DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 County
Instrument Serial No.: 008813

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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: __________________________ Certificate Number: 659

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: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 00313 Test Record Number: 1991
Test Date: 12/15/2020 Test Time: 3:03pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
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<tr>
<td>IR2</td>
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<td>3:03pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:03pm</td>
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Temperature Tests

<table>
<thead>
<tr>
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<th>Status</th>
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</tr>
</thead>
<tbody>
<tr>
<td>FTC</td>
<td>Pass</td>
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<tr>
<td>SRC</td>
<td>Pass</td>
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<tr>
<td>DET</td>
<td>Pass</td>
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<tr>
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<td>3:03pm</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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Blank Tests

<table>
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Printer Tests

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<tbody>
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CRC Tests

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<tr>
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</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Subject Test

ALEXANDER COUNTY ALEXANDER COUNTY SO

Serial Number: 008813
Test Date: 12/15/2020

Citation Number: M2000030-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Ingle, Larry W
Permit Number: 0033-2495
Effective: 09/15/2020-09/15/2022

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

Loc Number: AG901201
Exp Date: 01/22/2021

Test g/210L Time

<table>
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<tr>
<th>Test</th>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:12pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:14pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:15pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>SUB TEST</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:18pm</td>
</tr>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CTR

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 Alleghany Instrument Location Alleghany Co. Jail

Instrument Serial No. 003840 Spectra, 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 December, 2020 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A 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 ALLEGHANY CO JAIL 020**

Serial Number: 008890  
Test Date: 12/18/2020

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

Analyst's Name: Burnett, Anthony J  
Permit Number: 0018-4401  
Effective:  
10/01/2020-10/01/2022

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

Lot Number: AG007601  
Exp Date: 03/16/2022

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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:38pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:40pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:40pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>1:44pm</td>
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Reported AC: .00 g/210L

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Signature of Chemical Analyst  
Court CVR

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*This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007*
### Intox EC/IR-II: Preventive Maintenance

**ALLEGHANY COUNTY ALLEGHANY CO JAIL 020**

Serial Number: 008890    Test Record Number: 837
Test Date: 12/18/2020    Test Time: 1:44pm EST

**System Check: Passed**

#### Baseline Tests

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<td>FLO</td>
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<td>1:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:45pm</td>
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#### Temperature Tests

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<th>Status</th>
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<tbody>
<tr>
<td>FC1</td>
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<td>1:45pm</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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#### Blank Tests

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#### Printer Tests

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<tr>
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#### CRC Tests

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<tbody>
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<td>Pass</td>
<td>1:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:46pm</td>
</tr>
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</table>

**Preventive Maintenance Status: Pass**

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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 Co. SHERIFF’S OFFICE
Instrument Serial No. 008697 WADESBORO, 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 14th day of DECEMBER, 20XX the foregoing preventive maintenance procedures were performed on the instrument 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

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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597
Test Date: 12/14/2020

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

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG018202
Exp Date: 06/30/2022

Test g/210L Time
DIAG Pass 11:15am
AIR BLK .00 11:15am
ACCY CHK .08 11:16am
AIR BLK .00 11:17am
SUB TEST .00 11:18am
AIR BLK .00 11:19am
SUB TEST .00 11:20am
AIR BLK .00 11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

---

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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597    Test Record Number: 1771
Test Date: 12/14/2020    Test Time: 11:23am EST

System Check: Passed

Baseline Tests

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<td>11:24am</td>
</tr>
<tr>
<td>FC</td>
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Temperature Tests

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<tbody>
<tr>
<td>FCL</td>
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<td>SRC</td>
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<td>11:24am</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<th>Status</th>
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</tr>
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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:25am</td>
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Preventive Maintenance
Status: Pass

[Signature]

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: ANSON  Instrument Location: ANSON CO. SHERIFF’S OFFICE

Instrument Serial No. 008739  WADESBORO, 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 14th day of DECEMBER, 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

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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739
Test Date: 12/14/2020

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

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG018202
Exp Date: 06/30/2022

Test  g/210L  Time
DIAG  Pass  11:14am
AIR BLK .00  11:14am
ACCY CHK .08  11:15am
AIR BLK .00  11:16am
SUB TEST .00  11:17am
AIR BLK .00  11:18am
SUB TEST .00  11:20am
AIR BLK .00  11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739    Test Record Number: 604
Test Date: 12/14/2020    Test Time: 11:22am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
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<th>Status</th>
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</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
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<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:23am</td>
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Temperature Tests

<table>
<thead>
<tr>
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<th>Time</th>
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<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
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<td>11:23am</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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Blank Tests

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<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
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</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:24am</td>
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</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
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</tbody>
</table>

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

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

County Avery  
Instrument Location Avery Co. Jail  
Instrument Serial No. D08666  

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

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

(2) Verify instrument displays time and date;  

(3) Initiate breath test sequence;  

(4) Enter information as prompted;  

(5) Verify instrument accuracy;  

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

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

(8) Print test record;  

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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]  
Certificate Number 649  

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

avery County Avery County Jail 050

Serial Number: 008660
Test Date: 12/22/2020

Citation Number: M000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J
 Permit Number: 0018-4401
 Effective:
 10/01/2020-10/01/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test g/210L Time
DIAG Pass 4:25pm
AIR BLK .00 4:26pm
ACCY CHK .07 4:26pm
AIR BLK .00 4:27pm
SUB TEST .00 4:28pm
AIR BLK .00 4:29pm
SUB TEST .00 4:31pm
AIR BLK .00 4:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008660    Test Record Number: 4369
Test Date: 12/22/2020    Test Time: 4:32pm EST

System Check: Passed

Baseline Tests

<table>
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<td>4:32pm</td>
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<td>FC</td>
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Temperature Tests

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<tr>
<td>FC1</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County BEAUFORT Instrument Location BEAUFORT CO. COURT HOUSE

Instrument Serial No. 008586 112 W. 2nd St, WASHINGTON, 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 21st day of DECEMBER, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586
Test Date: 12/21/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective: 09/16/2020-09/16/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

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<th>Time</th>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:24pm</td>
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<tr>
<td>ACCY CHK</td>
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<td>12:25pm</td>
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<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical 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**

**BEAUFORT COUNTY COURTHOUSE 060**

Serial Number: 008586  Test Record Number: 1698  
Test Date: 12/21/2020  Test Time: 12:31pm EST

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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<td>12:32pm</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Run diagnostic program and confirm preventive maintenance status of “Pass”; and

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

I certify that on the 21st day of December, 2020 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A 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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909
Test Date: 12/21/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective: 09/16/2020-09/16/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test g/210L Time

DIAG Pass 12:26pm
AIR BLK .00 12:27pm
ACCY CHK .08 12:28pm
AIR BLK .00 12:29pm
SUB TEST .00 12:29pm
AIR BLK .00 12:30pm
SUB TEST .00 12:32pm
AIR BLK .00 12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909      Test Record Number: 3562
Test Date: 12/21/2020      Test Time: 12:33pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance

Status: Pass

[Signature]

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 BEAUFORT Instrument Location BELHAVEN P.O.

Instrument Serial No. 008928 125 W. MAIN ST., BELHAVEN, N.C.

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

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

I certify that on the 21ST day of DECEMBER, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928  
Test Date: 12/21/2020

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

Analyst's Name: Keesler, Linda A  
Permit Number: 0045-5468  
Effective: 09/16/2020-09/16/2022

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

Lot Number: AG018401  
Exp Date: 07/02/2022

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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>ACCY CHK</td>
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<td>1:50pm</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

[Signature]

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928    Test Record Number: 440
Test Date: 12/21/2020    Test Time: 1:55pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

[Signature]

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: Bertie Instrument Location: Bertie Co. S.O.

