST	**.00**	**8:02pm**
AIR BLK	.00	8:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 776

Serial Number: *008788* Test Record Number: *2621*
Test Date: *09/17/2026* Test Time: *8:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:04pm
FLO	Pass	8:04pm
FC	Pass	8:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
DET	Pass	8:04pm
BAR	Pass	8:04pm
BT	Pass	8:04pm

Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:05pm

CRC Tests

Test	Status	Time
COMP	Pass	8:05pm
CAL	Pass	8:05pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location St. Pauls Police Dept.

Instrument Serial No. 008814 St Pauls, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of September, 20 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY ST PAULS PD 770

Serial Number: *008814*
Test Date: *09/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	.07	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	**.00**	**1:29pm**
AIR BLK	.00	1:30pm
SUB TEST	**.00**	**1:32pm**
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY ST PAULS PD 770

Serial Number: *008814* Test Record Number: *1252*
Test Date: *09/28/2026* Test Time: *1:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

CRC Tests

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 005826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:56pm
AIR BLK	.00	7:57pm
ACCY CHK	.07	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	**.00**	**7:59pm**
AIR BLK	.00	8:00pm
SUB TEST	**.00**	**8:02pm**
AIR BLK	.00	8:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826* Test Record Number: *8726*
Test Date: *09/04/2026* Test Time: *8:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:04pm
FLO	Pass	8:04pm
FC	Pass	8:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
DET	Pass	8:04pm
BAR	Pass	8:04pm
BT	Pass	8:04pm

Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:05pm

CRC Tests

Test	Status	Time
COMP	Pass	8:05pm
CAL	Pass	8:05pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2261313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826*
Test Date: *09/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	3:03pm
AIR BLK	.00	3:04pm
ACCY CHK	.07	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	**.00**	**3:06pm**
AIR BLK	.00	3:07pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826* Test Record Number: *8730*
Test Date: *09/09/2026* Test Time: *3:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location Robeson Detention Center

Instrument Serial No. 008836 Lumberton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of September, 20 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY DETENTION CENTER 770

Serial Number: *008836*
Test Date: *09/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	**.00**	**11:34am**
AIR BLK	.00	11:35am
SUB TEST	**.00**	**11:37am**
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY DETENTION CENTER 770

Serial Number: *008836* Test Record Number: *8487*
Test Date: *09/28/2026* Test Time: *11:39am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

CRC Tests

Test	Status	Time
COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location Pembroke Police Dept.

Instrument Serial No. 008837 Pembroke, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ROBESON COUNTY PEMBROKE POLICE DEPT
770

Serial Number: *008837*
Test Date: *09/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	9:22am
AIR BLK	.00	9:23am
ACCY CHK	.08	9:23am
AIR BLK	.00	9:25am
SUB TEST	**.00**	**9:25am**
AIR BLK	.00	9:26am
SUB TEST	**.00**	**9:28am**
AIR BLK	.00	9:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: *008837* Test Record Number: *1400*
Test Date: *09/28/2026* Test Time: *9:29am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:29am
FLO	Pass	9:29am
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	9:30am

Printer Tests

Test	Status	Time
PRNT	Pass	9:30am

CRC Tests

Test	Status	Time
COMP	Pass	9:30am
CAL	Pass	9:30am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location Red Springs P.D

Instrument Serial No. 008857 Red Springs, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: *008857*
Test Date: *09/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	8:32am
AIR BLK	.00	8:33am
ACCY CHK	.07	8:34am
AIR BLK	.00	8:35am
SUB TEST	**.00**	**8:35am**
AIR BLK	.00	8:36am
SUB TEST	**.00**	**8:38am**
AIR BLK	.00	8:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: *008857* Test Record Number: *879*
Test Date: *09/28/2026* Test Time: *8:40am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:40am
FLO	Pass	8:40am
FC	Pass	8:40am

