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

| County_B | RUNSWICK Instrument Location LELAND |
|--|--|
| Instrument Seri | al No. 008787 POLICE DEPT |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the 69 day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| SSANCO | CO 2 Barrier Cue |
| COM VI | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Date: 03/09/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG118804 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:43am |
| AIR BLK | -00 | 11:44am |
| ACCY CHK | .07 | 11:45am |
| AIR BLK | .00 | 11:46am |
| SUB TEST | .00 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Record Number: 1089
Test Date: 03/09/2023 Test Time: 11:51am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| FC | Pass | 11:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 11.52am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:52am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:52am |

11:52am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

| County Bo | Instrument Location Black Mountain Police Dept. |
|--|---|
| Instrument Se | rial No. 003697 Black Mountain, NC |
| The preventiv serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, |
| I certify that on were performed and Human Ser | the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| QUAM VIDER | 1 1 60 10 60 10 60 50 TO 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| | Signature of Certifying Official Certificate Number |

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Date: 03/09/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG212403 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:34am |
| AIR BLK | .00 | 11:34am |
| ACCY CHK | .08 | 11:35am |
| AIR BLK | .00 | 11:36am |
| SUB TEST | .00 | 11:37am |
| AIR BLK | .00 | 11:38am |
| SUB TEST | .00 | 11:39am |
| AIR BLK | .00 | 11:40am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Record Number: 4066

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:42am |
| FLO | Pass | 11:42am |
| FC | Pass | 11:42am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:42am |
| SRC | Pass | 11:42am |
| DET | Pass | 11:42am |
| BAR | Pass | 11:42am |
| BT | Pass | 11:42am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:43am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:43am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:43am 11:43am |

Preventive Maintenance Status: Pass

Analyst

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

| County_B | Instrument Location | be County Detention |
|--|---|---|
| Instrument Se | erial No.003.748As | sheville, NC |
| The preventiv | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II at 10,000 or higher) to be followed at least once every four months are: | and Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 of | are inch (psi) of pressure, or the alcoholic degree centigrade: |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status | s of "Pass": and |
| (10) | Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first. | |
| I certify that on were performed and Human Ser | the day of, 20 the forgoid on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly. | ng preventive maintenance procedures tions of the N.C. Department of Health |
| 411775 | Signature of Certifying Official | Certificate Number |
| | Jan Santalul | Ceruncate Number |

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008748 Test Date: 03/09/2023

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987

Effective: 02/01/2022-02/01/2024

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG303101 Exp Date: 01/31/2025

| Test | g/210L | Time |
|-----------------------------|--------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 10:30am 10:31am 10:31am |
| AIR BLK | .00 | 10:33am |
| SUB TEST | .00 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:35am |
| AIR BLK | -00 | 10.36am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008748 Test Record Number: 2198
Test Date: 03/09/2023 Test Time: 10:37am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:38am |
| FLO | Pass | 10:38am |
| FC | Pass | 10:38am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:38am |
| SRC | Pass | 10:38am |
| DET | Pass | 10:38am |
| BAR | Pass | 10:38am |
| BT | Pass | 10:38am |
| | | |

Blank Tests

| Status | Time |
|--------|---------|
| Pass | 10:39am |
| | No>> |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:39am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:39am |
| CAL | Pass | 10:39am |

Preventive Maintenance Status: Pass

nalvst

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

| nstrument Ser | rial No. 008799 | Asheville | NC |
|--|--|--|------------------------------|
| | | | |
| he preventive erial number | e maintenance procedures for the Intoximeters, M 10,000 or higher) to be followed at least once eve | odel Intox EC/IR II and Model Intox ry four months are: | EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least breath simulator thermometer shows 34 degree | ast 51 pounds per square inch (psi) of ees, plus or minus .2 degree centigrac | f pressure, or the alcoholic |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect bre | ath sample; | |
| (7) | When "PLEASE BLOW" appears, collect bre | | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm preventi | ve maintenance status of "Pass": and | |
| (10) | Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first. | ag changed before avaination 1 | |
| 1 | the day of on the instrument indicated above, in accordance vices, and the instrument is functioning properly. | , 20 the forgoing preventive se with current regulations of the N. | C. Department of Health |
| A Designation of the last of t | Signature of Certify | · | rtificate Number |