Instrument Serial No. 008897

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

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

I certify that on the ___ day of December, 20___, the foregoing preventive maintenance procedures were performed on the instrument 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

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: 12/09/2020

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

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective: 09/28/2020-09/28/2022

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

Lot Number: AG911506
Exp Date: 04/25/2021

Test g/210L Time

DIAG Pass 10:35am
AIR BLK .00 10:36am
ACCY CHK .08 10:37am
AIR BLK .00 10:38am
SUB TEST .00 10:38am
AIR BLK .00 10:39am
SUB TEST .00 10:41am
AIR BLK .00 10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897  Test Record Number: 1377
Test Date: 12/09/2020  Test Time: 10:43am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>IR</td>
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</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
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Temperature Tests

<table>
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<tr>
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<tbody>
<tr>
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<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:43am</td>
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<tr>
<td>DET</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:43am</td>
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<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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</tr>
<tr>
<td>CAL</td>
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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 Kannapolis PD

Instrument Serial No. 008927 401 Laurette Way, Kannapolis

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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: [Signature]
Certificate Number: 650

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 KANNAPOLIS PD 120

Serial Number: 008927
Test Date: 12/09/2020

Citation Number: M00000000
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
10/13/2020-10/13/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test g/210L Time
DIAG Pass 3:52pm
AIR BLK .00 3:53pm
ACCY CHK .08 3:54pm
AIR BLK .00 3:55pm
SUB TEST .00 3:55pm
AIR BLK .00 3:56pm
SUB TEST .00 3:58pm
AIR BLK .00 3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

*CABARRUS COUNTY KANNAPOLIS PD 120*

Serial Number: 008927  Test Record Number: 634  
Test Date: 12/09/2020  Test Time: 3:59pm EST

System Check: Pass

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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</table>

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*
PREFEVENTIVE 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 117 N. Carolina Hwy 343,

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

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

I certify that on the 21st day of December, 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

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: 12/21/2020

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

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective:
09/28/2020-09/28/2022

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DH&S
Test Type: Breath Test

Lot Number: AG911501
Exp Date: 04/25/2021

Test g/210L Time

DIAG Pass 1:00pm
AIR BLK .00 1:01pm
ACCY CHK .08 1:02pm
AIR BLK .00 1:03pm
SUB TEST .00 1:03pm
AIR BLK .00 1:04pm
SUB TEST .00 1:06pm
AIR BLK .00 1:07pm

Reported AC: .00 g/210L

[Signature of Chemical Analyst]

[Signature of Court CVR]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**CAMDEN COUNTY CAMDEN CO SO 140**

Serial Number: 008940  Test Record Number: 1050  Test Date: 12/21/2020  Test Time: 1:08pm EST

System Check: Passed

#### Baseline Tests

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#### Temperature Tests

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<tr>
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<tr>
<td>SRC</td>
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<td>1:08pm</td>
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<tr>
<td>DET</td>
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<td>1:08pm</td>
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<tr>
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<td>1:08pm</td>
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<tr>
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#### Blank Tests

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#### Printer Tests

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<tbody>
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#### CRC Tests

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<thead>
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<tbody>
<tr>
<td>COMP</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location MOREHEAD CITY
Instrument Serial No. 008613 POLICE DEPT

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 09 day of DECEMBER, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

Certificate Number 648

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

DHHIS 4080 (04/20)
**Intox EC/IR-II: Subject Test**

**CARTERET COUNTY MOREHEAD CITY PD 150**

Serial Number: 008613  
Test Date: 12/09/2020

Citation Number: MO000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: Barnes, Alvin R  
Permit Number: 0014-6279  
Effective: 10/09/2020-10/09/2022

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

Lot Number: AG007601  
Exp Date: 03/16/2022

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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:40pm</td>
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<tr>
<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<td>1:42pm</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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**Reported AC:** .00 g/210L

Signatures of Chemical Analyst

Court CVR

---

Signature of Analyst

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008613    Test Record Number: 1184
Test Date: 12/09/2020    Test Time: 1:46pm EST

System Check: Passed

Baseline Tests

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<tr>
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<td>1:47pm</td>
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Temperature Tests

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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]

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

Instrument Serial No. 008620 Police DEPT

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

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

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

I certify that on the 11 day of December, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

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: 12/11/2020

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

Analyst's Name: Barnes, Alvin R
Permit Number: 0014-6279
Effective:
10/09/2020-10/09/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test g/210L Time

<table>
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<td>AIR BLK .00</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620  Test Record Number: 2126
Test Date: 12/11/2020  Test Time: 11:11am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
<td>BT</td>
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<td>11:11am</td>
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Blank Tests

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<tr>
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<th>Time</th>
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<tbody>
<tr>
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Printer Tests

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<tbody>
<tr>
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CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
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<tr>
<td>COMP</td>
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</tr>
<tr>
<td>CAL</td>
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<td>11:12am</td>
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</table>

Preventive Maintenance

Status: Pass

[Signature]

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: ATLANTIC BEACH
Instrument Serial No. 008785 POLICE DEPT

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

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

I certify that on the 11 day of DECEMBER, 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
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: 12/11/2020

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

Analyst's Name: Barnes, Alvin R
Permit Number: 0014-6279
Effective: 10/09/2020-10/09/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

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<tr>
<th>Test</th>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:48pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:52pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:54pm</td>
</tr>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**CARTERET COUNTY ATLANTIC BEACH PD 150**

Serial Number: 008785  
Test Record Number: 1238  
Test Date: 12/11/2020  
Test Time: 12:55pm EST

System Check: Passed

## Baseline Tests

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<td>12:55pm</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>12:55pm</td>
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## Temperature Tests

<table>
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<th>Status</th>
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</tr>
</thead>
<tbody>
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<td>DET</td>
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<td>12:55pm</td>
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<tr>
<td>BT</td>
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## Blank Tests

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## Printer Tests

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## CRC Tests

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<td>12:56pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location CARTERET COUNTY

Instrument Serial No. 008882 DETENTION CENTER

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 09 day of DECEMBER, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

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: 12/09/2020

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

Analyst's Name: Barnes, Alvin R
Permit Number: 0014-6279
Effective: 10/09/2020-10/09/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test  g/210L  Time

DIAG  Pass  11:08am
AIR BLK .00  11:08am
ACCY CHK .08  11:09am
AIR BLK .00  11:10am
SUB TEST .00  11:11am
AIR BLK .00  11:12am
SUB TEST .00  11:13am
AIR BLK .00  11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882    Test Record Number: 2045
Test Date: 12/09/2020    Test Time: 11:16am EST

System Check: Passed

Baseline Tests

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<tr>
<td>FC</td>
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Temperature Tests

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<tbody>
<tr>
<td>FC1</td>
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<td>11:16am</td>
</tr>
<tr>
<td>BT</td>
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Blank Tests

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<tr>
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Printer Tests

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CRC Tests

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<thead>
<tr>
<th>Test</th>
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<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

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: CARTERET COUNTY

Instrument Serial No. 008901 DETENTION CENTER

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

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

I certify that on the 09 day of DECEMBER, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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 Certifing 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

**CARTERET COUNTY DETENTION CENTER 150**

- **Serial Number:** 008901
- **Test Date:** 12/09/2020
- **Citation Number:** M0000000-0
- **Subject's Name:** PREVENTIVE, MAINTENANCE
- **Subject's Date of Birth:** 11/11/1911
- **Subject's Sex:** Male
- **Driver's License State:** XX
- **Driver's License Number:** NONE
- **Analyst's Name:** Barnes, Alvin R
- **Permit Number:** 0014-6279
- **Effective:** 10/09/2020-10/09/2022
- **Officer's Name:** NONE, NONE
- **Type of Agency:** FTA
- **Agency:** DHHS
- **Test Type:** Breath Test

- **Lot Number:** AG007601
- **Exp Date:** 03/16/2022

<table>
<thead>
<tr>
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<th>g/210L</th>
<th>Time</th>
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<tbody>
<tr>
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<td>Pass</td>
<td>11:03am</td>
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<tr>
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<td>.00</td>
<td>11:04am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:04am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:06am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:10am</td>
</tr>
</tbody>
</table>

**Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008901  Test Record Number: 1283
Test Date: 12/09/2020  Test Time: 11:10am EST

System Check: Passed

Baseline Tests

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<td>11:11am</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>11:11am</td>
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</table>

Temperature Tests

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<tbody>
<tr>
<td>FC1</td>
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<td>SRC</td>
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<td>11:11am</td>
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Blank Tests

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<tr>
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Printer Tests

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<tbody>
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CRC Tests

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<tr>
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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:12am</td>
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</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

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 Hickory PD  
Instrument Serial No. 008841  
347 2nd Ave SW, Hickory  

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy:

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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

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 HICKORY PD 170

Serial Number: 008841
Test Date: 12/03/2020

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective: 10/13/2020-10/13/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

<table>
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<tr>
<td>AIR BLK</td>
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<td>3:02pm</td>
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<td>ACCY CHK</td>
<td>.08</td>
<td>3:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:04pm</td>
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<td>3:08pm</td>
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<tr>
<td>AIR BLK</td>
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<td>3:08pm</td>
</tr>
</tbody>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841  Test Record Number: 2093  Test Date: 12/03/2020  Test Time: 3:09pm EST