Temperature Tests

Test	Status	Time
FC1	Pass	8:40am
SRC	Pass	8:40am
DET	Pass	8:40am
BAR	Pass	8:40am
BT	Pass	8:40am

Blank Tests

Test	Status	Time
AIR	Pass	8:41am

Printer Tests

Test	Status	Time
PRNT	Pass	8:41am

CRC Tests

Test	Status	Time
COMP	Pass	8:41am
CAL	Pass	8:41am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ROCKINGHAM Instrument Location REIDSVILLE PD

Instrument Serial No. 008784 REIDSVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1ST day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: *008784*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	1:14pm
AIR BLK	.00	1:15pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	**.00**	**1:17pm**
AIR BLK	.00	1:18pm
SUB TEST	**.00**	**1:20pm**
AIR BLK	.00	1:21pm

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
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Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: *008784* Test Record Number: *1707*
Test Date: *09/01/2026* Test Time: *1:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ROCKINGHAM Instrument Location MADISON PD

Instrument Serial No. 008802 MADISON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1ST day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: *008802*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.08	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	**.00**	**2:21pm**
AIR BLK	.00	2:22pm
SUB TEST	**.00**	**2:23pm**
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: *008802* Test Record Number: *1167*
Test Date: *09/01/2026* Test Time: *2:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ROWAN Instrument Location China Grove Police Department

Instrument Serial No. 008862 China Grove, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: *008862*
Test Date: *09/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.07	11:20am
AIR BLK	.00	11:21am
SUB TEST	**.00**	**11:22am**
AIR BLK	.00	11:23am
SUB TEST	**.00**	**11:25am**
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: *008862* Test Record Number: *1349*
Test Date: *09/11/2026* Test Time: *11:26am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:27am
FLO	Pass	11:27am
FC	Pass	11:27am

Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BT	Pass	11:27am

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am

CRC Tests

Test	Status	Time
COMP	Pass	11:28am
CAL	Pass	11:28am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Rutherford Instrument Location Rutherford County Jail

Instrument Serial No. 008911 Rutherfordton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RUTHERFORD COUNTY RUTHERFORD COUNTY JAIL 800

Serial Number: *008911*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	4:17pm
AIR BLK	.00	4:18pm
ACCY CHK	.07	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	**.00**	**4:20pm**
AIR BLK	.00	4:21pm
SUB TEST	**.00**	**4:22pm**
AIR BLK	.00	4:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CYR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY RUTHERFORD COUNTY JAIL 800

Serial Number: *008911* Test Record Number: *993*
Test Date: *09/04/2026* Test Time: *4:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:24pm
FLO	Pass	4:24pm
FC	Pass	4:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:24pm
SRC	Pass	4:24pm
DET	Pass	4:24pm
BAR	Pass	4:24pm
BT	Pass	4:24pm

Blank Tests

Test	Status	Time
AIR	Pass	4:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:25pm

CRC Tests

Test	Status	Time
COMP	Pass	4:25pm
CAL	Pass	4:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: Stanly

Instrument Location: Locust PD
Locust, NC

Instrument Serial No. 008706

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Bryan Helms — Signature of Certifying Official

849845 — Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

STANLY COUNTY LOCUST PD 830

Serial Number: *008706*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG501303
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.07	10:58am
AIR BLK	.00	10:59am
SUB TEST	**.00**	**10:59am**
AIR BLK	.00	11:00am
SUB TEST	**.00**	**11:02am**
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY LOCUST PD 830

Serial Number: *008706* Test Record Number: *3955*
Test Date: *09/10/2026* Test Time: *11:03am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

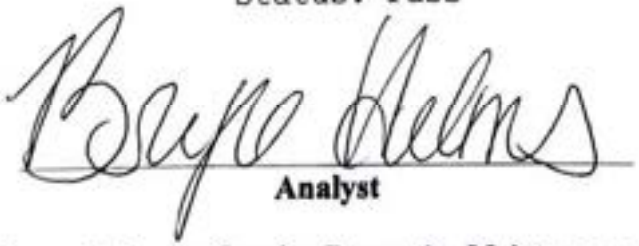
Printer Tests

Test	Status	Time
PRNT	Pass	11:04am

CRC Tests

Test	Status	Time
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: Stanly Instrument Location: Stanly County SO Albemarle, NC

