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

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

I certify that on the 19th day of June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008775
Test Date: 06/19/2021

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective:
09/29/2020-09/29/2022

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

Lot Number: AG107401
Exp Date: 03/15/2023

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<th>Time</th>
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<tr>
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<td>.00</td>
<td>9:26pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:27pm</td>
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<tr>
<td>AIR BLK</td>
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<td>9:28pm</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
System Check: Passed

Baseline Tests

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<thead>
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<td>9:33pm</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>
<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: Alamance Instrument Location: Alamance Co Jail

Instrument Serial No: 008693

1095 Maple St
Graham, NC

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 7th day of June, 2021, 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: [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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853
Test Date: 06/07/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG039402
Exp Date: 12/14/2022

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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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<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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853    Test Record Number: 3403
Test Date: 06/07/2021    Test Time: 1:09pm EDT

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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<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:10pm</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 Alamance Instrument Location Alamance Co Jail

Instrument Serial No. 008917 109 S Maple St Graham NC

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 7 day of June 2021 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]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

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

**ALAMANCE COUNTY ALAMANCE CO. JAIL 000**

Serial Number: 008913  
Test Date: 06/07/2021

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: AG034902  
Exp Date: 12/14/2022

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<td>AIR BLK</td>
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<td>ACCY CHK</td>
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<td>1:02pm</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

---

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**

**ALAMANCE COUNTY ALAMANCE CO. JAIL 000**

Serial Number: 008913    Test Record Number: 4282  
Test Date: 06/07/2021    Test Time: 1:08pm EDT

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

**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: Allegheny  
Instrument Location: Allegheny Co Jail  
Instrument Serial No.: 008890  
Sparta, 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 June, 2021 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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890
Test Date: 06/17/2021

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

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

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>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
**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

<table>
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<th>Time</th>
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<tbody>
<tr>
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**CRC Tests**

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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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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: Banner Elk PO
Instrument Serial No: 008224 Banner Elk, 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 June, 2021 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.

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

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724
Test Date: 06/17/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG107502
Exp Date: 03/16/2023

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<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:51pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:55pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:57pm</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**

**AVERY COUNTY BANNER ELK PD 050**

Serial Number: 008724  Test Record Number: 672  
Test Date: 06/17/2021  Test Time: 3:58pm EDT

**System Check: Passed**

**Baseline Tests**

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<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>IR</td>
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<td>3:58pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:58pm</td>
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**Temperature Tests**

<table>
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<tr>
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<td>DBT</td>
<td>Pass</td>
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<td>3:58pm</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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**Blank Tests**

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<tbody>
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**Printer Tests**

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<th>Time</th>
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<tbody>
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<td>PRNT</td>
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**CRC Tests**

<table>
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<tr>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:59pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:59pm</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Bladen Instrument Location BAT 5 Mobile Unit

Instrument Serial No. 008704 Bladen County Sheriff's Office

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

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

I certify that on the 28 day of June, 2021 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.
Intox EC/IR-II: Subject Test
BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008704
Test Date: 06/25/2021

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

Analyst's Name: Todd, Shane C
Permit Number: 0035-4789
Effective: 10/06/2020-10/06/2022

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

Lot Number: AG807101
Exp Date: 12/03/2021

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<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:50pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:51pm</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

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

**BLADEN COUNTY BAT MOBILE UNIT 5 080**

Serial Number: 008704    Test Record Number: 714
Test Date: 06/25/2021    Test Time: 8:59pm EDT

System Check: Passed

### Baseline Tests

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<td>8:59pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:59pm</td>
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### Temperature Tests

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<td>9:00pm</td>
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<tr>
<td>BAR</td>
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<td>9:00pm</td>
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### Blank Tests

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### Printer Tests

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<tbody>
<tr>
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### CRC Tests

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<tr>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:00pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:00pm</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: Buncombe
Instrument Location: Buncombe Co. Jail
Instrument Serial No.: 08748

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL

Serial Number: 008748
Test Date: 06/21/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG107401
Exp Date: 03/15/2023

<table>
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<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:28pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:31pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<td>AIR BLK</td>
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<td>1:33pm</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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748    Test Record Number: 1385
Test Date: 06/21/2021    Test Time: 1:40pm EDT

System Check: Passed

Baseline Tests

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<tbody>
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<td>1:40pm</td>
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<tr>
<td>FC</td>
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Temperature Tests

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<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>FC1</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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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: Buncombe Instrument Location: Buncombe Co. Jail

Instrument Serial No. 003798 Asheville, 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 June 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

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

BUNCOMBE COUNTY  BUNCOMBE COUNTY JAIL
100

Serial Number: 008798
Test Date: 06/21/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG107401
Exp Date: 03/15/2023

<table>
<thead>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:27pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>1:28pm</td>
<td></td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td>1:28pm</td>
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</tr>
<tr>
<td>AIR BLK .00</td>
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<td>1:30pm</td>
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<tr>
<td>AIR BLK .00</td>
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<td>SUB TEST .00</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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798    Test Record Number: 5782
Test Date: 06/21/2021    Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

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<tr>
<td>FC</td>
<td>Pass</td>
<td>1:36pm</td>
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Temperature Tests

<table>
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<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
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Blank Tests

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Printer Tests

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<tbody>
<tr>
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CRC Tests

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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:36pm</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 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 24th day of June, 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: __________________________
Certificate Number: 670

A signed original of 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: 06/24/2021

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective: 07/31/2020-07/31/2022

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

Lot Number: AG034902
Exp Date: 12/14/2022

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:56pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>9:59pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:00pm</td>
</tr>
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</table>

Reported AC: 0.00 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 EMERALD ISLE PD 150

Serial Number: 008620    Test Record Number: 2218
Test Date: 06/24/2021    Test Time: 10:03pm EDT

System Check: Passed

### Baseline Tests

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

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<tr>
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<td>SRC</td>
<td>Pass</td>
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<tr>
<td>DET</td>
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<td>BAR</td>
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<td>10:03pm</td>
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### Blank Tests

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### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:04pm</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. 008731 Police 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 24th day of June 2021 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 670

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

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731
Test Date: 06/24/2021

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective: 07/31/2020-07/31/2022

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

Lot Number: AG034902
Exp Date: 12/14/2022

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<thead>
<tr>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
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<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>6:11pm</td>
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<tr>
<td>ACCY CHK</td>
<td>0.07</td>
<td>6:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>6:13pm</td>
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<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>6:13pm</td>
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<tr>
<td>AIR BLK</td>
<td>0.00</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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Reported g/210L: 0.00 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 MOREHEAD CITY PD 150

Serial Number: 008731    Test Record Number: 2343
Test Date: 06/24/2021    Test Time: 6:18pm EDT

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>SRC</td>
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<td>6:19pm</td>
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<td>DET</td>
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<td>6:19pm</td>
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<td>6:19pm</td>
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<td>BT</td>
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Blank Tests

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Printer Tests

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<td>6:20pm</td>
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CRC Tests

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<th>Time</th>
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<tr>
<td>COMP</td>
<td>Pass</td>
<td>6:20pm</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:20pm</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 Carteret Instrument Location Atlantic Beach
Instrument Serial No. 008785 Police 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 24th day of June 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

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: 06/24/2021

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective: 07/31/2020-07/31/2022

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

Lot Number: AG034901
Exp Date: 12/14/2022

Test  g/210L  Time
DIAG  Pass  8:47pm
AIR BLK  .00  8:48pm
ACCCY CHK  .08  8:48pm
AIR BLK  .00  8:49pm
SUB TEST  .00  8:51pm
AIR BLK  .00  8:52pm
SUB TEST  .00  8:53pm
AIR BLK  .00  8:54pm

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: 1285
Test Date: 06/24/2021    Test Time: 8:56pm EDT

System Check: Passed

Baseline Tests

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<td>8:56pm</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>8:56pm</td>
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Temperature Tests

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<th>Test</th>
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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
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<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:56pm</td>
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<tr>
<td>DET</td>
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<td>8:56pm</td>
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<tr>
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<td>8:56pm</td>
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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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<th>Time</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:57pm</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location Catawba County 88 Newton, NC

Instrument Serial No. 0081087

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June 2021 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.