System Check: Passed

## Baseline Tests

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<td>3:10pm</td>
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<td>FC</td>
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## Temperature Tests

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<tbody>
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## Blank Tests

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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:11pm</td>
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## Printer Tests

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>PRNT</td>
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## CRC Tests

<table>
<thead>
<tr>
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<th>Status</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
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<td>3:11pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:11pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County  CRAVEN      Instrument Location  HAVELOCK
Instrument Serial No.  008800  POLICE DEPT

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

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

I certify that on the 11 day of DECEMBER, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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  648

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

DIHHS 4080 (04/20)
Intox EC/IR-II: Subject Test

CRAVEN COUNTY HAVELock PD 240

Serial Number: 008800
Test Date: 12/11/2020

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

Analyst's Name: Barnes, Alvin R
Permit Number: 0014-6279
Effective:
10/09/2020-10/09/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test   g/210L  Time
DIAG   Pass   2:44pm
AIR BLK .00   2:45pm
ACCY CHK .08   2:45pm
AIR BLK .00   2:46pm
SUB TEST .00   2:47pm
AIR BLK .00   2:48pm
SUB TEST .00   2:49pm
AIR BLK .00   2:50pm

Reported AC: .00 g/210L

Analysis

Signature of Chemical Analyst

Court CVR

---

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

CRAVEN COUNTY HAVELock PD 240

Serial Number: 008800  Test Record Number: 1347
Test Date: 12/11/2020  Test Time: 2:51pm EST

System Check: Passed

Baseline Tests

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<tbody>
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<tr>
<td>FC</td>
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Temperature Tests

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<th>Status</th>
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<tr>
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<td>2:51pm</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tbody>
<tr>
<td>COMP</td>
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<td>2:52pm</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:52pm</td>
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</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: **CRAVEN**  Instrument Location: **NEW BERN**

Instrument Serial No. **008817**  **POLICE DEPT**

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

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

I certify that on the **21** day of **DECEMBER** **2020** the foregoing preventive maintenance procedures were performed on the instrument 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

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: 12/21/2020

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

Analyst’s Name: Barnes, Alvin R
Permit Number: 0014-6279
Effective:
10/09/2020-10/09/2022

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

Lot Number: AG920301
Exp Date: 07/22/2021

Test g/210L Time
DIAG Pass 8:49am
AIR BLK .00 8:50am
ACCY CHK .08 8:51am
AIR BLK .00 8:52am
SUB TEST .00 8:53am
AIR BLK .00 8:54am
SUB TEST .00 8:55am
AIR BLK .00 8:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
## Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817  Test Record Number: 1602
Test Date: 12/21/2020  Test Time: 8:56am EST

System Check: Passed

### Baseline Tests

<table>
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<tr>
<th>Test</th>
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<tbody>
<tr>
<td>IR</td>
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<tr>
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</tr>
<tr>
<td>FC</td>
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</tr>
</tbody>
</table>

### Temperature Tests

<table>
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<tr>
<td>FC1</td>
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<tr>
<td>SRC</td>
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<tr>
<td>DET</td>
<td>Pass</td>
<td>8:57am</td>
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<tr>
<td>EAR</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
<tr>
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### Blank Tests

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<td>AIR</td>
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### Printer Tests

<table>
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<tr>
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<tbody>
<tr>
<td>PRNT</td>
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### CRC Tests

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<thead>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:58am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:58am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Name]
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  MCAS
Instrument Serial No.  010819  CHERRY POINT

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

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

I certify that on the 11th day of DECEMBER, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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]
Certificate Number  648

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: 12/11/2020

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

Analyst's Name: Barnes, Alvin R
 Permit Number: 0014-6279
 Effective: 10/09/2020-10/09/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test g/210L Time

<table>
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<tbody>
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<tr>
<td>AIR BLK</td>
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<td>3:51pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:52pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:54pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:55pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:56pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819      Test Record Number: 645
Test Date: 12/11/2020      Test Time: 3:56pm EST

System Check: Passed

Baseline Tests

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</tr>
</thead>
<tbody>
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<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:57pm</td>
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<td>FC</td>
<td>Pass</td>
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Temperature Tests

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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>SRC</td>
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<td>3:57pm</td>
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<tr>
<td>DET</td>
<td>Pass</td>
<td>3:57pm</td>
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<tr>
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<td>3:57pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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<th>Time</th>
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Printer Tests

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<tr>
<td>PRNT</td>
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CRC Tests

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<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:58pm</td>
</tr>
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</table>

Preventive Maintenance Status: Pass

[Signature]

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: Cumberland Co. Instrument Location: FT Bragg LEC

Instrument Serial No.: 008408

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

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

I certify that on the 13th day of December, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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

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 FT BRAGG LEC 250

Serial Number: 008908
Test Date: 12/15/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

Test g/210L Time
DIAG Pass 3:02pm
AIR BLK .00 3:02pm
ACCY CHK .08 3:03pm
AIR BLK .00 3:04pm
SUB TEST .00 3:04pm
AIR BLK .00 3:05pm
SUB TEST .00 3:07pm
AIR BLK .00 3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**CUMBERLAND COUNTY FT BRAGG LEC 250**

Serial Number: 008908    Test Record Number: 2089
Test Date: 12/15/2020    Test Time: 3:08pm EST

**System Check: Passed**

**Baseline Tests**

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</thead>
<tbody>
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<tr>
<td>FC</td>
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**Temperature Tests**

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<tbody>
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<td>FC1</td>
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**Printer Tests**

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<thead>
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</thead>
<tbody>
<tr>
<td>PRNT</td>
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**CRC Tests**

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<tr>
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<tr>
<td>CAL</td>
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</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

[Signature]

**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: Currituck Instrument Location: Currituck Co. S.O.
Instrument Serial No.: 008588

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

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

I certify that on the 21st day of December, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

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: 008588
Test Date: 12/21/2020

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

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG933703
Exp Date: 12/03/2021

Test g/210L Time

<table>
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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:20pm</td>
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<td>SUB TEST</td>
<td>.00</td>
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</tr>
<tr>
<td>AIR BLK</td>
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<td>12:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:24pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008588  Test Record Number: 1086
Test Date: 12/21/2020  Test Time: 12:24pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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<td>12:26pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County  **DUPLIN**  Instrument Location  **WALLACE**

Instrument Serial No. **008868**  **POLICE DEPT.**

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

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

I certify that on the **29** day of **DECEMBER** 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]

Signature of Certifying Official

Certificate Number  **648**

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 WALLACE PD 300

Serial Number: 008858
Test Date: 12/29/2020

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

Analyst's Name: Barnes, Alvin R
Permit Number: 0014-6279
Effective: 10/09/2020-10/09/2022

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

Lot Number: AG919901
Exp Date: 07/18/2021

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<td>Pass</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>0.08</td>
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<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>3:15pm</td>
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<tr>
<td>SUB TEST</td>
<td>0.00</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: 0.00 g/210L

Signature of Chemical 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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858  Test Record Number: 1074
Test Date: 12/29/2020  Test Time: 3:20pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:21pm</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
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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  DUPLIN       Instrument Location  DUPLIN COUNTY
Instrument Serial No.  008886       DETENTION CENTER

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

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

I certify that on the 29 day of December , 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:  
Certificate Number:  648

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 DETENTION CENTER 300

Serial Number: 008886
Test Date: 12/29/2020

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

Analyst's Name: Barnes, Alvin R
Permit Number: 0014-6279
Effective: 10/09/2020-10/09/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test g/210L Time
DIAG Pass 5:16pm
AIR BLK .00 5:17pm
ACCY CHK .08 5:17pm
AIR BLK .00 5:18pm
SUB TEST .00 5:19pm
AIR BLK .00 5:20pm
SUB TEST .00 5:21pm
AIR BLK .00 5:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008886    Test Record Number: 1552
Test Date: 12/29/2020    Test Time: 5:22pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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<td>5:24pm</td>
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</table>

Preventive Maintenance Status: Pass

[Signature]

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 **Edgecombe** Instrument Location **Edgecombe 10. Magistrates Office, 300 S. Anaconna Rd**

Instrument Serial No. **008403**

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

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

Certificate Number **647**

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: 12/23/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective: 09/16/2020-09/16/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

<table>
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<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
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<td>1:16pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:18pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical 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