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

> Serial Number: 008798 Test Date: 03/09/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303101 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:32am |
| AIR BLK | .00 | 10:32am |
| ACCY CHK | .07 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:35am |
| AIR BLK | .00 | 10:36am |
| SUB TEST | .00 | 10:37am |
| AIR BLK | .00 | 10:38am |

Reported AC: .00 g/210L

Signature

Court CVR

Analyst

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

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008798 Test Record Number: 6377 Test Date: 03/09/2023 Test Time: 10:38am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:39am 10:39am |
| FC | Pass | 10:39am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:39am |
| SRC | Pass | 10:39am |
| DET | Pass | 10:39am |
| BAR | Pass | 10:39am |
| BT | Pass | 10:39am |
| | | |

Blank Tests

| Status | Time |
|--------|---------|
| Pass | 10:40am |
| | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:40am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:40am |

Preventive Maintenance Status: Pass

Pass

10:40am

CAL

Analyst

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

| County | Instrument Location Colomus County & |
|----------------|--|
| Instrument Ser | ial No. 008625 Concord, NE |
| | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| | the 1 day of 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| STATE OF | And the first the second of th |

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

Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 03/27/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG303001 Exp Date: 01/30/2025

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| ACCY CHK | .07 | 12:45pm |
| AIR BLK | .00 | 12:47pm |
| SUB TEST | .00 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:50pm |
| AIR BLK | .00 | 12:51pm |

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 6295 Test Date: 03/27/2023 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:52pm |
| FLO | Pass | 12:52pm |
| FC | Pass | 12:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:52pm |
| SRC | Pass | 12:52pm |
| DET | Pass | 12:52pm |
| BAR | Pass | 12:52pm |
| BT | Pass | 12:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:53pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:53pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:53pm |
| CAL | Pass | 12:53pm |

Preventive Maintenance Status: Pass

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

| County CA Instrument Ser | rial No. 00 9898 | _ Instrument Locatio | CONCORD | PD | BRUTON | SMITH BL |
|---|--|--|---|-----------------------|------------------------------|-------------------------------------|
| The preventive serial number | e maintenance procedures for the state of the maintenance procedures for the maintenance procedure for t | he Intoximeters, Modeled at least once every for | Intox EC/IR II arour months are: | nd Model | Intox EC/IR II | (Enhanced with |
| (1) | Verify the ethanol gas can breath simulator thermome | ister displays at least 5 eter shows 34 degrees, | 1 pounds per squa plus or minus .2 d | re inch (pregree cent | si) of pressure, tigrade; | or the alcoholic |
| (2) | Verify instrument displays | s time and date; | | | | |
| (3) | Initiate breath test sequence | ce; | | | | |
| (4) | Enter information as prom | pted; | | | | |
| (5) | Verify instrument accuracy | у; | | | | |
| (6) | When "PLEASE BLOW" | appears, collect breath | sample; | | | |
| (7) | When "PLEASE BLOW" | appears, collect breath | sample; | | | |
| (8) | Print test record; | | | | | |
| (9) | Run diagnostic program ar | nd confirm preventive i | naintenance status | of "Pass" | '; and | |
| (10) | Verify that the ethanol g simulator solution is being whichever occurs first. | gas canister is being on changed every four | changed before e months or after | xpiration 125 Alco | date, or the a | lcoholic breath Simulator tests, |
| I certify that or were performe and Human Ser | n the day of MA d on the instrument indicated rvices, and the instrument is fu | above, in accordance vinctioning properly. | | ng preventions of t | | nce procedures ment of Health |
| Toron San San San San San San San San San Sa | | Signature of Certifying | 2 Official | | Certificate 1 | 10 |