Instrument Serial No. 008842

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Wayne Adams — Signature of Certifying Official

849845 — Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: *008842*
Test Date: *09/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:49am
AIR BLK	.00	11:50am
ACCY CHK	.08	11:50am
AIR BLK	.00	11:51am
SUB TEST	**.00**	**11:52am**
AIR BLK	.00	11:53am
SUB TEST	**.00**	**11:54am**
AIR BLK	.00	11:55am

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: *008842* Test Record Number: *3444*
Test Date: *09/10/2026* Test Time: *11:56am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:56am

Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

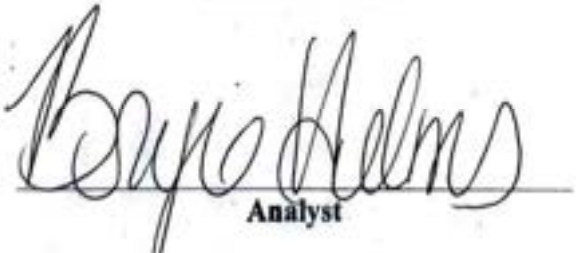
Printer Tests

Test	Status	Time
PRNT	Pass	11:57am

CRC Tests

Test	Status	Time
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: Surry Instrument Location: Elkin Police Department

Instrument Serial No. 008926 Elkin, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Timothy Harbs
Signature of Certifying Official

633175
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY ELKIN PD 850

Serial Number: *008926*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:01pm
SUB TEST	**.00**	**3:01pm**
AIR BLK	.00	3:02pm
SUB TEST	**.00**	**3:04pm**
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: *008926* Test Record Number: *1290*
Test Date: *09/17/2026* Test Time: *3:05pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance
Status: Pass

Timothy Harbos
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Surry Instrument Location Surry County Jail

Instrument Serial No. 008934 Dobson, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17TH day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Timothy Hanks
Signature of Certifying Official

633175
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

SURRY COUNTY SURRY CO JAIL 850

Serial Number: *008934*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:21pm
AIR BLK	.00	1:22pm
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

Timothy Hanks
Signature of Chemical Analyst

Court CVR

Timothy Hanks
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY SURRY CO JAIL 850

Serial Number: *008934* Test Record Number: *2915*
Test Date: *09/17/2026* Test Time: *1:28pm 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
CAL	Pass	1:29pm

Preventive Maintenance
Status: Pass

Timothy Harbo
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Surry Instrument Location Mount Airy Police Department

Instrument Serial No. 008943 Mount Airy, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Timothy Harbor
Signature of Certifying Official

633175
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: *008943*
Test Date: *09/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	12:13pm
AIR BLK	.00	12:13pm
ACCY CHK	.07	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	**.00**	**12:16pm**
AIR BLK	.00	12:17pm
SUB TEST	**.00**	**12:18pm**
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Timothy Hanks
Signature of Chemical Analyst

Court CVR

Timothy Hanks
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: *008943* Test Record Number: *2891*
Test Date: *09/17/2026* Test Time: *12:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance
Status: Pass

Timothy Hooper
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location Waxhaw PD

Instrument Serial No. 008598 Waxhaw, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Bryce Helms — Signature of Certifying Official

849845 — Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

UNION COUNTY WAXHAW PD 890

Serial Number: *008598*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG501303
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	**.00**	**12:13pm**
AIR BLK	.00	12:14pm
SUB TEST	**.00**	**12:15pm**
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

UNION COUNTY WAXHAW PD 890

Serial Number: *008598* Test Record Number: *1219*
Test Date: *09/25/2026* Test Time: *12:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