**EDGECOMBE COUNTY EDGE COMBE CO MAGISTR 320**

Serial Number: 008603  Test Record Number: 1869  
Test Date: 12/23/2020  Test Time: 1:25pm EST

System Check: Passed

## Baseline Tests

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<td>FC</td>
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## Temperature Tests

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<tbody>
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## Printer Tests

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<tbody>
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## CRC Tests

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</thead>
<tbody>
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<tr>
<td>CAL</td>
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<td>1:26pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County:            Instrument Location:  Edgecombe Co. Magistrates

Instrument Serial No:  008663

Office, 300 S. Anaconda Rd., 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 23 day of December, 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               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: 008663
Test Date: 12/23/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective: 09/16/2020-09/16/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

<table>
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<th>Time</th>
</tr>
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<tbody>
<tr>
<td>DIAG</td>
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<td>1:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:27pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:29pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:30pm</td>
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<td>1:32pm</td>
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<td>AIR BLK</td>
<td>.00</td>
<td>1:33pm</td>
</tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

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**

**EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320**

Serial Number: 008663  Test Record Number: 3368  
Test Date: 12/23/2020  Test Time: 1:33pm EST

System Check: Passed

**Baseline Tests**

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<td>1:33pm</td>
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<tr>
<td>FC</td>
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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Gaston
Instrument Location: Gaston County SO

Instrument Serial No.: 000643
425 N. Marietta Street, Gastonia

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 31st day of December, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643
Test Date: 12/31/2020

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
10/13/2020-10/13/2022

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

Lot Number: AG934001
Exp Date: 12/06/2021

Test g/210L Time

DIAG Pass 11:11am
AIR BLK .00 11:11am
ACCY CHK .07 11:12am
AIR BLK .00 11:13am
SUB TEST .00 11:14am
AIR BLK .00 11:14am
SUB TEST .00 11:16am
AIR BLK .00 11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643    Test Record Number: 3656
Test Date: 12/31/2020    Test Time: 11:18am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
<td>DET</td>
<td>Pass</td>
<td>11:18am</td>
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<tr>
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<td>11:18am</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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<td>Pass</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Gaston  Instrument Location: Gaston County 50
Instrument Serial No.: 008484  425 N. Marietta Street, Gastonia

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

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

I certify that on the 31st day of December, 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]

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: 12/31/2020

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective: 10/13/2020-10/13/2022

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

Lot Number: AG933901
Exp Date: 12/05/2021

Test g/210L Time

<table>
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<td>AIR BLK</td>
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<tr>
<td>ACCTY CHK</td>
<td>.08</td>
<td>11:02am</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>11:07am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**GASTON COUNTY GASTON COUNTY SO 350**

Serial Number: 008684  Test Record Number: 4867  
Test Date: 12/31/2020  Test Time: 11:08am EST

System Check: Passed

### Baseline Tests

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<tr>
<td>FC</td>
<td>Pass</td>
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### Temperature Tests

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<tbody>
<tr>
<td>FC1</td>
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<td>11:08am</td>
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### Blank Tests

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<tbody>
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### Printer Tests

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<tbody>
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### CRC Tests

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<tr>
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</table>

### Preventive Maintenance

Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: GRANVILLE
Instrument Location: GRANVILLE CO. LEC

Instrument Serial No.: 008923
525 New Commerce Dr
OXFORD, NC 27565

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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

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

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923
Test Date: 12/29/2020

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

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective: 09/01/2020-09/01/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

<table>
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<tr>
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<th>Time</th>
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<tbody>
<tr>
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<td>.00</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
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<td>AIR BLK</td>
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<td>1:47pm</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported As: .00 g/210L

Signature of Chemical 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

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923    Test Record Number: 2513
Test Date: 12/29/2020    Test Time: 1:53pm EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Harnett Co. Instrument Location: Dunn Police Dept.

Instrument Serial No. 008644

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

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

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

HARNETT COUNTY DUNN PD 420

Serial Number: 008644
Test Date: 12/14/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective: 10/08/2020-10/08/2022

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

Lot Number: AG911501
Exp Date: 04/25/2021

<table>
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<tr>
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<th>g/210L</th>
<th>Time</th>
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<tr>
<td>DIAG</td>
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<td>3:08pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:09pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:10pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:11pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>AIR BLK</td>
<td>.00</td>
<td>3:15pm</td>
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Reported AC: 0 g/210L

Signature of Chemical 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

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1461
Test Date: 12/14/2020 Test Time: 3:16pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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</table>

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 Hakneff Co. Instrument Location Hakneff Co. Detention Center

Instrument Serial No. 008420 Lillington, 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 21st day of December, 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]

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729
Test Date: 12/21/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective: 10/08/2020-10/08/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test g/210L Time

DIAG Pass 11:03am
AIR BLK .00 11:04am
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

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

**HARNETT COUNTY DETENTION CENTER 420**

Serial Number: 008729    Test Record Number: 2435
Test Date: 12/21/2020    Test Time: 11:12am EST

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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<td>DET</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:13am</td>
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**Preventive Maintenance**

Status: Pass

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

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

County: Harnett Co. Instrument Location: Harnett Co Detention Center
Instrument Serial No.: 008178 Lillington, 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 21st day of December, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730
Test Date: 12/21/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

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

Reported AC: .00 g/210L

Signature of Chemical Analyst:

Court CVR

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730   Test Record Number: 3577
Test Date: 12/21/2020   Test Time: 11:18am EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Hayward Instrument Location: Hayward Co. Jail
Instrument Serial No.: 009606

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status as "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 __________, 202_, the foregoing preventive maintenance procedures were performed on the instrument 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

Certificate Number

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

DHSS 4080 (04/20)
Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008606
Test Date: 12/11/2020
Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902201
Exp Date: 01/22/2021

Test    g/210L  Time
DIAG    Pass   8:37am
AIR BLK .00 8:38am
ACCY CHK .08 8:38am
AIR BLK .00 8:39am
SUB TEST .00 8:40am
AIR BLK .00 8:41am
SUB TEST .00 8:42am
AIR BLK .00 8:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008606  Test Record Number: 398
Test Date: 12/11/2020  Test Time: 8:44am EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tbody>
<tr>
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<tr>
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Preventive Maintenance
Status: Pass

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

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

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

County Hoke Co. Instrument Location Hoke Co. Detention Center

Instrument Serial No. 008852 Raeford, 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 ___ day of December, 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

Certificate Number 654

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852
Test Date: 12/29/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG920301
Exp Date: 07/22/2021

Test g/210L Time
DIAG Pass 11:45am
AIR BLK .00 11:46am
ACCY CHK .08 11:46am
AIR BLK .00 11:47am
SUB TEST .00 11:48am
AIR BLK .00 11:49am
SUB TEST .00 11:51am
AIR BLK .00 11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852    Test Record Number: 1124
Test Date: 12/29/2020    Test Time: 11:55am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
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<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>BT</td>
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Blank Tests

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<tbody>
<tr>
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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hoke Co Instrument Location Hoke Co Detention Center

Instrument Serial No. 008853 Raeford, 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 December, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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 654
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**

**HOKE COUNTY DETENTION CENTER 460**

Serial Number: 008855  
Test Date: 12/29/2020

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

Analyst's Name: Keesler, Grayham C  
 Permit Number: 0045-5487  
 Effective:  
10/08/2020-10/08/2022

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

Lot Number: AG920301  
Exp Date: 07/22/2021

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<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:14pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td><strong>12:17pm</strong></td>
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<tr>
<td>AIR BLK</td>
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<td>12:18pm</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
<td>.00</td>
<td>12:20pm</td>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Hoke County Detention Center 460

Serial Number: 008855  Test Record Number: 1587  Test Date: 12/29/2020  Test Time: 12:22pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

<table>
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<tr>
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<tr>
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<td>12:22pm</td>
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<td>BT</td>
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Blank Tests

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Printer Tests

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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:23pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County   Iredell  Instrument Location   Statesville PD
Instrument Serial No.  008619   300 S. Tradd St, Statesville

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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

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 STATESVILLE PD 480**

- **Serial Number:** 008619
- **Test Date:** 12/11/2020
- **Citation Number:** M0000000-0
- **Subject's Name:** PREVENTIVE, MAINTENANCE
- **Subject's Date of Birth:** 11/11/1911
- **Subject's Sex:** Male
- **Driver's License State:** XX
- **Driver's License Number:** NONE