CABARRUS COUNTY BAT MOBILE UNIT 1 120

Serial Number: 008898 Test Date: 03/04/2023

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

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

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

Analyst's Name: Fleming, Marshall C
Permit Number: 0027-5012
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:30pm |
| AIR BLK | .00 | 9:31pm |
| ACCY CHK | .07 | 9:32pm |
| AIR BLK | .00 | 9:33pm |
| SUB TEST | .00 | 9:33pm |
| AIR BLK | .00 | 9:34pm |
| SUB TEST | .00 | 9:36pm |
| AIR BLK | .00 | 9:36pm |

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 1 120

Serial Number: 008898 Test Record Number: 1537
Test Date: 03/04/2023 Test Time: 9:39pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:40pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:40pm |
| | CRC Tests | |
| Test | Status | Time |

| 1000 | Scacus | 111116 |
|------|--------|--------|
| COMP | Pass | 9:40pm |
| CAL | Pass | 9:40pm |

Preventive Maintenance Status: Pass

Analyst

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

| County_ | CABA | RRUS | Instrument Location_ | BAT | Mos | BILE | TIHN | 1 | |
|------------|-----------------|--|--|------------------------|------------------------|----------------------|-------------------------------|------------------------|--------------------|
| Instrumer | nt Serial No. | 008939 | | Cor | Coro | Po | BRUTON | SMITH | Ви |
| The preve | entive maint | enance procedures for or higher) to be follow | the Intoximeters, Model Interest at least once every four | ntox EC/I | R II and | Model 1 | Intox EC/IR I | I (Enhance | d with |
| (1 | | erify the ethanol gas ca eath simulator thermon | nister displays at least 51 per shows 34 degrees, pl | pounds pe us or min | er square us .2 deg | inch (ps ree cent | si) of pressure igrade; | e, or the alc | oholic |
| (2 |) Ve | erify instrument display | vs time and date; | | | | | | |
| (3 |) In | itiate breath test sequer | nce; | | | | | | |
| (4 | Er | nter information as proi | npted; | | | | | | |
| (5 |) Ve | erify instrument accura | cy; | | | | | | |
| (6 |) W | hen "PLEASE BLOW | " appears, collect breath sa | imple; | | | | | |
| (7 |) W | hen "PLEASE BLOW | " appears, collect breath sa | imple; | | | | | |
| (8 |) Pr | int test record; | | | | | | | |
| (9 |) Ru | ın diagnostic program | and confirm preventive ma | nintenance | e status c | of "Pass" | ; and | | |
| (1 | sir | erify that the ethanol mulator solution is be nichever occurs first. | gas canister is being ch ing changed every four i | anged be months or | fore exp r after 1 | oiration 25 Alco | date, or the pholic Breath | alcoholic Simulator | breath r tests, |
| were perf | ormed on the | 04 day of | ARCH , 20. I above, in accordance with unctioning properly. | 23 the th current | forgoin; regulati | g prever | ntive mainten he N.C. Depa | nance procentment of | edures Health |
| CREAT CALL | CAROLLY WILLIAM | | M.C. Ja | Jes . | \ | | 6 | 76 | |

CABARRUS COUNTY BAT MOBILE UNIT 1 120

Serial Number: 008939 Test Date: 03/04/2023

Citation Number: M0000000-0 Subject's Name:

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

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

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

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 02/01/2022-02/01/2024

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

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:29pm |
| AIR BLK | .00 | 9:30pm |
| ACCY CHK | .08 | 9:31pm |
| AIR BLK | .00 | 9:32pm |
| SUB TEST | .00 | 9:32pm |
| AIR BLK | .00 | 9:33pm |
| SUB TEST | .00 | 9:35pm |
| AIR BLK | .00 | 9:35pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 1 120