Bryan Hulms
Signature of Certifying Official

074
Certificate Number

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

DHHS 4080 (04/20)
CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687
Test Date: 06/28/2021

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

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9645
Effective:
04/20/2021-04/20/2023

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

Lot Number: AG035001
Exp Date: 12/15/2022

Test          g/210L      Time
----------      -------      -------
DIAG          Pass        12:23pm
AIR BLK       .00         12:23pm
ACCY CHK      .07         12:24pm
AIR BLK       .00         12:25pm
SUB TEST      .00         12:26pm
AIR BLK       .00         12:27pm
SUB TEST      .00         12:28pm
AIR BLK       .00         12:29pm

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 CATAWBA COUNTY SO 170

Serial Number: 008687       Test Record Number: 3262  
Test Date: 06/28/2021       Test Time: 12:30pm EDT

System Check: Passed

## Baseline Tests

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<td>FLO</td>
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<td>12:31pm</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>12:31pm</td>
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## Temperature Tests

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<tbody>
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<tr>
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<td>12:31pm</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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<tbody>
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## Printer Tests

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

<table>
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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:32pm</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  Catawba  Instrument Location  Catawba County  80  Newton, NC
Instrument Serial No.  008821

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 28th day of June, 2021 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 CATAWBA COUNTY SO 170

Serial Number: 008821
Test Date: 06/28/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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 12:19pm
AIR BLK .00 12:20pm
ACCY CHK .08 12:20pm
AIR BLK .00 12:21pm
SUB TEST .00 12:22pm
AIR BLK .00 12:23pm
SUB TEST .00 12:24pm
AIR BLK .00 12:25pm

Reported AC:.00 g/210L

Signature of Chemical Analyst

Court CVR

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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821     Test Record Number: 2192
Test Date: 06/28/2021     Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

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Temperature 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: CHATHAM Instrument Location: CHATHAM COUNTY
Instrument Serial No.: 008591 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 18TH day of JUNE, 2021, 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

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591  
Test Date: 06/18/2021

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: AG034902  
Exp Date: 12/14/2022

Test  g/210L  Time

DIAG  Pass  11:57am
AIR BLK  .00  11:57am
ACCY CHK  .08  11:58am
AIR BLK  .00  11:59am
SUB TEST  .00  12:00pm
AIR BLK  .00  12:01pm
SUB TEST  .00  12:02pm
AIR BLK  .00  12:03pm

Reported At:  .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

CHATHAM COUNTY DETENTION CENTER 160

Serial Number: 008591    Test Record Number: 2540
Test Date: 06/18/2021    Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2021 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

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811
Test Date: 06/18/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG034902
Exp Date: 12/14/2022

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Record Number: 1490
Test Date: 06/18/2021 Test Time: 2:04pm EDT

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

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: CHATHAM
Instrument Location: SAT MODE UNITS C

Instrument Serial No: 009590

Jmoon Lake

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2021, 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

CHATHAM COUNTY BAT MOBILE UNIT 6 180

Serial Number: 008580
Test Date: 06/27/2021

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

Analyst's Name: Varnell, Bryon L
Permit Number: 0036-1210
Effective: 08/14/2019-08/14/2021

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 2:41pm
AIR BLK .00 2:42pm
ACCY CHK .07 2:43pm
AIR BLK .00 2:43pm
SUB TEST .00 2:44pm
AIR BLK .00 2:45pm
SUB TEST .00 2:46pm
AIR BLK .00 2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

Baseline Tests

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Temperature Tests

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Printer 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 CHATHAM Instrument Location JIM MORRIS AND C
Instrument Serial No. 008584 JAMES LANCE

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath 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 27 day of JUNE 2021 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 463

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

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

CHATHAM COUNTY BAT MOBILE UNIT 6 180

Serial Number: 008584
Test Date: 06/27/2021

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

Analyst's Name: Varnell, Bryon L
Permit Number: 0036-1210
Effective: 08/14/2019-08/14/2021

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

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

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Reported AC: .00 g/210L

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

CHATHAM COUNTY BAT MOBILE UNIT 6180

Serial Number: 008584 Test Record Number: 2373
Test Date: 06/27/2021 Test Time: 2:54pm EDT

System Check: Passed

Baseline Tests

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<td>SRC</td>
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<tr>
<td>DET</td>
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<tr>
<td>BAR</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  CHATHAM  Instrument Location  SAT MOED UNIT C

Instrument Serial No. 008486  JANAN LAKE

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 27 day of JUNE, 2021 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 ___

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

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

CHATHAM COUNTY BAT MOBILE UNIT 6 180

Serial Number: 008686
Test Date: 06/27/2021

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

Analyst's Name: Varnell, Bryon L
Permit Number: 0036-1210
Effective:
08/14/2019-08/14/2021

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

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

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<thead>
<tr>
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<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:41pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:42pm</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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<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

**CHATHAM COUNTY BAT MOBILE UNIT 6 180**

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<tr>
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<tbody>
<tr>
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## System Check: Passed

### Baseline Tests

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<td>2:48pm</td>
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<td>FC</td>
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<tr>
<td>BAR</td>
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<td>2:48pm</td>
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### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:49pm</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*
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2021 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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895
Test Date: 06/03/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 1:12pm
AIR BLK .00 1:13pm
ACCY CHK .07 1:13pm
AIR BLK .00 1:14pm
SUB TEST .00 1:15pm
AIR BLK .00 1:16pm
SUB TEST .00 1:17pm
AIR BLK .00 1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895    Test Record Number: 1041
Test Date: 06/03/2021    Test Time: 1:19pm EDT

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

County: Cleveland Instrument Location: Cleveland County SO - Annex

Instrument Serial No: 008887 Shelby, 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 June, 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

Cleveland County Cleveland Annex

Serial Number: 00888
Test Date: 06/18/2021

Citation Number: M00000
Subject's Name: Preventive, Maintenance
Subject's Date of Birth: 11/15/81
Subject's Sex: Male
Driver's License State: One
Driver's License Number: None

Analyst's Name: Helms, B
Permit Number: 0084-98
Effective: 04/20/2021-04/20/2022

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

Lot Number: AG107502
Exp Date: 03/16/2023

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CLEVELAND UNT: CLEVELAND SO-ANNEX 220

Serial Number: 2887  Test Record Number: 3448
Test Date: 06/24/01  Test Time: 12:29pm EDT

User Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
<td>D</td>
<td>Pass</td>
<td>12:30pm</td>
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<tr>
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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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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 Cleveland Instrument Location Cleveland County 80-Annex
Instrument Serial No. 008893 Shelby, 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 June, 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893
Test Date: 06/18/2021

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

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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

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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

**CLEVELAND COUNTY CLEVELAND SO-ANNEX 220**

Serial Number: 008893    Test Record Number: 1786  
Test Date: 06/18/2021    Test Time: 12:38pm EDT

**System Check: Passed**

#### Baseline Tests

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#### Temperature Tests

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#### Printer Tests

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<tbody>
<tr>
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</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
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<td>12:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:39pm</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  

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the [18] day of [June], 202[1] the forgoing preventive maintenance procedures were performed on the 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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900
Test Date: 06/18/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 10:34am
AIR BLK .00 10:35am
ACCY CHK .07 10:35am
AIR BLK .00 10:37am
SUB TEST .00 10:37am
AIR BLK .00 10:38am
SUB TEST .00 10:40am
AIR BLK .00 10:40am

Reported 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
System Check: Passed

Baseline Tests

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<tr>
<td>FC</td>
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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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<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:43am</td>
</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
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

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

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

I certify that on the 24th day of June 2021 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]
Signature of Certifying Official

670
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

CRAVEN COUNTY HAVELock PD 240

Serial Number: 008800
Test Date: 06/24/2021

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective: 07/31/2020-07/31/2022

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   4:47pm
AIR BLK .00   4:48pm
ACCY CHK .07   4:48pm
AIR BLK .00   4:49pm
SUB TEST .00   4:50pm
AIR BLK .00   4:51pm
SUB TEST .00   4:52pm
AIR BLK .00   4:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**CRAVEN COUNTY HAVELock PD 240**

Serial Number: 008800    Test Record Number: 1415  
Test Date: 06/24/2021    Test Time: 4:54pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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<td>4:54pm</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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<tbody>
<tr>
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**CRC Tests**

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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
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Preventive Maintenance: Pass

Analyst: [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 Craven Instrument Location New Bern
Instrument Serial No. 008817 Police 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 24th day of June, 2021, 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: 0088177
Test Date: 06/24/2021

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
07/31/2020-07/31/2022

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

Lot Number: AG107401
Exp Date: 03/15/2023

Test g/210L Time
DIAG Pass 12:16pm
AIR BLK .00 12:17pm
ACCCY CHK .07 12:17pm
AIR BLK .00 12:19pm
SUB TEST .00 12:19pm
AIR BLK .00 12:20pm
SUB TEST .00 12:21pm
AIR BLK .00 12:22pm

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
CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817    Test Record Number: 1662
Test Date: 06/24/2021    Test Time: 12:23pm EDT

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

[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: 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 24th day of June, 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]  [Certificate Number]

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

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819
Test Date: 06/24/2021

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
07/31/2020-07/31/2022

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

Lot Number: AG034901
Exp Date: 12/14/2022

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
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<tr>
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<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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819    Test Record Number: 674
Test Date: 06/24/2021    Test Time: 3:50pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printers Tests

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CRC Tests

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<td>COMP</td>
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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: Currituck Instrument Location: Currituck 4 S. O
Instrument Serial No. 008947 407-A Maple Rd, Maple, NC

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 1st day of June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official] [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

Serial Number: 008947
Test Date: 06/01/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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
DIAG Pass 10:42am
AIR BLK .00 10:42am
ACCY CHK .08 10:43am
AIR BLK .00 10:44am
SUB TEST .00 10:45am
AIR BLK .00 10:46am
SUB TEST .00 10:48am
AIR BLK .00 10:48am

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: 008947    Test Record Number: 2846
Test Date: 06/01/2021    Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

<table>
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<tbody>
<tr>
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<td>10:50am</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>
<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: Dave  Instrument Location: Kill Devil Hills P.D.
Instrument Serial No.: 008844  107 Town Hall Dr., Kill Devil Hills, NC.