- **Analyst's Name:** Hutchinson, Joseph E
- **Permit Number:** 0035-6075
- **Effective:**
  - 10/13/2020-10/13/2022

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

- **Lot Number:** AG007601
- **Exp Date:** 03/16/2022

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<td>ACCY CHK</td>
<td>.07</td>
<td>4:09pm</td>
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<tr>
<td>AIR BLK</td>
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<td>4:10pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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**Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

Court CVR

**Analyst**

---

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

**IREDELL COUNTY STATESVILLE PD 480**

Serial Number: 008619  Test Record Number: 1776  
Test Date: 12/11/2020  Test Time: 4:15pm EST

**System Check: Passed**

**Baseline Tests**

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<tr>
<td>FC</td>
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**Temperature Tests**

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<td>4:15pm</td>
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<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<td>CAL</td>
<td>Pass</td>
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**Preventive Maintenance**  
**Status: Pass**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Iredell
Instrument Location: Mooresville, PD

Instrument Serial No.: 008685

950 W. Iredell Ave, Mooresville

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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]

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 BC/IR-II: Subject Test

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685
Test Date: 12/11/2020

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective: 10/13/2020-10/13/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

Test | g/210L | Time
---|--------|------
DIAG | Pass | 2:56pm
AIR BLK | .00 | 2:57pm
ACCY CHK | .07 | 2:57pm
AIR BLK | .00 | 2:58pm
SUB TEST | .00 | 2:59pm
AIR BLK | .00 | 3:00pm
SUB TEST | .00 | 3:01pm
AIR BLK | .00 | 3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685  Test Record Number: 3510
Test Date: 12/11/2020  Test Time: 3:03pm EST

System Check: Passed

Baseline Tests

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<td>3:03pm</td>
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<td>FC</td>
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Temperature Tests

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<tbody>
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Blank Tests

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Printer Tests

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CRC Tests

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<td>3:04pm</td>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County  Iredell  Instrument Location  Iredell County SO

Instrument Serial No.  008809  201 E. Water Street, Statesville

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December,  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]

Certificate Number  650

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 IREDELL COUNTY SO 480

Serial Number: 008809
Test Date: 12/26/2020

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
10/13/2020-10/13/2022

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

Lot Number: AG919901
Exp Date: 07/18/2021

<table>
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<tr>
<td>AIR BLK</td>
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<td>ACCY CHK</td>
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<td>12:59pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:00pm</td>
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<td>SUB TEST</td>
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<td>.00</td>
<td>1:04pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

**IREDELL COUNTY IREDELL COUNTY SO 480**

Serial Number: 008809    Test Record Number: 4540  
Test Date: 12/26/2020  Test Time: 1:05pm EST

System Check: Passed

### Baseline Tests

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### Temperature Tests

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</tr>
</thead>
<tbody>
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<td>FC1</td>
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<tr>
<td>SRC</td>
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<td>1:05pm</td>
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<tr>
<td>DET</td>
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<tr>
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<td>BT</td>
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### Printer Tests

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### CRC Tests

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<tr>
<td>CAL</td>
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</table>

**Preventive Maintenance**

Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008722 Instrument Location 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 2 day of December 2020 the foregoing preventive maintenance procedures were performed on the instrument 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] [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: 008722
Test Date: 12/02/2020

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
09/17/2020-09/17/2022

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

Lot Number: AG920301
Exp Date: 07/22/2021

Test g/210L Time
DIAG Pass 12:25pm
AIR BLK .00 12:26pm
ACCY CHK .08 12:26pm
AIR BLK .00 12:27pm
SUB TEST .00 12:27pm
AIR BLK .00 12:28pm
SUB TEST .00 12:30pm
AIR BLK .00 12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

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

JACKSON COUNTY JAIL 490

Serial Number: 008722    Test Record Number: 1237
Test Date: 12/02/2020    Test Time: 12:32pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance

Status: Pass

[Signature]

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: Johnston Co. Instrument Location: Johnston Co. Detention Center

Instrument Serial No.: 088510

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 2nd day of December 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

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: 12/02/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective: 10/08/2020-10/08/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

<table>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**JOHNSTON COUNTY DETENTION CENTER 500**

Serial Number: 008810  Test Record Number: 4337  
Test Date: 12/02/2020  Test Time: 11:52am EST

System Check: Passed

### Baseline Tests

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### Temperature Tests

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### Blank Tests

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### Printer Tests

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### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:54am</td>
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</table>

Preventive Maintenance Status: Pass

[Signature]

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: Johnston Co. Instrument Location: Johnston Co. Detention Center

Instrument Serial No.: 008646 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 2nd day of December, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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]

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: 008846
Test Date: 12/02/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective: 10/08/2020-10/08/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test  g/210L  Time

DIAG  Pass  11:47am
AIR BLK  .00  11:48am
ACCY CHK  .07  11:48am
AIR BLK  .00  11:50am
SUB TEST  .00  11:50am
AIR BLK  .00  11:51am
SUB TEST  .00  11:53am
AIR BLK  .00  11:54am

Reported AC:  .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846   Test Record Number: 5291
Test Date: 12/02/2020   Test Time: 11:55am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>DET</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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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: Johnston Co. Instrument Location: Benson Police Dept
Instrument Serial No: 10865

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

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

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 BENSON PD 500

Serial Number: 008885
Test Date: 12/11/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG911501
Exp Date: 04/25/2021

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<tr>
<td>AIR BLK</td>
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<td>.08</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885  Test Record Number: 604
Test Date: 12/11/2020  Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Printer Tests

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<tbody>
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CRC Tests

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<th>Time</th>
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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  JONES  Instrument Location  JONES COUNTY
Instrument Serial No.  008705  DETENTION CENTER

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

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

I certify that on the 4th day of DECEMBER, 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

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

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705
Test Date: 12/04/2020

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

Analyst's Name: Barnes, Alvin R
Permit Number: 0014-6279
Effective:
10/09/2020-10/09/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test g/210L Time

DIAG Pass 3:13pm
AIR BLK .00 3:14pm
ACCY CHK .07 3:15pm
AIR BLK .00 3:16pm
SUB TEST .00 3:17pm
AIR BLK .00 3:18pm
SUB TEST .00 3:19pm
AIR BLK .00 3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

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

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705  Test Record Number: 1483
Test Date: 12/04/2020  Test Time: 3:21pm EST

System Check: Passed

Baseline Tests

<table>
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<tr>
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</thead>
<tbody>
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<td>3:21pm</td>
</tr>
<tr>
<td>FC</td>
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Temperature Tests

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<tbody>
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<td>SRC</td>
<td>Pass</td>
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<td>3:22pm</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:22pm</td>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

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: Marion
Instrument Location: Marion Co. Magistrate

Instrument Serial No. 009795

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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

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: 12/15/2020

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 09/17/2020-09/17/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test g/210L Time
DIAG Pass 7:02pm
AIR BLK .00 7:03pm
ACCY CHK .08 7:04pm
AIR BLK .00 7:05pm
SUB TEST .00 7:05pm
AIR BLK .00 7:06pm
SUB TEST .00 7:07pm
AIR BLK .00 7:08pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795  Test Record Number: 519
Test Date: 12/15/2020  Test Time: 7:09pm EST

System Check: Passed

Baseline Tests

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<tr>
<td>FC</td>
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Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
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<tbody>
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<td>DET</td>
<td>Pass</td>
<td>7:10pm</td>
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<tr>
<td>BAR</td>
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<tbody>
<tr>
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Printer Tests

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<thead>
<tr>
<th>Test</th>
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<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>7:10pm</td>
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CRC Tests

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</tr>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>7:11pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:11pm</td>
</tr>
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</table>

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 Pamlico  Instrument Location Pamlico County

Instrument Serial No. 008640  DETENTION CENTER

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

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

I certify that on the 21 day of DECEMBER, 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

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**

**PAMLICO COUNTY DETENTION CENTER 680**

- **Serial Number:** 008640
- **Test Date:** 12/21/2020

**Citation Number:** M0000000-0

**Subject's Name:** PREVENTIVE, MAINTENANCE

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

**Subject's Sex:** Male

**Driver's License State:** XX

**Driver's License Number:** NONE

**Analyst's Name:** Barnes, Alvin R

**Permit Number:** 0014-6279

**Effective:** 10/09/2020-10/09/2022

**Officer's Name:** NONE, NONE

**Type of Agency:** FTA

**Agency:** DHHS

**Test Type:** Breath Test

- **Lot Number:** AG018801
- **Exp Date:** 07/06/2022

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
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<td>10:14am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:14am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:15am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:16am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:17am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:18am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:20am</td>
</tr>
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</table>