Serial Number: 008939 Test Record Number: 1413
Test Date: 03/04/2023 Test Time: 9:38pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:38pm |
| FLO | Pass | 9:38pm |
| FC | Pass | 9:38pm |

Temperature Tests

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

Blank Tests

| rest | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 9:39pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:39pm |
| | CRC Tests | |
| Test | Status | Time |

COMP Pass 9:39pm CAL Pass 9:39pm

Preventive Maintenance Status: Pass

Analyst

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

| (| County (AS | 1 Instrument Location CASWELL & Defention CAR | |
|--------|--------------------------------|--|-----------------|
| I | nstrument Seri | al No. 008593 211 Carry Park Rs | |
| 12 | | 1 No. 008593 211 County Park Ro | |
| T s | The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 0,000 or higher) to be followed at least once every four months are: | with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alco breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | holic |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| 1 | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. | reath tests, |
| V | vere performed | the 30 day of 44.04 , 20.23 the forgoing preventive maintenance proced on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hyrices, and the instrument is functioning properly. | lures ealth |
| A VIO | STATE OF MAN 20 17 | OSTATION OF THE PROPERTY OF TH | |
| , | SEE QUAM VILENT | Sum Aokes Sans 662 | |
| | | Signature of Certifying Official Certificate Number | |

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 03/30/2023

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

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

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG118804 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:34am |
| AIR BLK | .00 | 7:34am |
| ACCY CHK | .08 | 7:35am |
| AIR BLK | .00 | 7:36am |
| SUB TEST | .00 | 7:36am |
| AIR BLK | .00 | 7:37am |
| SUB TEST | .00 | 7:39am |
| AIR BLK | .00 | 7:40am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2066 Test Date: 03/30/2023 Test Time: 7:40am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:40am |
| FLO | Pass | 7:40am |
| FC | Pass | 7:41am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:41am |
| SRC | Pass | 7:41am |
| DET | Pass | 7:41am |
| BAR | Pass | 7:41am |
| BT | Pass | 7:41am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:41am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:41am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:42am |

Preventive Maintenance Status: Pass

Pass

7:42am

CAL

Analyst

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

| County COL | UMBUS Instrument Location COLUMBUS COUNTY |
|--------------------------------|---|
| Instrument Seri | al No. 008875 Instrument Location COLUMBUS COUNTY DETENTION CENTER |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the <u>08</u> day of <u>MARCH</u> , 20 <u>23</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly. |
| | |
| | Olum Rg Barus 648 Signature of Certifying Official Certificate Number |

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 03/08/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:15pm |
| AIR BLK | .00 | 1:16pm |
| ACCY CHK | .07 | 1:16pm |
| AIR BLK | .00 | 1:17pm |
| SUB TEST | .00 | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| SUB TEST | .00 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| | | |

Reported AC: .00 g/210L

Court CVR

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

Rev. 12/2007

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Record Number: 2849
Test Date: 03/08/2023 Test Time: 1:21pm EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 1:22pm |
| Pass | 1:22pm |
| Pass | 1:22pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:22pm |
| SRC | Pass | 1:22pm |
| DET | Pass | 1:22pm |
| BAR | Pass | 1:22pm |
| BT | Pass | 1:22pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:23pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:23pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:23pm |
| CAL | Pass | 1:23pm |

Preventive Maintenance Status: Pass

Colum Ray Barre

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

| County | OLUMBUS Instrument Location TABOR CITY |
|----------------|--|
| | ial No. 008886 Instrument Location TABOR CITY POLICE DEPT |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the <u>08</u> day of <u>MAI2CH</u> , 20 <u>23</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| | aluk 3 648 |
| | Signature of Certifying Official Certificate Number |