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

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

I certify that on the 22nd day of June, 2021, 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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844
Test Date: 06/22/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 4:03pm
AIR BLK .00 4:04pm
ACCY CHK .07 4:04pm
AIR BLK .00 4:06pm
SUB TEST .00 4:06pm
AIR BLK .00 4:07pm
SUB TEST .00 4:09pm
AIR BLK .00 4:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844    Test Record Number: 2593
Test Date: 06/22/2021    Test Time: 4:10pm EDT

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>Time</th>
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<tbody>
<tr>
<td>FCI</td>
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<tr>
<td>BAR</td>
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<tr>
<td>BT</td>
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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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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Pass</td>
<td>4:12pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:12pm</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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. 008858 Police 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 21st day of June, 2021, 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 670

A signed original of 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: 06/21/2021

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

Analyst's Name: Ryan, Robert F  
Permit Number: 0084-5023  
Effective: 07/31/2020-07/31/2022

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

Lot Number: AG107401  
Exp Date: 03/15/2023

<table>
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<tr>
<th>Test</th>
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<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>5:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:04pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>5:04pm</td>
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<tr>
<td>AIR BLK</td>
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<td>5:05pm</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>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:09pm</td>
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</table>

Reported AI: .00 g/210L

Signature of Chemical Analyst:  
Court CVR

[Signature]

**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: 1100  
Test Date: 06/21/2021    Test Time: 5:11pm EDT

**System Check: Passed**

**Baseline Tests**

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<tr>
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<tr>
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<td>FC</td>
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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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</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 FORSYTH Instrument Location FORSYTH CO. DETENTION
Instrument Serial No. 008583 WINSTON-SALEM, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 22 day of JUNE, 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

**FORSYTH COUNTY FORSYTH CO DETENTION**

Serial Number: 008583  
Test Date: 06/22/2021  
Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: AG107502  
Exp Date: 03/16/2023  

<table>
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<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
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<td>3:06pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:07pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:08pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:08pm</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

**FORSYTH COUNTY FORSYTH CO DETENTION 330**

**Serial Number:** 008583  **Test Record Number:** 8462  
**Test Date:** 06/22/2021  **Test Time:** 3:13pm EDT

### System Check: Passed

#### Baseline Tests

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 16 day of JUNE, 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650
Test Date: 06/16/2021

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

Analyst's Name: Ullmuller 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: AG933901
Exp Date: 12/05/2021

Test     g/210L  Time
DIAG     Pass    3:54pm
AIR BLK  .00     3:56pm
ACCY CHK .07     3:56pm
AIR BLK  .00     3:57pm
SUB TEST .00     3:58pm
AIR BLK  .00     3:59pm
SUB TEST .00     4:01pm
AIR BLK  .00     4:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**FORSYTH COUNTY KERNERSVILLE PD 330**

Serial Number: 008650  Test Record Number: 1788  
Test Date: 06/16/2021  Test Time: 4:03pm EDT

**System Check: Passed**

**Baseline Tests**

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<th>Time</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>FC</td>
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<td>4:03pm</td>
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**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>FCI</td>
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</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:03pm</td>
</tr>
<tr>
<td>DLT</td>
<td>Pass</td>
<td>4:03pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:03pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:03pm</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>
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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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2021 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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008659
Test Date: 06/22/2021

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

Analyst's Name: Oligueller Jr., Leo A
Permit Number: 0035-3799
Effective:
09/04/2020-09/04/2022

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

Lot Number: AG035001
Exp Date: 12/15/2022

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<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>3:04pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>3:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>3:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>3:06pm</td>
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<td>ATR BLK</td>
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<td>3:07pm</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

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659    Test Record Number: 5729
Test Date: 06/22/2021    Test Time: 3:11pm EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<td>3:11pm</td>
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<tr>
<td>BAR</td>
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<td>3:11pm</td>
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Blank Tests

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

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<tr>
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CRC Tests

<table>
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<tr>
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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:12pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:12pm</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 Forsyth  Instrument Location Forsyth Co Detention
Instrument Serial No. 008925  Winston-Salem, NC

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

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

I certify that on the 22nd day of July, 2021 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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925
Test Date: 06/22/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

Officer's Name: 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>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:04pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>SUB TEST</td>
<td>.00</td>
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<td>AIR BLK</td>
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<td>3:10pm</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**

**FORSYTH COUNTY FORSYTH CO DETENTION 330**

Serial Number: 008925  Test Record Number: 3786  Test Date: 06/22/2021  Test Time: 3:12pm EDT

System Check: Passed

**Baseline Tests**

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

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<td>SRC</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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<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:13pm</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: Franklin
Instrument Location: Franklin Co CEC

Instrument Serial No.: 008733

205 T. Kemp Rd
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 __ day of ____ , 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

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933
Test Date: 06/04/2021

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

Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

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

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<tr>
<td>AIR BLK</td>
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<td>ACCY CHK</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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<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

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Record Number: 1279
Test Date: 06/04/2021 Test Time: 10:18am EDT

System Check: Passed

Baseline Tests

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<td>10:18am</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<th>Status</th>
<th>Time</th>
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<tr>
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CRC Tests

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<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
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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 __________________________ Instrument Location __________________________

Instrument Serial No. 008942

285 T Hemp Rd
Louisa, KY

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942
Test Date: 06/04/2021

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

Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective: 09/15/2020-09/15/2022

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

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

<table>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:12am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:13am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:14am</td>
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<tr>
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<td>10:18am</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

**FRANKLIN COUNTY FRANKLIN CO. LEC 340**

Serial Number: 008942  
Test Record Number: 2317  
Test Date: 06/04/2021  
Test Time: 10:18am EDT

**System Check: Passed**

**Baseline Tests**

<table>
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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
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<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:19am</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>10:19am</td>
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</table>

**Temperature Tests**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>FCL</td>
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</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
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</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:19am</td>
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**Blank Tests**

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<thead>
<tr>
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<tbody>
<tr>
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**Printer Tests**

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<tr>
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**CRC Tests**

<table>
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<tbody>
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<td>10:20am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:20am</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: Mt. Holly PD
Instrument Serial No: 008733
Mt. Holly, 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 29th day of June, 2021, 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]
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 MT. HOLLY PD 350

Serial Number: 008733
Test Date: 06/29/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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

Lot Number: AG035001
Exp Date: 12/15/2022

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG Pass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:07am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:08am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:09am</td>
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<td>10:11am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:12am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Bryce Helms
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 MT. HOLLY PD 350

Serial Number: 008733      Test Record Number: 1269
Test Date: 06/29/2021      Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

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<tr>
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<td>10:13am</td>
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<td>FC</td>
<td>Pass</td>
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Temperature Tests

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<tr>
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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

<table>
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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>10:14am</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 GRANVILLE Instrument Location NAT MODEL UND C

Instrument Serial No. 008637

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

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

Signature of Certifying Official

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 BAT MOBILE UNIT 6 380

Serial Number: 008637
Test Date: 06/25/2021

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

Analyst's Name: Varnell, Bryon L
Permit Number: 0036-1210
Effective:
08/14/2019-08/14/2021

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

Lot Number: AG035001
Exp Date: 12/15/2022

Test g/210L Time
DIAG Pass 10:09pm
AIR BLK .00 10:10pm
ACCY CHK .07 10:11pm
AIR BLK .00 10:12pm
SUB TEST .00 10:12pm
AIR BLK .00 10:13pm
SUB TEST .00 10:15pm
AIR BLK .00 10:15pm

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**

**GRANVILLE COUNTY BAT MOBILE UNIT 6 380**

Serial Number: 008637      Test Record Number: 3117  
Test Date: 06/25/2021      Test Time: 10:18pm EDT

**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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</tr>
<tr>
<td>DBT</td>
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<td>10:19pm</td>
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<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:19pm</td>
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<tr>
<td>BT</td>
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<td>10:19pm</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>
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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 Guilford Instrument Location UNC - GREENSBORO

Instrument Serial No. 008604 POLICE 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 16 day of JUNE, 2021, 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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604
Test Date: 06/10/2021