**Reported AC:** .00 g/210L

[Signature of Chemical Analyst]

**Court CVR**

---

This form is used when performing Preventive Maintenance procedures for Forensic Tests for Alcohol Branch, Department of Health and Human Services, Rev. 12/2007.
Intox EC/IR-II: Preventive Maintenance  

PAMLICO COUNTY DETENTION CENTER 680  

Serial Number: 008640    Test Record Number: 1436  
Test Date: 12/21/2020    Test Time: 10:23am EST  

System Check: Passed  

Baseline Tests  

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<tr>
<td>FLO</td>
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<td>10:23am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:23am</td>
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Temperature Tests  

<table>
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<th>Time</th>
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</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
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<tr>
<td>SRC</td>
<td>Pass</td>
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<tr>
<td>DET</td>
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<tr>
<td>BAR</td>
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<td>10:23am</td>
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<tr>
<td>BT</td>
<td>Pass</td>
<td>10:23am</td>
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Blank Tests  

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Printer Tests  

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<tbody>
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<td>Pass</td>
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CRC Tests  

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<tr>
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</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:24am</td>
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</table>

Preventive Maintenance Status: Pass  

[Signature]  

Analyst  

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: P. SQUADANK Instrument Location: ELIZABETH CITY P.O.

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 20th day of December, 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

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 690

Serial Number: 008941
Test Date: 12/22/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective: 09/16/2020-09/16/2022

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

Lot Number: AG920301
Exp Date: 07/22/2021

Test  g/210L  Time
DIAG    Pass  12:36pm
AIR BLK .00  12:36pm
ACCY CHK .07  12:37pm
AIR BLK .00  12:38pm
SUB TEST .00  12:39pm
AIR BLK .00  12:40pm
SUB TEST .00  12:43pm
AIR BLK .00  12:43pm

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**

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1451
Test Date: 12/22/2020 Test Time: 12:44pm EST

System Check: Passed

### Baseline Tests

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### Temperature Tests

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</thead>
<tbody>
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### Printer Tests

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### CRC Tests

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<th>Time</th>
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<tbody>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:45pm</td>
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</table>

Preventive Maintenance
Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County PASQUOTANK Instrument Location PASQUOTANK Co. PUBLIC SAFETY

Instrument Serial No. 008950

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 0.2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Run diagnostic program and confirm preventive maintenance status of “Pass”; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 DECEMBER, 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]
Signature of Certifying Official

697
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 PUBLIC SAFETY BLDG
690

Serial Number: 008950
Test Date: 12/22/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective: 09/16/2020-09/16/2022

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

Lot Number: AG920301
Exp Date: 07/22/2021

Test  g/210L Time

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

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
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690**

Serial Number: 008950  Test Record Number: 1831  
Test Date: 12/22/2020  Test Time: 12:16pm EST

System Check: Passed

#### Baseline Tests

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#### Temperature Tests

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#### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:17pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Perquimans Instrument Location: Perquimans Co. S.O.
Instrument Serial No. 008921

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

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

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921
Test Date: 12/22/2020

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

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG919901
Exp Date: 07/18/2021

Test  g/210L Time
DIAG Pass 9:56am
AIR BLK .00 9:56am
ACCY CHK .08 9:57am
AIR BLK .00 9:58am
SUB TEST .00 9:59am
AIR BLK .00 10:00am
SUB TEST .00 10:01am
AIR BLK .00 10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

*PERQUIMANS COUNTY PERQUIMANS CO SO 710*

Serial Number: 008921    Test Record Number: 998
Test Date: 12/22/2020    Test Time: 10:06am EST

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**CRC Tests**

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<td>10:08am</td>
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</table>

Preventive Maintenance Status: Pass

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*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

*Rev. 12/2007*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ________ Instrument Location Pittsburgh (w Detention Center)

Instrument Serial No. 008646

124 New Hope Dr, Greenville, 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 ________ day of December, 20__________ the foregoing preventive maintenance procedures were performed on the instrument 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 ________ Certificate Number 643

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: 008646
Test Date: 12/22/2020

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

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective: 09/28/2020-09/28/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test g/210L Time
DIAG Pass 1:21pm
AIR BLK .00 1:22pm
ACCY CHK .08 1:22pm
AIR BLK .00 1:23pm
SUB TEST .00 1:24pm
AIR BLK .00 1:25pm
SUB TEST .00 1:26pm
AIR BLK .00 1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646    Test Record Number: 4134
Test Date: 12/22/2020    Test Time: 1:28pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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 __________ Instrument Location __________

Instrument Serial No. __________

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

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

I certify that on the __________ day of __________, 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 ________
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: 008662
Test Date: 12/22/2020

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

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG018202
Exp Date: 06/30/2022

Test g/210L Time
DIAG Pass 1:49pm
AIR BLK .00 1:50pm
ACCY CHK .08 1:50pm
AIR BLK .00 1:51pm
SUB TEST .00 1:52pm
AIR BLK .00 1:53pm
SUB TEST .00 1:54pm
AIR BLK .00 1:56pm

Reported AC: .00 g/210L

[Signature of Chemical Analyst]
Court CVR

[Signature of Analyst]

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662     Test Record Number: 1195
Test Date: 12/22/2020     Test Time: 1:57pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: P. H
Instrument Location: P. H Co Detention Center
Instrument Serial No.: 063668

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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

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: 12/22/2020

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test g/210L Time
DIAG Pass 1:06pm
AIR BLK .00 1:06pm
ACCY CHK .07 1:07pm
AIR BLK .00 1:08pm
SUB TEST .00 1:09pm
AIR BLK .00 1:10pm
SUB TEST .00 1:11pm
AIR BLK .00 1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**PITT COUNTY PITT CO DETENTION 730**

Serial Number: 009568   Test Record Number: 3788  
Test Date: 12/22/2020   Test Time: 1:13pm EST

System Check: Passed

#### Baseline Tests

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#### Temperature Tests

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#### Printer Tests

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#### CRC Tests

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Preventive Maintenance Status: Pass

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This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 **RANDOLPH Co. DETENTION CENTER**

Instrument Serial No. **008860** **ASHEBORO, 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 **4**

th of **DECEMBER** , 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]

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 DETENTION CENTER 750

Serial Number: 008860
Test Date: 12/04/2020

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

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test g/210L Time
DIAG Pass 11:45am
AIR BLK .00 11:46am
ACCY CHK .07 11:47am
AIR BLK .00 11:48am
SUB TEST .00 11:48am
AIR BLK .00 11:49am
SUB TEST .00 11:51am
AIR BLK .00 11:52am

Reported AC: .00 g/210L

Signature of Chemical 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 DETENTION CENTER 750

Serial Number: 008860    Test Record Number: 2915
Test Date: 12/04/2020    Test Time: 11:54am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
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<td>FLO</td>
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<td>11:54am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:54am</td>
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Temperature Tests

<table>
<thead>
<tr>
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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>SRC</td>
<td>Pass</td>
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<tr>
<td>DET</td>
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<td>11:54am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
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Blank Tests

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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
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Printer Tests

<table>
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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<tr>
<th>Test</th>
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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
</tbody>
</table>

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2020 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
**Intox EC/IR-II: Subject Test**

**RANDOLPH COUNTY DETENTION CENTER 750**

Serial Number: 008899  
Test Date: 12/04/2020

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

Analyst's Name: Galloway, Charles L  
Permit Number: 0023-9771  
Effective:  
09/28/2020-09/28/2022

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

Lot Number: AG018801  
Exp Date: 07/06/2022

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:43am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:44am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:45am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:47am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:49am</td>
</tr>
</tbody>
</table>

**Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

Galloway GVR

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

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899    Test Record Number: 3536
Test Date: 12/04/2020    Test Time: 11:50am EST

System Check: Passed

Baseline Tests

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<tbody>
<tr>
<td>IR</td>
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<td>11:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
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Temperature Tests

<table>
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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
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<tr>
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<td>Pass</td>
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<tr>
<td>BAR</td>
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<td>11:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
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Blank Tests

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</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
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Printer Tests

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<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:51am</td>
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CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Robeson Co. Instrument Location: Robeson Co. Detention Center
Instrument Serial No.: 008805

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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