COLUMBUS COUNTY TABOR CITY PD 230

Serial Number: 008886 Test Date: 03/08/2023

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG118803 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:24pm |
| AIR BLK | .00 | 3:25pm |
| ACCY CHK | .07 | 3:26pm |
| AIR BLK | .00 | 3:27pm |
| SUB TEST | .00 | 3:28pm |
| AIR BLK | .00 | 3:29pm |
| SUB TEST | .00 | 3:31pm |
| AIR BLK | .00 | 3:31pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L Analyst

COLUMBUS COUNTY TABOR CITY PD 230

Serial Number: 008886 Test Record Number: 1654
Test Date: 03/08/2023 Test Time: 3:32pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:32pm |
| FLO | Pass | 3:32pm |
| FC | Pass | 3:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:33pm |
| SRC | Pass | 3:33pm |
| DET | Pass | 3:33pm |
| BAR | Pass | 3:33pm |
| BT | Pass | 3:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:33pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:33pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:33pm |

3:33pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

RCY. 12/200

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

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

| County (| mbedand Instrument Location Cumberland County | | |
|--|---|--|--|
| Instrument Ser | ial No. 008614 Detention Center | | |
| | | | |
| | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: | | |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | | |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| were performe | n the 20 day of 4 day of 3, 2023 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health process, and the instrument is functioning properly. | | |
| STATE OF THE STATE | TOOLS AND | | |
| OF QUAM VIDE | 1KAW 675 | | |
| | Signature of Certifying Official Certificate Number | | |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 03/20/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

02/01/2022-02/01/2024

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

Lot Number: AG212402 Exp Date: 05/04/2024

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

Report/ed AC: .00 g/210L

Agnature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4800 Test Date: 03/20/2023 Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:05am |
| FLO | Pass | 10:05am |
| FC | Pass | 10:06am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:06am |
| SRC | Pass | 10:06am |
| DET | Pass | 10:06am |
| BAR | Pass | 10:06am |
| BT | Pass | 10:06am |
| | | |

Blank Tests

| AIR I | Pass | 10:06am |
|-------|------|---------|

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:06am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:06am |
| CAL | Pass | 10:06am |

Preventive Maintenance Status: Pass

Analyst

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

| County County Instrument Seri | al No. 008632 Instrument Location Cumber | Hand County |
|--|---|---|
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are: | d Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees. | |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status | of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first. | |
| I certify that on were performed and Human Sen | the 20 day of 4000, 2023 the forgoin d on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly. | ng preventive maintenance procedures tions of the N.C. Department of Health |
| STATE OF | | |
| | CAR CONTRACTOR OF THE PARTY OF | |
| TARRE 12 1776 | 1K/Jan | 675 |
| | Signature of Certifying Official | Certificate Number |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 03/20/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG303101 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:52am |
| AIR BLK | .00 | 9:53am |
| ACCY CHK | .08 | 9:53am |
| AIR BLK | .00 | 9:54am |
| SUB TEST | .00 | 9:55am |
| AIR BLK | .00 | 9:56am |
| SUB TEST | .00 | 9:58am |
| AIR BLK | .00 | 9:59am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4489 Test Date: 03/20/2023 Test Time: 10:00am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:00am |
| FLO | Pass | 10:00am |
| FC | Pass | 10:00am |
| | | |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:01am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:01am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:01am |
| CAL | Pass | 10:01am |

Preventive Maintenance Status: Pass

Analyst

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

| County Cur | nberland Instrument Location Comp | berland | County |
|--|---|---|--|
| Instrument Seria | 1 No. 008672 De- | ention | Center |
| The preventive is serial number 10 | naintenance procedures for the Intoximeters, Model Intox EC/IR I ,000 or higher) to be followed at least once every four months are: | I and Model Intox | EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per subreath simulator thermometer shows 34 degrees, plus or minus. | quare inch (psi) of 2 degree centigrad | pressure, or the alcoholic e; |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm preventive maintenance sta | atus of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or at whichever occurs first. | e expiration date, fter 125 Alcoholic | or the alcoholic breath Breath Simulator tests, |
| were performed | he day of day of , 2023 the for on the instrument indicated above, in accordance with current regices, and the instrument is functioning properly. | going preventive | maintenance procedures C. Department of Health |
| W. STATE O'N. STATE O' | ATT CAROUND | | |
| STAM VIDE | Signature of Certifying Official | | ertificate Number |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 03/20/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