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

Analyst's Name: Olignueller Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

Officer's Name:
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933703
Exp Date: 12/03/2023

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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:19am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:21am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:22am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:23am</td>
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<td>SUB TEST</td>
<td>.00</td>
<td>10:24am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:25am</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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604  Test Record Number: 1970  Test Date: 06/10/2021  Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

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

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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
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<tr>
<td>SRC</td>
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<td>DET</td>
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<td>10:26am</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>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County_ Guilford _ Instrument Location_ Greensboro Police _

Instrument Serial No. _008725 _

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725
Test Date: 06/30/2021

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

Analyst's Name: Ogilmueller 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: AG107502
Exp Date: 03/16/2023

Test g/210L Time
DIAG Pass 10:16am
AIR BLK .00 10:17am
ACCY CHK .00 10:18am
AIR BLK .00 10:18am
SUB TEST .00 10:19am
AIR BLK .00 10:20am
SUB TEST .00 10:22am
ATR BLK .00 10:23am

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**

**GUILFORD COUNTY GREENSBORO PD 400**

Serial Number: 008725    Test Record Number: 4666
Test Date: 06/30/2021    Test Time: 10:24am EDT

System Check: Passed

**Baseline Tests**

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

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
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</table>

**Printer Tests**

<table>
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**CRC Tests**

<table>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:25am</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: Haywood
Instrument Location: Haywood Co. Jail

Instrument Serial No. 0086046
Waynesville, NC

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

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

I certify that on the 23 day of June, 2021, 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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008606
Test Date: 06/23/2021

Citation Number: M0024-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG107502
Exp Date: 03/16/2023

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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:55pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
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<td>1:56pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:57pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>AIR BLK</td>
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<td>2:00pm</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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008606  Test Record Number: 454
Test Date: 06/23/2021  Test Time: 2:01pm EDT

System Check: Passed

Baseline 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>2:02pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848
Test Date: 06/02/2021

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

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<td>ACCY CHK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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<td>11:47am</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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848    Test Record Number: 1602
Test Date: 06/02/2021    Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
<td>DET</td>
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<td>11:48am</td>
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<tr>
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Blank Tests

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

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CRC Tests

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<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:49am</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: Hartford Instrument Location: Murfreesboro, P.D.

Instrument Serial No. 008906  115 E. Broad St., Murfreesboro 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 2nd day of June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906
Test Date: 06/02/2021

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

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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:48pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:48pm</td>
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<tr>
<td>AIR BLK</td>
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<td>12:49pm</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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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Analyst Signature]

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906    Test Record Number: 807
Test Date: 06/02/2021    Test Time: 1:02pm EDT

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801
Test Date: 06/02/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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
DIAG Pass 10:07am
AIR BLK .00 10:07am
ACCY CHK .07 10:08am
AIR BLK .00 10:09am
SUB TEST .00 10:09am
AIR BLK .00 10:10am
SUB TEST .00 10:12am
AIR BLK .00 10:13am

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801  Test Record Number: 602
Test Date: 06/02/2021  Test Time: 10:13am EDT

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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Blank Tests

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Printer Tests

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<th>Status</th>
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</thead>
<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<th>Time</th>
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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>10:15am</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: Johnston  Instrument Location: Selma Police
Instrument Serial No: 008595  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 25th day of JUNE, 2021, 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 SELMA PD 500

Serial Number: 008595
Test Date: 06/25/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG034902
Exp Date: 12/14/2022

Test g/210L Time

DIAG Pass 4:42pm
AIR BLK .00 4:42pm
ACCY CHK .07 4:43pm
AIR BLK .00 4:44pm
SUB TEST .00 4:45pm
AIR BLK .00 4:46pm
SUB TEST .00 4:49pm
AIR BLK .00 4:50pm

Reported AT: .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 SELMA PD 500

Serial Number: 008595   Test Record Number: 1543
Test Date: 06/25/2021   Test Time: 4:51pm EDT

System Check: Passed

Baseline Tests

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>4:51pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:51pm</td>
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Temperature Tests

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<th>Status</th>
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</thead>
<tbody>
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<tr>
<td>DET</td>
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<td>4:52pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:52pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:52pm</td>
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Blank Tests

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</thead>
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Printer Tests

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CRC Tests

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<tr>
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<tr>
<td>COMP</td>
<td>Pass</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:52pm</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: JOHNSTON  Instrument Location: CLAYTON POLICE

Instrument Serial No. 008658

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

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

I certify that on the 25th day of JUNE, 2021, 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]

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 CLAYTON PD 500

Serial Number: 008658
Test Date: 06/25/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG007601
Exp Date: 03/16/2022

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<tr>
<td>AIR BLK</td>
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<td>9:53am</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
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<td>9:55am</td>
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<tr>
<td>SUB TEST</td>
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<td>AIR BLK</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

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 CLAYTON PD 500

Serial Number: 008658  Test Record Number: 1733
Test Date: 06/25/2021  Test Time: 10:02am EDT

System Check: Passed

Baseline Tests

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<td>10:02am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:02am</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>DET</td>
<td>Pass</td>
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<td>10:02am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:02am</td>
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Blank Tests

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<td>10:03am</td>
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Printer Tests

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CRC Tests

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<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:03am</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 25th day of June, 2021 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: 06/25/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG034902
Exp Date: 12/14/2022

<table>
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<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:37pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:39pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:40pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:42pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:43pm</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**

*JOHNSTON COUNTY DETENTION CENTER 500*

Serial Number: 008810  Test Record Number: 4544  
Test Date: 06/25/2021  Test Time: 2:43pm EDT

**System Check: Passed**

**Baseline Tests**

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<td>2:44pm</td>
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<tr>
<td>FC</td>
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<td>2:44pm</td>
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**Temperature Tests**

<table>
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<th>Time</th>
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<tbody>
<tr>
<td>FC1</td>
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<td>SRC</td>
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<td>2:44pm</td>
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<tr>
<td>BT</td>
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<td>2:44pm</td>
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**Blank Tests**

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<tbody>
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**Printer Tests**

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<th>Time</th>
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**CRC Tests**

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<tr>
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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:45pm</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: JOHNSTON Instrument Location: JOHNSTON COUNTY

Instrument Serial No.: 008346 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 25th day of JUNE, 2021, 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

JOHNSON COUNTY DETENTION CENTER 500

Serial Number: 008846
Test Date: 06/25/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG034902
Exp Date: 12/14/2022

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>DIAG</td>
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<td>2:37pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:38pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:40pm</td>
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<tr>
<td>AIR BLK</td>
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<td>2:41pm</td>
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<td>SUB TEST</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**

**JOHNSON COUNTY DETENTION CENTER 500**

Serial Number: 008846   Test Record Number: 5471
Test Date: 06/25/2021   Test Time: 2:45pm EDT

System Check: Passed

### Baseline Tests

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

<table>
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<th>Status</th>
<th>Time</th>
</tr>
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<tbody>
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### Blank Tests

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### Printer Tests

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<th>Time</th>
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<tbody>
<tr>
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### CRC Tests

<table>
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<th>Status</th>
<th>Time</th>
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<tbody>
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<tr>
<td>CAL</td>
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<td>2:46pm</td>
</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*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County JOHNSTON Instrument Location BENSON POLICE

Instrument Serial No. 008885 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 25TH day of JUNE, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

JOHNSON COUNTY BENSON PD 500

Serial Number: 008885
Test Date: 06/25/2021

Citation Number: M00888800-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/28/2020-09/28/2022

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

Lot Number: AG034901
Exp Date: 12/14/2022

<table>
<thead>
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<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>6:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:37pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>6:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:39pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>6:42pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:42pm</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

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885  Test Record Number: 633
Test Date: 06/25/2021  Test Time: 6:44pm EDT

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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<tbody>
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<td>PRNT</td>
<td>Pass</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>
<td>6:45pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:45pm</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: LEE Instrument Location: LEE COUNTY DETENTION CENTER

Instrument Serial No. 008645

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2021 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

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645
Test Date: 06/18/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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>
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<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:24pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:26pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:30pm</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

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645  Test Record Number: 2120
Test Date: 06/18/2021  Test Time: 4:30pm EDT

System Check: Passed

Baseline Tests

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<tr>
<td>FC</td>
<td>Pass</td>
<td>4:31pm</td>
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Temperature Tests

<table>
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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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<td>4:31pm</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>
<td>4:32pm</td>
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CRC Tests

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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:32pm</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  LEE  Instrument Location  SANFORD POLICE

Instrument Serial No. 008867  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 18th day of JUNE, 2021, 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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867  Test Date: 06/18/2021

Citation Number: M0000000-0  
Subject's Name: 
PREVENTIVE, MAINTENANCE 
Subject'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: AG934001
Exp Date: 12/06/2021