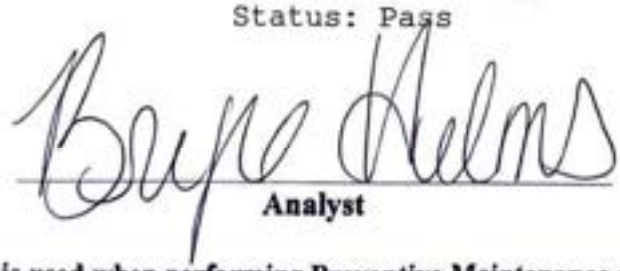
Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm

CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: *008615*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:40pm
AIR BLK	.00	7:41pm
ACCY CHK	.07	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	**.00**	**7:43pm**
AIR BLK	.00	7:44pm
SUB TEST	**.00**	**7:45pm**
AIR BLK	.00	7:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: *008615* Test Record Number: *6413*
Test Date: *09/05/2026* Test Time: *7:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:51pm
FLO	Pass	7:51pm
FC	Pass	7:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:51pm
SRC	Pass	7:51pm
DET	Pass	7:51pm
BAR	Pass	7:51pm
BT	Pass	7:51pm

Blank Tests

Test	Status	Time
AIR	Pass	7:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:52pm

CRC Tests

Test	Status	Time
COMP	Pass	7:52pm
CAL	Pass	7:52pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: *008775*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:42pm
AIR BLK	.00	7:42pm
ACCY CHK	.08	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	**.00**	**7:45pm**
AIR BLK	.00	7:46pm
SUB TEST	**.00**	**7:48pm**
AIR BLK	.00	7:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: *008775* Test Record Number: *2628*
Test Date: *09/05/2026* Test Time: *7:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:50pm
FLO	Pass	7:50pm
FC	Pass	7:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:50pm
SRC	Pass	7:50pm
DET	Pass	7:50pm
BAR	Pass	7:50pm
BT	Pass	7:50pm

Blank Tests

Test	Status	Time
AIR	Pass	7:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:51pm

CRC Tests

Test	Status	Time
COMP	Pass	7:51pm
CAL	Pass	7:51pm

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
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: *008816*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:44pm
AIR BLK	.00	7:45pm
ACCY CHK	.07	7:45pm
AIR BLK	.00	7:46pm
SUB TEST	**.00**	**7:47pm**
AIR BLK	.00	7:48pm
SUB TEST	**.00**	**7:49pm**
AIR BLK	.00	7:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: *008816* Test Record Number: *8194*
Test Date: *09/05/2026* Test Time: *7:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:51pm
FLO	Pass	7:51pm
FC	Pass	7:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:51pm
SRC	Pass	7:51pm
DET	Pass	7:51pm
BAR	Pass	7:51pm
BT	Pass	7:51pm

Blank Tests

Test	Status	Time
AIR	Pass	7:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:52pm

CRC Tests

Test	Status	Time
COMP	Pass	7:52pm
CAL	Pass	7:52pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: *008929*
Test Date: *09/05/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:45pm
AIR BLK	.00	7:46pm
ACCY CHK	.07	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	**.00**	**7:48pm**
AIR BLK	.00	7:50pm
SUB TEST	**.00**	**7:51pm**
AIR BLK	.00	7:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: *008929* Test Record Number: *1907*
Test Date: *09/05/2026* Test Time: *7:53pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:53pm
FLO	Pass	7:53pm
FC	Pass	7:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:53pm
SRC	Pass	7:53pm
DET	Pass	7:53pm
BAR	Pass	7:53pm
BT	Pass	7:53pm

Blank Tests

Test	Status	Time
AIR	Pass	7:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:54pm

CRC Tests

Test	Status	Time
COMP	Pass	7:54pm
CAL	Pass	7:54pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008584

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584*
Test Date: *09/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:41pm
AIR BLK	.00	8:42pm
ACCY CHK	.08	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	**.00**	**8:44pm**
AIR BLK	.00	8:45pm
SUB TEST	**.00**	**8:46pm**
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584* Test Record Number: *2956*
Test Date: *09/11/2026* Test Time: *8:48pm 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