02/01/2022-02/01/2024

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

Lot Number: AG212402 Exp Date: 05/04/2024

| Test | g/210L | Time |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 10:13am 10:14am 10:15am 10:16am 10:17am 10:18am 10:20am |
| VIV DPV | .00 | 10:21am |

Report d AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 7945
Test Date: 03/20/2023 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:21am |
| FLO | Pass | 10:21am |
| FC | Pass | 10:22am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:22am |
| SRC | Pass | 10:22am |
| DET | Pass | 10:22am |
| BAR | Pass | 10:22am |
| BT | Pass | 10:22am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:22am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:22am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:22am |

CAL Pass 10:22am

Preventive Maintenance Status: Pass

Analyst

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

| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; | |
|--|-------------------------|
| serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; | |
| breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; | nced with |
| (3) Initiate breath test sequence;(4) Enter information as prompted; | alcoholic |
| (4) Enter information as prompted; | |
| | |
| | |
| (5) Verify instrument accuracy; | |
| (6) When "PLEASE BLOW" appears, collect breath sample; | |
| (7) When "PLEASE BLOW" appears, collect breath sample; | |
| (8) Print test record; | |
| (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoho simulator solution is being changed every four months or after 125 Alcoholic Breath Simul whichever occurs first. | |
| I certify that on the | orocedures of Health |
| THE STATE OF THE S | |
| Signature of Certifying Official Certificate Numb | |

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Date: 03/20/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG212402 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:43am |
| AIR BLK | .00 | 11:43am |
| ACCY CHK | .07 | 11:44am |
| AIR BLK | .00 | 11:45am |
| SUB TEST | .00 | 11:46am |
| AIR BLK | .00 | 11:47am |
| SUB TEST | .00 | 11:48am |
| AIR BLK | .00 | 11:49am |

Reported/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Record Number: 556
Test Date: 03/20/2023 Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| FC | Pass | 11:51am |
| | | |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:52am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:52am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:52am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:52am |

CAL Pass 11:52am

Preventive Maintenance Status: Pass

Analyst

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

| County Car | nberland Instrument Location FT. Bragg |
|--|--|
| Instrument Seri | al No.013870 L.E.C. |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 20 day of 40, 20, 23 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| THE STATE OF THE S | Service of the servic |
| 4666 | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Date: 03/20/2023

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

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG212402 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:41am |
| AIR BLK | .00 | 11:42am |
| ACCY CHK | .07 | 11:42am |
| AIR BLK | .00 | 11:44am |
| SUB TEST | .00 | 11:44am |
| AIR BLK | .00 | 11:45am |
| SUB TEST | .00 | 11:47am |
| AIR BLK | .00 | 11:47am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Record Number: 530 Test Date: 03/20/2023 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:49am |
| FLO | Pass | 11:49am |
| FC | Pass | 11:49am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:49am |
| SRC | Pass | 11:49am |
| DET | Pass | 11:49am |
| BAR | Pass | 11:49am |
| BT | Pass | 11:49am |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 11:50am | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:50am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:50am |

CAL Pass 11:50am

Preventive Maintenance Status: Pass

Analyst

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

| County DAV | 1050N Instrument Location DAVIDSON COUNTY JAIL |
|--------------------|--|
| Instrument Serial | NO. 008845 LEXINGTON, NC |
| The preventive ma | sintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with |
| serial number 10,0 | 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | e 14 day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly. |
| | Signature of Certifying Official Certificate Number |
| | |

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

DHHS 4080 (04/20)