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: 008805
Test Date: 12/01/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:22pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:23pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:27pm</td>
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</table>

Reported AO: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805    Test Record Number: 4645
Test Date: 12/01/2020    Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

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<tbody>
<tr>
<td>IR</td>
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<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:35pm</td>
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Temperature Tests

<table>
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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
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<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:35pm</td>
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<tr>
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<td>DET</td>
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<td>1:35pm</td>
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<tr>
<td>BAR</td>
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<td>1:35pm</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<th>Time</th>
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<tbody>
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<td>COMP</td>
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</tr>
<tr>
<td>CAL</td>
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<td>1:36pm</td>
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Preventive Maintenance

Status: Pass

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

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

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 Co. Instrument Location Robeson Co. Detention Center

Instrument Serial No. 1X0 8836, 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 15th day of December, 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

Certificate Number 654

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: 12/01/2020

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

Analyst's Name: Keesler, Grayham C
 Permit Number: 0045-5487
 Effective:
  10/08/2020-10/08/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test             g/210L           Time
DIAG             Pass             1:15pm
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

---

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

**ROBESON COUNTY DETENTION CENTER 770**

Serial Number: 008836    Test Record Number: 5668  
Test Date: 12/01/2020    Test Time: 1:22pm EST

System Check: Passed

### Baseline Tests

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<tr>
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<tbody>
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<td>IR</td>
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<tr>
<td>FLO</td>
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<td>1:22pm</td>
</tr>
<tr>
<td>FC</td>
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<td>1:22pm</td>
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### Temperature Tests

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<tbody>
<tr>
<td>FCl</td>
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<tr>
<td>BT</td>
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### Blank Tests

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<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
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### Printer Tests

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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>PRNT</td>
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<td>1:23pm</td>
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### CRC Tests

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<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
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<td>1:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:23pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 30th day of December, 2020, the foregoing preventive maintenance procedures were performed on the instrument 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

Certificate Number 654

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: 12/30/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

Test  g/210L  Time
DIAG  Pass  11:57am
AIR BLK .00  11:58am
ACCY CHK .08  11:59am
AIR BLK .00  12:00pm
SUB TEST .00  12:01pm
AIR BLK .00  12:02pm
SUB TEST .00  12:03pm
AIR BLK .00  12:04pm

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**

**ROBESON COUNTY RED SPRINGS PD 770**

Serial Number: 008857  Test Record Number: 605  
Test Date: 12/30/2020  Test Time: 12:05pm EST

System Check: Passed

Baseline Tests

<table>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>12:06pm</td>
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Temperature Tests

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<tbody>
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<td>12:06pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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<td>12:06pm</td>
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</table>

Preventive Maintenance

Status: Pass

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

Instrument Serial No. 00B636 DEPARTMENT

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 2 day of DECEMBER, 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

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 EDEN PD 780

Serial Number: 008636
Test Date: 12/02/2020

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective: 08/04/2020-08/04/2022

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

Lot Number: AG911506
Exp Date: 04/25/2021

<table>
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<td>1:08pm</td>
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<td>ACCY CHK</td>
<td>.08</td>
<td>1:09pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:10pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:11pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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<td>1:14pm</td>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636  Test Record Number: 2119
Test Date: 12/02/2020  Test Time: 1:14pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
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Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Rockingham Instrument Location: Madison Police

Instrument Serial No: 008683 Department

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Run diagnostic program and confirm preventive maintenance status of “Pass”; and

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

I certify that on the 3 day of December 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: 669 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 MADISON PD 780

Serial Number: 008683
Test Date: 12/03/2020

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

Test g/210L Time

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:58pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>1:03pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**ROCKINGHAM COUNTY, MADISON PD 780**

Serial Number: 008683  
Test Record Number: 936  
Test Date: 12/03/2020  
Test Time: 1:04pm EST

System Check: Passed

## Baseline Tests

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<td>1:04pm</td>
</tr>
<tr>
<td>FC</td>
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## Temperature Tests

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<td>BAR</td>
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<td>1:04pm</td>
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## Blank Tests

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## Printer Tests

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## CRC Tests

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<tbody>
<tr>
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<tr>
<td>CAL</td>
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Preventive Maintenance: Status: Pass

[Signature]

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 ____________________________________ Instrument Location ____________

Instrument Serial No. 008784 ____________________________________

Police Dept.

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

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

I certify that on the 17 day of DECEMBER, 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 __________________________
Certificate Number 669

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: 12/17/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jr., Leo A
 Permit Number: 0035-3799
 Effective:
 08/04/2020-08/04/2022

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

Lot Number: AG911506
Exp Date: 04/25/2021

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<td>1:56pm</td>
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<td>AIR BLK</td>
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<td>1:57pm</td>
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<tr>
<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1230
Test Date: 12/17/2020 Test Time: 2:03pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tbody>
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Blank Tests

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Printer Tests

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<tbody>
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CRC Tests

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<tbody>
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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rockingham Instrument Location Rockingham Co. Jail

Instrument Serial No. 008796 Wentworth, 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 17 day of December, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

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 ROCKINGHAM CO JAIL 780

Serial Number: 008796
Test Date: 12/17/2020

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective: 08/04/2020-08/04/2022

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

Lot Number: AG919901
Exp Date: 07/18/2021

Test g/210L Time
DIAG Pass 2:35pm
AIR BLK .00 2:36pm
ACCY CHK .08 2:36pm
AIR BLK .00 2:37pm
SUB TEST .00 2:38pm
AIR BLK .00 2:39pm
SUB TEST .00 2:40pm
AIR BLK .00 2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796    Test Record Number: 3049
Test Date: 12/17/2020    Test Time: 2:42pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: ROCKINGHAM Instrument Location: MADISON POLICE
Instrument Serial No. 003602

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

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

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 MADISON PD 780

Serial Number: 008802
Test Date: 12/23/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

Test g/210L Time

DIAG Pass 1:31pm
AIR BLK .00 1:32pm
ACCY CHK .08 1:32pm
AIR BLK .00 1:33pm
SUB TEST .00 1:34pm
AIR BLK .00 1:35pm
SUB TEST .00 1:36pm
AIR BLK .00 1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802  Test Record Number: 888
Test Date: 12/23/2020  Test Time: 1:39pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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<tbody>
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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:41pm</td>
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</table>

Preventive Maintenance Status: Pass

[Signature]

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 Stanley  Instrument Location Det Mobile 3
Instrument Serial No. 008972  Stanley Co. S.O.

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2020 the foregoing preventive maintenance procedures were performed on the instrument 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

Certificate Number 659

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

STANLEY BAT MOBILE UNIT 3 830

Serial Number: 008972
Test Date: 12/18/2020

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

Analyst's Name: Ingle, Larry W
Permit Number: Q035-2495
Effective: 09/15/2020-09/15/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test g/210L Time

<table>
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<tbody>
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<tr>
<td>AIR BLK</td>
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<td>5:15pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .08 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**STANLEY BAT MOBILE UNIT 3 830**

Serial Number: 008972    Test Record Number: 335
Test Date: 12/18/2020    Test Time: 5:25pm EST

System Check: Passed

**Baseline Tests**

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<tr>
<td>FC</td>
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**Temperature Tests**

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<tbody>
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<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
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**Preventive Maintenance Status:** Pass

---

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

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

County: Stanly
Instrument Location: Locust PD
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 9th day of December, 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

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 LOCUST PD 830

Serial Number: 008706
Test Date: 12/09/2020

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective: 10/13/2020-10/13/2022
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933901
Exp Date: 12/05/2021

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3573
Test Date: 12/09/2020 Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

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

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

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 50
Instrument Serial No.  008842  126 S. 3rd Street, Albemarle

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

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

I certify that on the 30th day of December, 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]

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: 12/30/2020

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective: 10/13/2020-10/13/2022

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

Lot Number: AG919901
Exp Date: 07/18/2021

Test g/210L Time
DIAG Pass 1:39pm
AIR BLK .00 1:40pm
ACCY CHK .08 1:40pm
AIR BLK .00 1:41pm
SUB TEST .00 1:42pm
AIR BLK .00 1:43pm
SUB TEST .00 1:44pm
AIR BLK .00 1:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2340
Test Date: 12/30/2020 Test Time: 1:46pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
<td>DET</td>
<td>Pass</td>
<td>1:46pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:46pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:47pm</td>
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</tbody>
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Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County
Surry
Instrument Location
Elkin Police
Instrument Serial No. 008926
Department

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

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

I certify that on the 2 day of December, 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.