Test	Status	Time
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

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008584

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:38pm
AIR BLK	.00	10:39pm
ACCY CHK	.08	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	**.00**	**10:41pm**
AIR BLK	.00	10:42pm
SUB TEST	**.00**	**10:43pm**
AIR BLK	.00	10:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584* Test Record Number: *2960*
Test Date: *09/25/2026* Test Time: *10:45pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:46pm
FLO	Pass	10:46pm
FC	Pass	10:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:46pm
SRC	Pass	10:46pm
DET	Pass	10:46pm
BAR	Pass	10:46pm
BT	Pass	10:46pm

Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm

CRC Tests

Test	Status	Time
COMP	Pass	10:47pm
CAL	Pass	10:47pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Cary PD

Instrument Serial No. 008587 Cary, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY CARY PD 910

Serial Number: *008587*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
SUB TEST	**.00**	**11:32am**
AIR BLK	.00	11:33am
SUB TEST	**.00**	**11:34am**
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CARY PD 910

Serial Number: *008587* Test Record Number: *5731*
Test Date: *09/04/2026* Test Time: *11:36am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
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	11:37am
CAL	Pass	11:37am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Raleigh PD Southwest Dist.

Instrument Serial No. 008612 Raleigh, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of September, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: *008612*
Test Date: *09/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

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	2:36pm
AIR BLK	.00	2:36pm
ACCY CHK	.07	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	**.00**	**2:39pm**
AIR BLK	.00	2:40pm
SUB TEST	**.00**	**2:42pm**
AIR BLK	.00	2:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: *008612* Test Record Number: *5522*
Test Date: *09/03/2026* Test Time: *2:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

Blank Tests

Test	Status	Time
AIR	Pass	2:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:45pm

CRC Tests

Test	Status	Time
COMP	Pass	2:45pm
CAL	Pass	2:45pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Apex PD Substation 4

Instrument Serial No. 008621 Apex, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY APEX PD 910

Serial Number: *008621*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:53am
ACCY CHK	.07	9:54am
AIR BLK	.00	9:55am
SUB TEST	**.00**	**9:56am**
AIR BLK	.00	9:56am
SUB TEST	**.00**	**9:58am**
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY APEX PD 910

Serial Number: *008621* Test Record Number: *3861*
Test Date: *09/04/2026* Test Time: *10:00am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:00am
FLO	Pass	10:00am
FC	Pass	10:00am

Temperature Tests

Test	Status	Time
FC1	Pass	10:00am
SRC	Pass	10:00am
DET	Pass	10:00am
BAR	Pass	10:00am
BT	Pass	10:00am

Blank Tests

Test	Status	Time
AIR	Pass	10:01am

Printer Tests

Test	Status	Time
PRNT	Pass	10:01am

CRC Tests

Test	Status	Time
COMP	Pass	10:01am
CAL	Pass	10:01am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008637

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637*
Test Date: *09/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	8:51pm
AIR BLK	.00	8:52pm
ACCY CHK	.07	8:53pm
AIR BLK	.00	8:53pm
SUB TEST	**.00**	**8:54pm**
AIR BLK	.00	8:55pm
SUB TEST	**.00**	**8:56pm**
AIR BLK	.00	8:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637* Test Record Number: *3655*
Test Date: *09/11/2026* 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	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

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
CAL	Pass	8:59pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile unit 10

Instrument Serial No. 005637

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:45pm
AIR BLK	.00	10:46pm
ACCY CHK	.07	10:47pm
AIR BLK	.00	10:48pm
SUB TEST	**.00**	**10:48pm**
AIR BLK	.00	10:49pm
SUB TEST	**.00**	**10:51pm**
AIR BLK	.00	10:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637* Test Record Number: *3661*
Test Date: *09/25/2026* Test Time: *10:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:58pm
FLO	Pass	10:58pm
FC	Pass	10:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm

CRC Tests

Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008686

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686*
Test Date: *09/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	8:53pm
AIR BLK	.00	8:54pm
ACCY CHK	.08	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	**.00**	**8:56pm**
AIR BLK	.00	8:57pm
SUB TEST	**.00**	**8:58pm**
AIR BLK	.00	8:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686* Test Record Number: *7299*
Test Date: *09/11/2026* Test Time: *9:00pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:00pm
FLO	Pass	9:00pm
FC	Pass	9:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
BT	Pass	9:00pm

Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

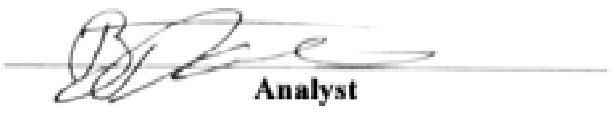
Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm

CRC Tests

Test	Status	Time
COMP	Pass	9:01pm
CAL	Pass	9:01pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile unit 10

Instrument Serial No. 008686

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 'Jean' D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:47pm
AIR BLK	.00	10:48pm
ACCY CHK	.08	10:48pm
AIR BLK	.00	10:49pm
SUB TEST	**.00**	**10:50pm**
AIR BLK	.00	10:50pm
SUB TEST	**.00**	**10:52pm**
AIR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686* Test Record Number: *7304*
Test Date: *09/25/2026* Test Time: *10:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:55pm
FLO	Pass	10:55pm
FC	Pass	10:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:55pm
SRC	Pass	10:55pm
DET	Pass	10:55pm
BAR	Pass	10:55pm
BT	Pass	10:55pm

Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:56pm

CRC Tests

Test	Status	Time
COMP	Pass	10:56pm
CAL	Pass	10:56pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Holly Springs PD

Instrument Serial No. 008757 Holly Springs, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY HOLLY SPRINGS PD 910

Serial Number: *008757*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

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	8:52am
AIR BLK	.00	8:52am
ACCY CHK	.07	8:53am
AIR BLK	.00	8:54am
SUB TEST	**.00**	**8:55am**
AIR BLK	.00	8:56am
SUB TEST	**.00**	**8:57am**
AIR BLK	.00	8:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY HOLLY SPRINGS PD 910

Serial Number: *008757* Test Record Number: *3068*
Test Date: *09/04/2026* Test Time: *8:59am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:59am
FLO	Pass	8:59am
FC	Pass	8:59am

Temperature Tests

Test	Status	Time
FC1	Pass	8:59am
SRC	Pass	8:59am
DET	Pass	8:59am
BAR	Pass	8:59am
BT	Pass	8:59am

Blank Tests

Test	Status	Time
AIR	Pass	9:00am

Printer Tests

Test	Status	Time
PRNT	Pass	9:00am

CRC Tests

Test	Status	Time
COMP	Pass	9:00am
CAL	Pass	9:00am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WAKE Instrument Location Wake County Detention Center

Instrument Serial No. 008760 Raleigh, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Dept 2 [signature] 169451

Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008760*
Test Date: *09/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:25am
AIR BLK	.00	9:26am
ACCY CHK	.07	9:27am
AIR BLK	.00	9:28am
SUB TEST	**.00**	**9:29am**
AIR BLK	.00	9:30am
SUB TEST	**.00**	**9:31am**
AIR BLK	.00	9:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008760* Test Record Number: *7728*
Test Date: *09/23/2026* Test Time: *9:33am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:33am
FLO	Pass	9:33am
FC	Pass	9:33am

Temperature Tests

Test	Status	Time
FC1	Pass	9:33am
SRC	Pass	9:33am
DET	Pass	9:33am
BAR	Pass	9:33am
BT	Pass	9:33am

Blank Tests

Test	Status	Time
AIR	Pass	9:34am

Printer Tests

Test	Status	Time
PRNT	Pass	9:34am

CRC Tests

Test	Status	Time
COMP	Pass	9:34am
CAL	Pass	9:34am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 005776