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 03/14/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG118803 Exp Date: 07/07/2023

| g/210L | Time |
|--------|----------------------------------|
| Pass | 4:02pm |
| .00 | 4:03pm |
| .08 | 4:04pm |
| .00 | 4:05pm |
| .00 | 4:06pm |
| .00 | 4:07pm |
| .00 | 4:08pm |
| .00 | 4:09pm |
| | Pass .00 .08 .00 .00 .00 .00 .00 |

Reported AC: .00 g/210L

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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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3953 Test Date: 03/14/2023 Test Time: 4:10pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:10pm |
| FLO | Pass | 4:10pm |
| FC | Pass | 4:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:10pm |
| SRC | Pass | 4:10pm |
| DET | Pass | 4:10pm |
| BAR | Pass | 4:10pm |
| BT | Pass | 4:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:11pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:11pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 4:11pm |

Preventive Maintenance Status: Pass

Pass

4:11pm

CAL



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

| County DAV | 1050N Instrument Location LEXINGTON POLICE |
|--------------------------------------|--|
| Instrument Serial | INO.008883 DEPARTMENT |
| | |
| The preventive n serial number 10 | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the Hard day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly. |
| | 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)

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 03/14/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG131901 Exp Date: 11/15/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:26pm |
| AIR BLK | .00 | 3:27pm |
| ACCY CHK | .08 | 3:28pm |
| AIR BLK | .00 | 3:29pm |
| SUB TEST | .00 | 3:29pm |
| AIR BLK | .00 | 3:30pm |
| SUB TEST | .00 | 3:32pm |
| AIR BLK | .00 | 3:33pm |

Reported AC: .00 g/210L

Court CVR

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DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2602 Test Date: 03/14/2023 Test Time: 3:34pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:34pm |
| FLO | Pass | 3:34pm |
| FC | Pass | 3:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:34pm |
| SRC | Pass | 3:34pm |
| DET | Pass | 3:34pm |
| BAR | Pass | 3:34pm |
| BT | Pass | 3:34pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 3:35pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:35pt |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:35pm |
| CAL | Pass | 3:35pm |

Preventive Maintenance Status: Pass

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

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)

| Country DWLHAM Instrument Location SAT MONDE WAS G | |
|---|------------------|
| Instrument Serial No. 0 0 9584 | |
| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced serial number 10,000 or higher) to be followed at least once every four months are: | d with |
| (1) Verify the ethanol gas camster displays at least 51 pounds per square inch (psi) of pressure, or the alcoheranth simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade; | obolic |
| (2) Verify instrument displays time and date: | |
| (3) Initiate breath test sequence: | |
| (4) Emer information as prompted: | |
| (5) Venif incrument accuracy. | |
| (6) When "PLEASE BLOW" appears, collect breath sample: | |
| (7) When "PLEASE BLOW" appears, collect breath sample; | |
| (8) Print test record: | |
| (9) Run diagnoscie program and comfirm preventive maintenance status of "Pass"; and | |
| (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic l simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. | breath tests. |
| I certify that on the | edures Health |
| | |
| Signature of Certifying Official Certificate Number | |

DURHAM COUNTY BAT MOBILE UNIT 6 310

Serial Number: 008584 Test Date: 03/31/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG202601 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:08pm |
| AIR BLK | .00 | 9:09pm |
| ACCY CHK | .07 | 9:10pm |
| AIR BLK | - 00 | 9:11pm |
| SUB TEST | .00 | 9:11pm |
| AIR BLK | - 00 | 9:13pm |
| SUB TEST | - 00 | 9:14pm |
| AIR BLK | .00 | 9:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY BAT MOBILE UNIT 6 310

Serial Number: 008584 Test Record Number: 2582
Test Date: 03/31/2023 Test Time: 9:16pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:16pm |
| FLO | Pass | 9:16pm |
| FC | Pass | 9:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:16pm |
| SRC | Pass | 9:16pm |
| DET | Pass | 9:16pm |
| BAR | Pass | 9:16pm |
| BT | Pass | 9:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:17pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:17pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|----------|
| COMP | Pass | 9:17pm |
| CAL | Pass | 9 · 17pm |