Test  g/210L  Time

DIAG Pass  6:03pm
AIR BLK .00  6:04pm
ACCY CHK .08  6:04pm
AIR BLK .00  6:05pm
SUB TEST .00  6:06pm
AIR BLK .00  6:07pm
SUB TEST .00  6:09pm
AIR BLK .00  6:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

---

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

**LEE COUNTY SANFORD POLICE DEPT 520**

Serial Number: 008867    Test Record Number: 1242  
Test Date: 06/18/2021    Test Time: 6:11pm EDT

System Check: Passed

### Baseline Tests

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<td>FC</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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<tbody>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:13pm</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 Lincoln Instrument Location Lincoln Co Courthouse

Instrument Serial No. 008823 Lincoln

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 28th day of June, 2021 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

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

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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823
Test Date: 06/28/2021

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

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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

Lot Number: AG107502
Exp Date: 03/16/2023

Test g/210L Time

DIAG Pass 10:26am
AIR BLK .00 10:27am
ACCY CHK .08 10:28am
AIR BLK .00 10:29am
SUB TEST .00 10:29am
AIR BLK .00 10:30am
SUB TEST .00 10:32am
AIR BLK .00 10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**LINCOLN COUNTY COURTHOUSE 540**

Serial Number: 008823    Test Record Number: 1713  
Test Date: 06/28/2021    Test Time: 10:33am EDT

System Check: Passed

#### Baseline Tests

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<tbody>
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<tr>
<td>FLO</td>
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<td>10:34am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:34am</td>
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</tbody>
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#### Temperature Tests

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<tbody>
<tr>
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<td>SRC</td>
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#### Blank Tests

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<tbody>
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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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<th>Status</th>
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<tbody>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:35am</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 Macon Instrument Location Macon Co. Magistrate

Instrument Serial No. 208795 Highlands, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 9 day of June, 2021 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]

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: 06/09/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 6:10pm
AIR BLK .00 6:11pm
ACCY CHK .08 6:11pm
AIR BLK .00 6:12pm
SUB TEST .00 6:13pm
AIR BLK .00 6:14pm
SUB TEST .00 6:15pm
AIR BLK .00 6:16pm

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795  Test Record Number: 538
Test Date: 06/09/2021  Test Time: 6:17pm EDT

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: Madison  Instrument Location: Madison Co. Jail

Instrument Serial No: 008599

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 31 day of June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599
Test Date: 06/21/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG035001
Exp Date: 12/15/2022

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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

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599    Test Record Number: 1185
Test Date: 06/21/2021    Test Time: 12:09pm EDT

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

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: Martin Instrument Location: Martin C.O.S.O.
Instrument Serial No.: 008912
305 E. MAIN ST., WILLIAMSON
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 3rd day of JUNE, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912
Test Date: 06/03/2021

Citation Number: MO0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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  11:31am
AIR BLK  .00  11:32am
ACCY CHK  .08  11:33am
AIR BLK  .00  11:34am
SUB TEST  .00  11:35am
AIR BLK  .00  11:36am
SUB TEST  .00  11:37am
AIR BLK  .00  11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912    Test Record Number: 1717
Test Date: 06/03/2021    Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021, 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

MCDOWELL COUNTY JAIL 580

Serial Number: 000888
Test Date: 06/18/2021

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: Loftis, Benjamin C
Permit Number: 0024-4937
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

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<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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888  Test Record Number: 1599
Test Date: 06/18/2021  Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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

County McDowell            Instrument Location McDowell Co. Jail

Instrument Serial No. 008592

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2) Verify instrument displays time and date;
(3) Initiate breath test sequence;
(4) Enter information as prompted;
(5) Verify instrument accuracy;
(6) When "PLEASE BLOW" appears, collect breath sample;
(7) When "PLEASE BLOW" appears, collect breath sample;
(8) Print test record;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892
Test Date: 06/18/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG007601
Exp Date: 03/16/2022

Test g/210L Time
DIAG Pass 12:59pm
AIR BLK .00 1:00pm
ACCCY CHK .07 1:00pm
AIR BLK .00 1:02pm
SUB TEST .00 1:02pm
AIR BLK .00 1:03pm
SUB TEST .00 1:04pm
AIR BLK .00 1:05pm

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**

**MCDOWELL COUNTY JAIL 580**

Serial Number: 008892    Test Record Number: 980  
Test Date: 06/18/2021    Test Time: 1:06pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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<td>BAR</td>
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<td>1:07pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:07pm</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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<td>1:08pm</td>
</tr>
<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 _McDowell_ Instrument Location _MOBILE BAT UNIT 2_

Instrument Serial No. _008970_ Moton

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 _June_ 2021 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: _673_

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

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

MCDOWELL BAT MOBILE UNIT 2 580

Serial Number: 008970
Test Date: 06/11/2021

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

Analyst's Name: Barrier II, Dennis J
Permit Number: 0014-7953
Effective: 09/21/2020-09/21/2022

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  6:08pm
  AIR BLK  .00  6:09pm
  ACCY CHK  .08  6:10pm
  AIR BLK  .00  6:11pm
  SUB TEST  .00  6:11pm
  AIR BLK  .00  6:12pm
  SUB TEST  .00  6:14pm
  AIR BLK  .00  6:15pm

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

MCDOWELL BAT MOBILE UNIT 2580

Serial Number: 008970 Test Record Number: 815
Test Date: 06/11/2021 Test Time: 6:16pm EDT

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>
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</tr>
<tr>
<td>CAL</td>
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<td>6:17pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 5**

- Serial Number: 008647
- Test Date: 06/17/2021
- Citation Number: M0000000-0
- Subject's Name: PREVENTIVE, MAINTENANCE
- Subject's Date of Birth: 11/11/1911
- Subject's Sex: Male
- Driver's License State: XX
- Driver's License Number: NONE

**Analyst's Name:** Todd, Shane C
- Permit Number: 0035-4738
- Effective: 10/06/2020-10/06/2022

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

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

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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:30pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:31pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:32pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:33pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:33pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>SUB TEST</td>
<td>.00</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**

**MECKLENBURG COUNTY BAT MOBILE UNIT 5 590**

Serial Number: 008647    Test Record Number: 2603
Test Date: 06/17/2021    Test Time: 9:41pm EDT
System Check: Passed

### Baseline Tests

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<td>9:42pm</td>
</tr>
<tr>
<td>PC</td>
<td>Pass</td>
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### Temperature Tests

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<tbody>
<tr>
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<td>9:42pm</td>
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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>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:43pm</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: Mecklenburg  Instrument Location: Cornelius P.D
Instrument Serial No: 0082472  Cornelius, 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 30th day of June 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Bryan Allen]
Signature of Certifying Official

[1074]
Certificate Number

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

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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692
Test Date: 06/30/2021

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

Analyst's Name: HELMS, BRYCE A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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>Pass</td>
<td>11:24am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:25am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:27am</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>
<td>.00</td>
<td>11:31am</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**

**MECKLENBURG COUNTY CORNELIUS PD 590**

Serial Number: 008692       Test Record Number: 3127  
Test Date: 06/30/2021       Test Time: 11:31am EDT

**System Check: Passed**

**Baseline Tests**

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<tbody>
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<td>11:32am</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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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>11:33am</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: Mecklenburg  Instrument Location: BAT Mobile Unit 4
Instrument Serial No: 008 775  NC WRC

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

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

I certify that on the 4 day of July 2021 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

**MECKLENBURG COUNTY BAT MOBILE UNIT 4**

- **Serial Number:** 008775
- **Test Date:** 07/04/2021

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

- **Analyst's Name:** Smith, Jason R
- **Permit Number:** 0024-7428
- **Effective:** 09/29/2020-09/29/2022

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

- **Lot Number:** AG107401
- **Exp Date:** 03/15/2023

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<td>ACCY CHK</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
System Check: Passed

Baseline Tests

<table>
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<tr>
<th>Test</th>
<th>Status</th>
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<tr>
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</tr>
<tr>
<td>FC</td>
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Temperature Tests

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<th>Status</th>
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<tbody>
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<td>BAR</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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<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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: Nash
Instrument Location: Nash Co. Detention Ctr.
Instrument Serial No.: 112630

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 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

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630
Test Date: 06/03/2021

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

Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective: 09/15/2020-09/15/2022

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

Lot Number: AG107501
Exp Date: 03/16/2023

Test g/210L Time
DIAG Pass 2:08pm
AIR BLK .00 2:09pm
ACCY CHK .08 2:10pm
AIR BLK .00 2:11pm
SUB TEST .00 2:11pm
AIR BLK .00 2:12pm
SUB TEST .00 2:13pm
AIR BLK .00 2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630      Test Record Number: 5058
Test Date: 06/03/2021      Test Time: 2:15pm EDT

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>
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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 New Hanover Instrument Location Wilmington

Instrument Serial No. 808613 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 June 2021 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.