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776*
Test Date: *09/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:45pm
AIR BLK	.00	8:46pm
ACCY CHK	.08	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	**.00**	**8:48pm**
AIR BLK	.00	8:49pm
SUB TEST	**.00**	**8:51pm**
AIR BLK	.00	8:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776* Test Record Number: *4281*
Test Date: *09/11/2026* Test Time: *8:53pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8:53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

Blank Tests

Test	Status	Time
AIR	Pass	8:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:54pm

CRC Tests

Test	Status	Time
COMP	Pass	8:54pm
CAL	Pass	8:54pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008776

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:40pm
AIR BLK	.00	10:41pm
ACCY CHK	.08	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	**.00**	**10:43pm**
AIR BLK	.00	10:44pm
SUB TEST	**.00**	**10:45pm**
AIR BLK	.00	10:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776* Test Record Number: *4287*
Test Date: *09/25/2026* Test Time: *10:47pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:47pm
FLO	Pass	10:47pm
FC	Pass	10:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:47pm
SRC	Pass	10:47pm
DET	Pass	10:47pm
BAR	Pass	10:47pm
BT	Pass	10:47pm

Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:48pm

CRC Tests

Test	Status	Time
COMP	Pass	10:48pm
CAL	Pass	10:48pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile unit 10

Instrument Serial No. 008779

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779*
Test Date: *09/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	8:44pm
AIR BLK	.00	8:45pm
ACCY CHK	.08	8:46pm
AIR BLK	.00	8:47pm
SUB TEST	**.00**	**8:47pm**
AIR BLK	.00	8:48pm
SUB TEST	**.00**	**8:49pm**
AIR BLK	.00	8:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779* Test Record Number: *4196*
Test Date: *09/11/2026* Test Time: *8:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:51pm
FLO	Pass	8:51pm
FC	Pass	8:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:51pm
SRC	Pass	8:51pm
DET	Pass	8:51pm
BAR	Pass	8:51pm
BT	Pass	8:51pm

Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm

CRC Tests

Test	Status	Time
COMP	Pass	8:52pm
CAL	Pass	8:52pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008779

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779*
Test Date: *09/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	10:40pm
AIR BLK	.00	10:41pm
ACCY CHK	.08	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	**.00**	**10:43pm**
AIR BLK	.00	10:44pm
SUB TEST	**.00**	**10:45pm**
AIR BLK	.00	10:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779* Test Record Number: *4206*
Test Date: *09/25/2026* Test Time: *10:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:48pm
FLO	Pass	10:48pm
FC	Pass	10:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:48pm
SRC	Pass	10:48pm
DET	Pass	10:48pm
BAR	Pass	10:48pm
BT	Pass	10:48pm

Blank Tests

Test	Status	Time
AIR	Pass	10:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:49pm

CRC Tests

Test	Status	Time
COMP	Pass	10:49pm
CAL	Pass	10:49pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Knightdale PD

Instrument Serial No. 008838 Knightdale, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: *008838*
Test Date: *09/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:29am
AIR BLK	.00	11:31am
SUB TEST	**.00**	**11:32am**
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

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: *008838* Test Record Number: *3264*
Test Date: *09/01/2026* Test Time: *11:36am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
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	11:37am
CAL	Pass	11:38am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WATAUGA Instrument Location WATAUGA COUNTY DETENTION

Instrument Serial No. 008715 BOONE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15TH day of SEPTEMBER, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WATAUGA COUNTY DETENTION CENTER 940

Serial Number: *008715*
Test Date: *09/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	9:52am
AIR BLK	.00	9:53am
ACCY CHK	.08	9:53am
AIR BLK	.00	9:55am
SUB TEST	**.00**	**9:56am**
AIR BLK	.00	9:56am
SUB TEST	**.00**	**9:59am**
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY DETENTION CENTER 940