Timothy Hendry
Signature of Certifying Official

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 ELKIN PD 850**

Serial Number: 008926  
Test Date: 12/02/2020

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
10/14/2020-10/14/2022

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

Lot Number: AG920301  
Exp Date: 07/22/2021

<table>
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<tr>
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<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:53pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:55pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:55pm</td>
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<tr>
<td>AIR BLK</td>
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<td>12:56pm</td>
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<tr>
<td>SUB TEST</td>
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<td>.00</td>
<td>12:59pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**SURRY COUNTY ELKIN PD 850**

Serial Number: 008926    Test Record Number: 942  
Test Date: 12/02/2020    Test Time: 1:00pm EST

System Check: **Passed**

### Baseline Tests

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### Temperature Tests

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<td>1:00pm</td>
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### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
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</table>

Preventive Maintenance  
Status: **Pass**

---

![Signature](Signature.png)  
**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        Swain
Instrument Location  Swain Co. Jail

Instrument Serial No. 008723

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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

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

SWAIN COUNTY JAIL 860

Serial Number: 008723
Test Date: 12/30/2020

Citation Number: MO000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
09/17/2020-09/17/2022

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

Lot Number: AG920301
Exp Date: 07/22/2021

Test        g/210L  Time
DIAG        Pass   1:56pm
AIR BLK .00 1:57pm
ACCY CHK .08 1:58pm
AIR BLK .00 1:59pm
SUB TEST .00 1:59pm
AIR BLK .00 2:00pm
SUB TEST .00 2:02pm
AIR BLK .00 2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

*SWAIN COUNTY JAIL 860*

Serial Number: 008723  Test Record Number: 809  Test Date: 12/30/2020  Test Time: 2:04pm EST

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
<td>Pass</td>
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</table>

**Preventive Maintenance**

Status: Pass

---

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

**Analyst**

[Signature]
Preventive Maintenance Record

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

County: Swain
Instrument Location: Swain Co. Jail

Instrument Serial No.: 008727

Bryson City, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December 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: [Signature]
Certificate Number: [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

SWAIN COUNTY JAIL 860

Serial Number: 008727
Test Date: 12/30/2020

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
09/17/2020-09/17/2022

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

Lot Number: AG911506
Exp Date: 04/25/2021

Test g/210L Time
DIAG Pass 1:48pm
AIR BLK .00 1:50pm
ACCY CHK .07 1:50pm
AIR BLK .00 1:51pm
SUB TEST .00 1:52pm
AIR BLK .00 1:53pm
SUB TEST .00 1:54pm
AIR BLK .00 1:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

SWAIN COUNTY JAIL 860

Serial Number: 008727    Test Record Number: 1394
Test Date: 12/30/2020    Test Time: 1:56pm EST

System Check: Passed

Baseline Tests

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<tbody>
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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
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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: Swain Instrument Location: Cherokee Tribal Detention
Instrument Serial No.: 008782

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of “Pass”; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2030 the forgoing preventive maintenance procedures were performed on the instrument 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: [Signature]
Certificate Number: 635

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

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782
Test Date: 12/30/2020

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
09/17/2020-09/17/2022

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

Lot Number: AG920301
Exp Date: 07/22/2021

Test g/210L Time

DIAG Pass 10:39am
AIR BLK .00 10:40am
ACCY CHK .08 10:41am
AIR BLK .00 10:42am
SUB TEST .00 10:42am
AIR BLK .00 10:43am
SUB TEST .00 10:45am
AIR BLK .00 10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

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

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782  Test Record Number: 1218
Test Date: 12/30/2020  Test Time: 10:47am EST

System Check: Passed

Baseline Tests

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<tbody>
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<td>FLO</td>
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<td>FC</td>
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Temperature Tests

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<th>Test</th>
<th>Status</th>
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</tr>
</thead>
<tbody>
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Blank Tests

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Printer Tests

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<tbody>
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CRC Tests

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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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 WASHINGTON Instrument Location WASHINGTON Co. S.O.

Instrument Serial No. 00829 120 Adams St, Plymouth, 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 20th day of December, 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]
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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829
Test Date: 12/22/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG018202
Exp Date: 06/30/2022

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
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<td>3:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:37pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:39pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:41pm</td>
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<td>SUB TEST</td>
<td>.00</td>
<td>3:42pm</td>
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<td>AIR BLK</td>
<td>.00</td>
<td>3:43pm</td>
</tr>
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</table>

Reported AC: .00 g/210L

Signature of Chemical 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**

**WASHINGTON COUNTY SHERIFF'S OFFICE 930**

Serial Number: 008829  Test Record Number: 1015  
Test Date: 12/22/2020  Test Time: 3:47pm EST

System Check: Passed

**Baseline Tests**

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<td>3:47pm</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>3:47pm</td>
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**Temperature Tests**

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<th>Time</th>
</tr>
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<td>DET</td>
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<td>3:48pm</td>
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<tr>
<td>BT</td>
<td>Pass</td>
<td>3:48pm</td>
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**Blank Tests**

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**Printer Tests**

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<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
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**CRC Tests**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>COMP</td>
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<td>3:48pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:48pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WAVE Instrument Location WAVE I.D. DETENTION CENTER

Instrument Serial No. 00 5649 207 E. CHESTNUT ST, 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 23rd day of DECEMBER, 2005 the forgoing preventive maintenance procedures were performed on the instrument 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]

Certificate Number 649

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 WAYNE CO DETENTION 950

Serial Number: 008649
Test Date: 12/23/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test | g/210L | Time
-----|--------|-----
DIAG | Pass   | 11:26am
AIR BLK | .00 | 11:26am
ACCY CHK | .08 | 11:27am
AIR BLK | .00 | 11:28am
SUB TEST | .00 | 11:28am
AIR BLK | .00 | 11:29am
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
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649  Test Record Number: 4540  
Test Date: 12/23/2020  Test Time: 11:32am EST

System Check: Passed

### Baseline Tests

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<td>11:33am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
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### Temperature Tests

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<tr>
<td>FCL</td>
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<td>11:33am</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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### Blank Tests

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<td>AIR</td>
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### Printer Tests

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<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
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### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wayne Instrument Location Wayne Co. Detention Center
Instrument Serial No. D08671 207 E. Chestnut St., 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 23rd day of December, 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

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 WAYNE CO DETENTION 950

Serial Number: 008671
Test Date: 12/23/2020

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG933703
Exp Date: 12/03/2021

Test g/210L Time
DIAG Pass 11:43am
AIR BLK .00 11:44am
ACCY CHK .07 11:45am
AIR BLK .00 11:46am
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
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

*WAYNE COUNTY WAYNE CO DETENTION 950*

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<th>Test Record Number: 5169</th>
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**System Check: Passed**

**Baseline Tests**

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<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
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<td>11:50am</td>
</tr>
<tr>
<td>FC</td>
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<td>11:50am</td>
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**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tbody>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
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</table>

**Preventive Maintenance Status:** Pass

---

*This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne Instrument Location WAYNE CO. DETENTION CENTER
Instrument Serial No. 008879 707 E. CHESTNUT ST, POLKSM, 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 23rd day of DECEMBER, 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
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 WAYNE CO DETENTION 950

Serial Number: 008879
Test Date: 12/23/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective: 09/16/2020-09/16/2022

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

Lot Number: AG018202
Exp Date: 06/30/2022

Test g/210L Time
DIAG Pass 11:15am
AIR BLK .00 11:16am
ACCY CHK .08 11:17am
AIR BLK .00 11:18am
SUB TEST .00 11:19am
AIR BLK .00 11:20am
SUB TEST .00 11:21am
AIR BLK .00 11:22am

Reported AC: .00 g/210L

Signature of Chemical 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

**WAYNE COUNTY WAYNE CO DETENTION 950**

Serial Number: 008879    Test Record Number: 1396  
Test Date: 12/23/2020    Test Time: 11:24am EST

**System Check: Passed**

**Baseline Tests**

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</thead>
<tbody>
<tr>
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<td>FC</td>
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**Temperature Tests**

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<tr>
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<tr>
<td>BT</td>
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**Blank Tests**

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<tbody>
<tr>
<td>AIR</td>
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**Printer Tests**

<table>
<thead>
<tr>
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<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
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**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
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<td>11:26am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:26am</td>
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</table>

**Preventive Maintenance**

Status: Pass

---

**Smith, Lee**  
Analyst

---

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