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008613
Test Date: 06/21/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG107401
Exp Date: 03/15/2023

Test g/210L Time
DIAG Pass 5:09pm
AIR BLK .00 5:09pm
ACCY CHK .07 5:10pm
AIR BLK .00 5:11pm
SUB TEST .00 5:12pm
AIR BLK .00 5:12pm
SUB TEST .00 5:14pm
AIR BLK .00 5:15pm

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008613  Test Record Number: 1225
Test Date: 06/21/2021  Test Time: 5:16pm EDT

System Check: Passed

Baseline Tests

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<tr>
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Temperature Tests

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<td>5:17pm</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>5:17pm</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 NEW HANOVER Instrument Location NEW HANOVER COUNTY
Instrument Serial No. 008617 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 23 day of JUNE, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

648
Certificate Number

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

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

NEW HANOVER COUNTY DETENTION CENTER
640

Serial Number: 008617
Test Date: 06/23/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG034902
Exp Date: 12/14/2022

Test  g/210L  Time
DIAG  Pass  10:17am
AIR BLK .00  10:18am
ACCY CHK .07  10:19am
AIR BLK .00  10:20am
SUB TEST .00  10:21am
AIR BLK .00  10:22am
SUB TEST .00  10:23am
AIR BLK .00  10:24am

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

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617    Test Record Number: 3632
Test Date: 06/23/2021    Test Time: 10:25am EDT

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

Analyst

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

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

County: NEW HANOVER Instrument Location: NEW HANOVER COUNTY

Instrument Serial No. 008626 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 23 day of June, 2021 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]
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 4030 (04/20)
Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY DETENTION CENTER
640

Serial Number: 008626
Test Date: 06/23/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG034902
Exp Date: 12/14/2022

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

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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
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<td>10:29am</td>
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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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

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

NEW HANOVER COUNTY CAROLINA BEACH PD
640

Serial Number: 008661
Test Date: 06/23/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG034902
Exp Date: 12/14/2022

<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**

**NEW HANOVER COUNTY CAROLINA BEACH PD 640**

Serial Number: 008661  Test Record Number: 2808  
Test Date: 06/23/2021  Test Time: 1:16pm EDT

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

---

Analyst

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

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

County: New Hanover Instrument Location: Wrightsville Beach

Instrument Serial No. 008667

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 23rd day of June 2021, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD
640

Serial Number: 008667
Test Date: 06/23/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG034902
Exp Date: 12/14/2022

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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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008657    Test Record Number: 2134
Test Date: 06/23/2021    Test Time: 2:49pm EDT

System Check: Passed

Baseline Tests

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

County: Onslow  Instrument Location: MCAS New River

Instrument Serial No.: 008919  PMO

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2) Verify instrument displays time and date;
(3) Initiate breath test sequence;
(4) Enter information as prompted;
(5) Verify instrument accuracy;
(6) When "PLEASE BLOW" appears, collect breath sample;
(7) When "PLEASE BLOW" appears, collect breath sample;
(8) Print test record;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]  670

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

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

**ONSLOW COUNTY MCAS NEW RIVER 660**

Serial Number: 008919  
Test Date: 06/22/2021

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

Analyst's Name: Ryan, Robert F  
Permit Number: 0084-5023  
Effective: 07/31/2020-07/31/2022

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

Lot Number: AG034901  
Exp Date: 12/14/2022

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Reported ACA: .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

ONSLow COUnTy MCAs NEW RIVER 660

Serial Number: 008915  Test Record Number: 735
Test Date: 06/22/2021  Test Time: 1:08pm EDT

System Check: Passed

Baseline Tests

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CRC Tests

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<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: Onslow Instrument Location: Camp Lejeune

Instrument Serial No.: 008922 PM0

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922
Test Date: 06/23/2021

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
07/31/2020-07/31/2022

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

Lot Number: AG034901
Exp Date: 12/14/2022

Test   g/210L  Time
DIAG   Pass 12:17pm
AIR BLK .00 12:18pm
ACCY CHK .07 12:19pm
AIR BLK .00 12:20pm
SUB TEST .00 12:21pm
AIR BLK .00 12:22pm
SUB TEST .00 12:23pm
AIR BLK .00 12:24pm

Reported AC: 0.00 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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922    Test Record Number: 477
Test Date: 06/23/2021    Test Time: 12:28pm EDT

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2014, 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.
Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008969
Test Date: 06/26/2021

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
09/10/2020-09/10/2022

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

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

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<td>.00</td>
<td>12:24am</td>
</tr>
<tr>
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<td>AIR BLK</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

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008969  Test Record Number: 310
Test Date: 06/26/2021  Test Time: 12:32am EDT

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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<tr>
<td>CAL</td>
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<td>12:33am</td>
</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: Onslow
Instrument Location: BAT Mobile Unit 7
Instrument Serial No.: 008971

Surf City

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

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

I certify that on the 19 day of June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008971
Test Date: 06/19/2021

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
09/10/2020-09/10/2022

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

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

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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

ONSLOW COUNTY BAT MOBILE UNIT 7660

Serial Number: 008971    Test Record Number: 273
Test Date: 06/19/2021    Test Time: 10:24pm EDT

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

County: Onslow
Instrument Location: BAT Mobile Unit 7
Instrument Serial No.: 008972

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

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

I certify that on the 25th day of June, 2021, 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 665

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

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

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008972
Test Date: 06/25/2021

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective: 09/10/2020-09/10/2022

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 11:33pm
AIR BLK .00 11:34pm
ACCY CHK .07 11:35pm
AIR BLK .00 11:36pm
SUB TEST .00 11:36pm
AIR BLK .00 11:37pm
SUB TEST .00 11:39pm
AIR BLK .00 11:40pm

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

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008972    Test Record Number: 355
Test Date: 06/25/2021    Test Time: 11:41pm EDT

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ons low Instrument Location BAT Mobile Unit 7
Instrument Serial No. 008972 Surf City

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 19 day of June 2021 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]
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: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008972    Test Record Number: 351
Test Date: 06/19/2021    Test Time: 10:31pm EDT

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

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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 BC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008972
Test Date: 06/19/2021

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
09/10/2020-09/10/2022

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

County Orange Instrument Location Cary Police

Instrument Serial No. 0002051 Cary Police

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 28 day of June 2021 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

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008651
Test Date: 06/28/2021

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

Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective: 09/15/2020-09/15/2022

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

Lot Number: AG034901
Exp Date: 12/14/2022

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<td>SUB TEST</td>
<td>.00</td>
<td>2:58pm</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
### System Check: Passed

#### Baseline Tests

<table>
<thead>
<tr>
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<tr>
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#### Temperature Tests

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#### Printer 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 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 24th day of June 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640
Test Date: 06/24/2021

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective: 07/31/2020-07/31/2022

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

Lot Number: AG034901
Exp Date: 12/14/2022

Test  g/210L  Time

DIAG  Pass  1:50pm
AIR BLK .00  1:50pm
ACCY CHK .08  1:51pm
AIR BLK .00  1:52pm
SUB TEST .00  1:52pm
AIR BLK .00  1:53pm
SUB TEST .00  1:55pm
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

**PAMLICO COUNTY DETENTION CENTER 680**

Serial Number: 008640  Test Record Number: 1480  
Test Date: 06/24/2021  Test Time: 1:58pm EDT

System Check: Passed

### Baseline Tests

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### CRC Tests

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

County __PENDER__ Instrument Location __PENDER COUNTY__

Instrument Serial No. 008946 __DETOENTION 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 28 day of __JUNE__ 2021 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 __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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946
Test Date: 06/28/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG107501
Exp Date: 03/16/2023

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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**

**PENDER COUNTY DETENTION CENTER 700**

Serial Number: 008946  
Test Record Number: 1192  
Test Date: 06/28/2021  
Test Time: 2:52pm EDT

System Check: Passed

**Baseline Tests**

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

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<td>2:52pm</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**
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 28 day of June, 2021 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

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948
Test Date: 06/28/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG107501
Exp Date: 03/16/2023

Test  g/210L  Time
DIAG  Pass  11:48am
AIR BLK  .00  11:48am
ACCY CHK  .08  11:49am
AIR BLK  .00  11:50am
SUB TEST  .00  11:51am
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

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948      Test Record Number: 1143
Test Date: 06/28/2021      Test Time: 11:54am EDT

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

[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: P+H Instrument Location: P+H C. Detention Center
Instrument Serial No: 908646

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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: 008646
Test Date: 06/18/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 10:50am
AIR BLK .00 10:51am
ACCY CHK .08 10:51am
AIR BLK .00 10:52am
SUB TEST .00 10:53am
AIR BLK .00 10:54am
SUB TEST .00 10:55am
AIR BLK .00 10:56am

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**

**PITT COUNTY PITT CO DETENTION 730**

Serial Number: 008646    Test Record Number: 4243  
Test Date: 06/18/2021    Test Time: 10:57am EDT

System Check: Passed

Baseline Tests

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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>
<tr>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
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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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Pitt
Instrument Location: Pitt Co. Detention Center

Instrument Serial No.: 008662

121 New Hope Rd., Greenville, SC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662
Test Date: 06/18/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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   11:03am
AIR BLK .00   11:04am
ACCCY CHK .08   11:05am
AIR BLK .00   11:06am
SUB TEST .00   11:06am
AIR BLK .00   11:07am
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**

**PITC COUNTY  PITT CO DETENTION 730**

Serial Number: 008662  Test Record Number: 1217  
Test Date: 06/18/2021  Test Time: 11:11am EDT

**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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</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: Polk
Instrument Location: Polk County Jail

Instrument Serial No.: 008892

Columbus, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 22 day of June, 2021 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.