Serial Number: *008715* Test Record Number: *3228*
Test Date: *09/15/2026* Test Time: *10:00am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:01am

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
COMP	Pass	10:02am
CAL	Pass	10:02am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wayne Instrument Location Wayne Co. Detention Center

Instrument Serial No. 008649 Goldsboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of September, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAYNE COUNTY DETENTION CENTER 950

Serial Number: *008649*
Test Date: *09/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	1:21pm
AIR BLK	.00	1:22pm
ACCY CHK	.08	1:22pm
AIR BLK	.00	1:24pm
SUB TEST	**.00**	**1:24pm**
AIR BLK	.00	1:25pm
SUB TEST	**.00**	**1:27pm**
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY DETENTION CENTER 950

Serial Number: *008649* Test Record Number: *6500*
Test Date: *09/15/2026* Test Time: *1:30pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
FC	Pass	1:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm

CRC Tests

Test	Status	Time
COMP	Pass	1:31pm
CAL	Pass	1:31pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wayne Instrument Location Wayne Co Detention Center

Instrument Serial No. 008851 Goldsboro, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAYNE COUNTY DETENTION CENTER 950

Serial Number: *008851*
Test Date: *09/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	2:13pm
AIR BLK	.00	2:14pm
ACCY CHK	.08	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	**.00**	**2:17pm**
AIR BLK	.00	2:18pm
SUB TEST	**.00**	**2:19pm**
AIR BLK	.00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY DETENTION CENTER 950

Serial Number: *008851* Test Record Number: *1118*
Test Date: *09/15/2026* Test Time: *2:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm

CRC Tests

Test	Status	Time
COMP	Pass	2:24pm
CAL	Pass	2:24pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wilkes Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008002

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Lanier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008002*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:33pm
AIR BLK	.00	7:33pm
ACCY CHK	.07	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	**.00**	**7:35pm**
AIR BLK	.00	7:36pm
SUB TEST	**.00**	**7:38pm**
AIR BLK	.00	7:39pm

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008002* Test Record Number: *961*
Test Date: *09/04/2026* Test Time: *7:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:41pm
FLO	Pass	7:41pm
FC	Pass	7:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

Blank Tests

Test	Status	Time
AIR	Pass	7:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:41pm

CRC Tests

Test	Status	Time
COMP	Pass	7:42pm
CAL	Pass	7:42pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wilkes Instrument Location BAT Mobile Unit 7

Instrument Serial No. D08968

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of September, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Lanier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008968*
Test Date: *09/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.07	7:26pm
AIR BLK	.00	7:27pm
SUB TEST	**.00**	**7:29pm**
AIR BLK	.00	7:30pm
SUB TEST	**.00**	**7:31pm**
AIR BLK	.00	7:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008968* Test Record Number: *521*
Test Date: *09/04/2026* Test Time: *7:34pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:35pm
FLO	Pass	7:35pm
FC	Pass	7:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:35pm
SRC	Pass	7:35pm
DET	Pass	7:35pm
BAR	Pass	7:35pm
BT	Pass	7:35pm

Blank Tests

Test	Status	Time
AIR	Pass	7:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:36pm

CRC Tests

Test	Status	Time
COMP	Pass	7:36pm
CAL	Pass	7:36pm

Preventive Maintenance
Status: Pass

John Ranier

Analyst

This form is used when performing Preventive Maintenance procedures
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Yancey Instrument Location Yancey County Jail

Instrument Serial No 008653 Burnsville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of September, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653
Test Date: 09/16/2026

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2026-02/01/2028

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	11:09am
AIR BLK	.00	11:09am
ACCY CHK	.08	11:11am
AIR BLK	.00	11:12am
SUB TEST	**.00**	**11:14am**
AIR BLK	.00	11:15am
SUB TEST	**.00**	**11:16am**
AIR BLK	.00	11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: *008653* Test Record Number: *1949*
Test Date: *09/16/2026* 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

This form is used when performing Preventive Maintenance procedures
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