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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832
Test Date: 06/22/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG007601
Exp Date: 03/16/2022

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<tr>
<td>DIAG</td>
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<td>1:02pm</td>
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<tr>
<td>AIR BLK</td>
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<td>1:03pm</td>
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<tr>
<td>ACCY CHK</td>
<td>0.07</td>
<td>1:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>1:05pm</td>
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<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>1:06pm</td>
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<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>1:07pm</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>1:09pm</td>
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Reported AC: .00 %/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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832    Test Record Number: 1626
Test Date: 06/22/2021    Test Time: 1:21pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>1:22pm</td>
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<td>BAR</td>
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<td>1:22pm</td>
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Blank Tests

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Printer Tests

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<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>
<td>1:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:23pm</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 Polk Instrument Location Polk County Jail

Instrument Serial No. 004981

Columbus, NC

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 27 day of June 2021 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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881
Test Date: 06/22/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG018401
Exp Date: 07/02/2022

Test g/210L Time
DIAG Pass 1:04pm
AIR BLK .00 1:05pm
ACCY CHK .08 1:06pm
AIR BLK .00 1:07pm
SUB TEST .00 1:08pm
AIR BLK .00 1:08pm
SUB TEST .00 1:10pm
AIR BLK .00 1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**POLK COUNTY**

**Serial Number:** 008881  **Test Record Number:** 966  
**Test Date:** 06/22/2021  **Test Time:** 1:13pm EDT

---

**System Check:** Passed

**Baseline Tests**

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<tr>
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<tr>
<td>FLO</td>
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<td>1:13pm</td>
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<tr>
<td>FC</td>
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**Temperature Tests**

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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>
<td>Pass</td>
<td>1:14pm</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: RANDOLPH
Instrument Location: RANDOLPH CO. DETENTION CENTER
Instrument Serial No.: 008860

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2021, 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

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860
Test Date: 06/18/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG018801
Exp Date: 07/06/2022

Test g/210L Time

<table>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:01am</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:01am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:02am</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
RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860  Test Record Number: 2987
Test Date: 06/18/2021  Test Time: 9:09am EDT

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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CRC Tests

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<td>CAL</td>
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<td>9:11am</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 _____RANDOLPH____  Instrument Location _____RANDOLPH CO. DETENTION CENTER____

Instrument Serial No. _____008899_____  _____ASHEBORO, 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 _____13_____ day of _____JUNE____, 2021 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]
Signature of Certifying Official

[Certificate Number]
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: 008899  
Test Date: 06/18/2021

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: AG018801  
Exp Date: 07/06/2022

<table>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:02am</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:03am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:04am</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

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899    Test Record Number: 3631
Test Date: 06/18/2021    Test Time: 9:09am EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<td>9:09am</td>
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<tr>
<td>BT</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>
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CRC Tests

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<tr>
<th>Test</th>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:10am</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 26 day of June, 2021, 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.

Signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616
Test Date: 06/26/2021

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

Analyst's Name: Todd, Shane C
Permit Number: 0035-4789
Effective: 10/06/2020-10/06/2022

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

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

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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<td>7:32pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>7:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:34pm</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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<td>7:38pm</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

**ROBESON COUNTY BAT MOBILE UNIT 5 770**

**Serial Number:** 008616  **Test Record Number:** 2613  
**Test Date:** 06/26/2021  **Test Time:** 7:42pm EDT

**System Check:** Passed

**Baseline Tests**

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

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<tbody>
<tr>
<td>FC1</td>
<td>Pass</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>
<td>CAL</td>
<td>Pass</td>
<td>7:43pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2031, 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 ST PAULS PD 770

Serial Number: 008814  
Test Date: 06/21/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG007601
Exp Date: 03/16/2022

Test  g/210L  Time

DIAG  Pass  4:11pm
AIR BLK  .00  4:12pm
ACCY CHK  .08  4:12pm
AIR BLK  .00  4:14pm
SUB TEST  .00  4:14pm
AIR BLK  .00  4:15pm
SUB TEST  .00  4:17pm
AIR BLK  .00  4:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814         Test Record Number: 752
Test Date: 06/21/2021         Test Time: 4:19pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 26 day of June 2021, 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.
ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826
Test Date: 06/26/2021

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

Analyst's Name: Todd, Shane C
Permit Number: 0035-4789
Effective: 10/06/2020-10/06/2022

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

Lot Number: AG934303
Exp Date: 12/09/2021

Test   g/210L  Time   
DIAG   Pass    7:30pm
AIR BLK .00    7:31pm
ACCY CHK .08    7:31pm
AIR BLK .00    7:32pm
SUB TEST .00    7:33pm
AIR BLK .00    7:33pm
SUB TEST .00    7:35pm
AIR BLK .00    7:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**ROBESON COUNTY BAT MOBILE UNIT 5 770**

Serial Number: 008826    Test Record Number: 8323  
Test Date: 06/26/2021    Test Time: 7:36pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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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>
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CRC Tests

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<th>Time</th>
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</thead>
<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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</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 ROCKINGHAM Instrument Location ROCKINGHAM COUNTY JAIL

Instrument Serial No. 008796 WEWNTWORTH, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 28 day of JUNE, 2021 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: 06/28/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG034902
Exp Date: 12/14/2022

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796    Test Record Number: 3148
Test Date: 06/28/2021    Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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<td>1:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
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</table>

Temperature Tests

<table>
<thead>
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</tr>
</thead>
<tbody>
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<tr>
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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>
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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 ROCKINGHAM Instrument Location MADISON POLICE

Instrument Serial No. 008802 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 38 day of JUNE, 2021 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]
Signature of Certifying Official

[Certificate Number]

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

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802
Test Date: 06/28/2021

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

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<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:36pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.02</td>
<td>2:37pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:37pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:38pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>2:41pm</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 MADISON PD 780

Serial Number: 008802    Test Record Number: 914
Test Date: 06/28/2021    Test Time: 2:42pm EDT

System Check: Passed

Baseline Tests

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<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:43pm</td>
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Temperature Tests

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<tr>
<td>FCI</td>
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<td>SRC</td>
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<td>DET</td>
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<tr>
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<td>2:43pm</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>
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<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:44pm</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.
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**ROWAN COUNTY SALISBURY PD 790**

Serial Number: 008868  
Test Date: 06/17/2021

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

Analyst's Name: Olimmueller 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: AG933703  
Exp Date: 12/03/2021

<table>
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<td>AIR BLK</td>
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<td>ACCY CHK</td>
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<td>7:52am</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>7:56am</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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868    Test Record Number: 3235
Test Date: 06/17/2021   Test Time: 7:57am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>7:58am</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>7:58am</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: Rutherford Instrument Location: Forrest City Police Dept.

Instrument Serial No.: 208489

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2021 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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889
Test Date: 06/22/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG007601
Exp Date: 03/16/2022

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<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:34am</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:35am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:36am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:37am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:38am</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>11:40am</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
RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889  Test Record Number: 949
Test Date: 06/22/2021  Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

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<td>FLO</td>
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<td>11:41am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
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Temperature Tests

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

1. Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Run diagnostic program and confirm preventive maintenance status of "Pass"; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 ___________ 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914
Test Date: 06/22/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG934303
Exp Date: 12/09/2021

Test    g/210L    Time
DIAG    Pass     2:26pm
AIR BLK .00     2:26pm
ACCY CHK .08    2:27pm
AIR BLK .00     2:28pm
SUB TEST .00    2:29pm
AIR BLK .00     2:29pm
SUB TEST .00    2:31pm
AIR BLK .00     2:32pm

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914    Test Record Number: 2309
Test Date: 06/22/2021    Test Time: 2:32pm EDT

System Check: Passed

Baseline Tests

<table>
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<tr>
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<tbody>
<tr>
<td>IR</td>
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<tr>
<td>FC</td>
<td>Pass</td>
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Temperature Tests

<table>
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<tbody>
<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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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

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

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

County: Sampson, Instrument Location: Sampson County

Instrument Serial No: 008826, 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 16th day of JUNE, 2021, 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: 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

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825
Test Date: 06/16/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG034901
Exp Date: 12/14/2022

Test g/210L Time
DIAG Pass 4:23pm
AIR BLK .00 4:23pm
ACCCY CHK .07 4:24pm
AIR BLK .00 4:25pm
SUB TEST .00 4:25pm
AIR BLK .00 4:25pm
SUB TEST .00 4:26pm
AIR BLK .00 4:29pm

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
SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008625  Test Record Number: 3212
Test Date: 06/16/2021  Test Time: 4:30pm EDT

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>4:31pm</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. Sampson Instrument Location. Sampson County

Instrument Serial No. 008877 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 14 day of June, 2021 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

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877  
Test Date: 06/16/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG034901  
Exp Date: 12/14/2022

<table>
<thead>
<tr>
<th>Test</th>
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<th>Time</th>
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<tbody>
<tr>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst: [Signature]

Court CVR

Analyst: [Signature]

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

**SAMPSON COUNTY DETENTION CENTER 810**

Serial Number: 008877  Test Record Number: 3417  Test Date: 06/16/2021  Test Time: 4:21pm EDT

**System Check: Passed**

## Baseline Tests

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

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<tr>
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<td>4:21pm</td>
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<tr>
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<td>4:21pm</td>
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<tr>
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<td>4:21pm</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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<td>4:22pm</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 BRANCI.

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

County: STOKES Instrument Location: STOKES COUNTY JAIL

Instrument Serial No.: 008596 DANBURY, 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 14 day of JUNE, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

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

STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 06/14/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG007601
Exp Date: 03/16/2022

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</tr>
<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<td>9:33am</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
<td>.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: .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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596    Test Record Number: 1191
Test Date: 06/14/2021    Test Time: 9:39am EDT

System Check: Passed

Baseline Tests

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Blank Tests

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Printer Tests

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<tbody>
<tr>
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CRC Tests

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<th>Status</th>
<th>Time</th>
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<tbody>
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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
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 10 day of June, 2021 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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926
Test Date: 06/10/2021

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: 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: AG034902
Exp Date: 12/14/2022

Test | g/210L | Time
--- | --- | ---
DIAG | Pass | 6:34pm
AIR BLK | .00 | 6:35pm
ACCY CHK | .08 | 6:36pm
AIR BLK | .00 | 6:37pm
SUB TEST | .00 | 6:37pm
AIR BLK | .00 | 6:38pm
SUB TEST | .00 | 6:40pm
AIR BLK | .00 | 6:41pm

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 BC/IR-II: Preventive Maintenance

SURREY COUNTY ELKIN PD 850

Serial Number: 008926    Test Record Number: 277
Test Date: 06/10/2021    Test Time: 6:44pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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</tr>
<tr>
<td>BT</td>
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Blank Tests

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

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CRC Tests

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

1. Verify the ethanol gas 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 8 day of June, 2021 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**

**SURRY COUNTY MOUNT AIRY PD 850**

Serial Number: 008943  
Test Date: 06/08/2021

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

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

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<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
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<tr>
<td>AIR BLK</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>7:38pm</td>
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<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:41pm</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**

**SURRY COUNTY MOUNT AIRY PD 850**

Serial Number: 008943    Test Record Number: 2297
Test Date: 06/08/2021    Test Time: 7:41pm EDT

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

---

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

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

County: Union  
Instrument Location: Waxhaw PD  
Instrument Serial No.: 008598

Waxhaw, NC

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 29th day of June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

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

UNION COUNTY WAXHAW PD 890

Serial Number: 008598
Test Date: 06/29/2021

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

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective: 04/20/2021-04/20/2023

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   2:33pm
AIR BLK .00   2:33pm
ACCY CHK .07   2:34pm
AIR BLK .00   2:35pm
SUB TEST .00   2:36pm
AIR BLK .00   2:37pm
SUB TEST .00   2:38pm
AIR BLK .00   2:39pm

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

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

UNION COUNTY WAXHAW PD 890

Serial Number: 008598      Test Record Number: 879
Test Date: 06/29/2021      Test Time: 2:40pm EDT

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>2:41pm</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County: Wake  Instrument Location: BAT Mobile Unit 1
Instrument Serial No.: 88885  Apex 10

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 26 day of June, 2021, 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

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008898
Test Date: 06/26/2021

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective:
09/29/2020-09/29/2022

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

Lot Number: AG034902
Exp Date: 12/14/2022

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<tr>
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</tr>
<tr>
<td>AIR BLK</td>
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<td>9:33pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:34pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
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</tr>
<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

---

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

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008898    Test Record Number: 1165
Test Date: 06/26/2021    Test Time: 9:39pm BDT

System Check: Passed

Baseline 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

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: NAM OME OS "

Instrument Serial No. 008584

A Plymouth

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath 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 5th day of JUNE, 2021, 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

WASHINGTON COUNTY BAT MOBILE UNIT 6
930

Serial Number: 008584
Test Date: 06/05/2021

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

Analyst's Name: Varnell, Bryon L
Permit Number: 0036-1210
Effective:
08/14/2019-08/14/2021

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 10:58am
AIR BLK .00 10:59am
ACCY CHK .07 10:59am
AIR BLK .00 11:00am
SUB TEST .00 11:01am
AIR BLK .00 11:02am
SUB TEST .00 11:03am
AIR BLK .00 11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

WASHINGTON COUNTY BAT MOBILE UNIT 6 930

Serial Number: 008584  Test Record Number: 2364
Test Date: 06/05/2021  Test Time: 11:07am EDT

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

County: Watauga, Instrument Location: Watauga Co. Jail
Instrument Serial No. 008715 Boone, NC

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

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

I certify that on the 17 day of June, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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**

**WATAUGA COUNTY WATAUGA JAIL 940**

Serial Number: 008715  
Test Date: 06/17/2021

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 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>
<td>DIAG Pass</td>
<td></td>
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<tr>
<td>AIR BLK .00</td>
<td>2:31pm</td>
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<tr>
<td>ACCY CHK .08</td>
<td>2:31pm</td>
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<tr>
<td>AIR BLK .00</td>
<td>2:32pm</td>
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<tr>
<td>SUB TEST .00</td>
<td>2:33pm</td>
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<tr>
<td>AIR BLK .00</td>
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<tr>
<td>SUB TEST .00</td>
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<td>AIR BLK .00</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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715    Test Record Number: 2530
Test Date: 06/17/2021    Test Time: 2:37pm EDT

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>
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<tr>
<td>CAL</td>
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</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Wilson Instrument Location: BAT Mobile Unit 4
Instrument Serial No: 008725 NC SHP

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath 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 5 day of June 2024, 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]

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

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008775
Test Date: 06/05/2021

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective: 09/29/2020-09/29/2022

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

Lot Number: AG107401
Exp Date: 03/15/2023

Test g/210L Time
DIAG Pass 7:59pm
AIR BLK .00 8:00pm
ACCY CHK .07 8:01pm
AIR BLK .00 8:02pm
SUB TEST .00 8:02pm
AIR BLK .00 8:03pm
SUB TEST .00 8:05pm
AIR BLK .00 8:06pm

Reported AC: .00 g/210L

[Signature of Chemical Analyst]

Court CVR

[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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008775    Test Record Number: 1870
Test Date: 06/05/2021    Test Time: 8:07pm EDT

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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<td>Pass</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 Yadkin Instrument Location Yadkin Co. Jail
Instrument Serial No. 008854 Yadkinville, NC

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

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

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

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

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

(8) Print test record;

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

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

I certify that on the 25 day of June, 2021 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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854
Test Date: 06/25/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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   1:01pm
AIR BLK  .00  1:02pm
ACCY CHK  .08  1:02pm
AIR BLK  .00  1:03pm
SUB TEST  .00  1:04pm
AIR BLK  .00  1:05pm
SUB TEST  .00  1:06pm
AIR BLK  .00  1:07pm

Reported AC:  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 BC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854  Test Record Number: 746
Test Date: 06/25/2021  Test Time: 1:08pm EDT

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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<tr>
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CRC Tests

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

County: Yadkin
Instrument Location: Yadkin Co. Jail

Instrument Serial No.: 008544
Yadkinville, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

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

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

I certify that on the 25th day of June, 2021, 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

Certification Number

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944
Test Date: 06/25/2021

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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  1:01pm
AIR BLK .00  1:02pm
ACCY CHK .08  1:03pm
AIR BLK .00  1:04pm
SUB TEST .00  1:04pm
AIR BLK .00  1:05pm
SUB TEST .00  1:07pm
AIR BLK .00  1:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944    Test Record Number: 1696
Test Date: 06/25/2021    Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

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<tbody>
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<tr>
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Temperature Tests

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Blank Tests

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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>
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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