Preventive Maintenance Status: Pass

Analyst

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

| | Instrument Seri | 11 NO 008776 DULHAM |
|---|--------------------------------|---|
| | The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| 1 | (5) | Verify instrument accuracy, |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | were performed | the 31 day of MANCH 2023 the forgoing preventive maintenance procedures to the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |

Signature of Certifying Official

Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 6 310

Serial Number: 008776 Test Date: 03/31/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:07pm |
| AIR BLK | .00 | 9:08pm |
| ACCY CHK | . 08 | 9:08pm |
| AIR BLK | .00 | 9:09pm |
| SUB TEST | .00 | 9:11pm |
| AIR BLK | .00 | 9:12pm |
| SUB TEST | .00 | 9:13pm |
| AIR BLK | .00 | 9:14pm |

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY BAT MOBILE UNIT 6 310

Serial Number: 008776 Test Record Number: 3895 Test Date: 03/31/2023 Test Time: 9:15pm EDT

System Check: Passed

Baseline Tests

| Test Status | Time |
|-------------|--------|
| IR Pagg | 9:15pm |
| FLO Pagg | 9:15pm |
| FC Pass | 9:15pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:16pm |
| SRC | Pass | 9:16pm |
| DET | Pass | 9:16pm |
| BAR | Pass | 9:16pm |
| BT | Pass | 9:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:16pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:16pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:16pm |
| CAL | Pass | 9:16pm |

Preventive Maintenance Status: Pass

Analyst

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

| County DUA | Instrument Location SAT MORDE UND C |
|--|---|
| Instrument Seria | No. 00 8779 DULHAM |
| | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | he <u>Jl</u> day of <u>MARCH</u> , 20 <u>27</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly. |
| AND STATE ON AND STATE ON AND STATE OF AND S | 55 463 |
| | Signature of Certifying Official Certificate Number |

DURHAM COUNTY BAT MOBILE UNIT 6 310

Serial Number: 008779 Test Date: 03/31/2023

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

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302702 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:08pm |
| AIR BLK | .00 | 9:09pm |
| ACCY CHK | .07 | 9:09pm |
| AIR BLK | .00 | 9:10pm |
| SUB TEST | .00 | 9:11pm |
| AIR BLK | .00 | 9:12pm |
| SUB TEST | .00 | 9:13pm |
| AIR BLK | .00 | 9:14pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY BAT MOBILE UNIT 6 310

Serial Number: 008779 Test Record Number: 3883 Test Date: 03/31/2023 Test Time: 9:16pm EDT

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 9:16pm |
| Pass | 9:16pm |
| Pass | 9:16pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:16pm |
| SRC | Pass | 9:16pm |
| DET | Pass | 9:16pm |
| BAR | Pass | 9:16pm |
| BT | Pass | 9:16pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 9:17pm | |

Printer Tests

| Test | Status | Time | |
|------|-----------|--------|--|
| PRNT | Pass | 9:17pm | |
| | CRC Tests | | |
| Test | Status | Time | |
| COMP | Pass | 9:17pm | |

Preventive Maintenance Status: Pass

Pass

9:17pm

CAL

Analyst

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

| C | County Du | ham Instrument Location De ham (| ounty JAIL |
|---------|---------------------------------|---|--|
| Iı | nstrument Seri | al No. 008859 219 5. / | Margan ST |
| - | | | NC |
| T | he preventive erial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are: | Model Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degr | inch (psi) of pressure, or the alcoholic |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| 1 | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status of | "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 12 whichever occurs first. | ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| | | the 24 day of MARCH, 2023 the forgoing on the instrument indicated above, in accordance with current regulationices, and the instrument is functioning properly. | preventive maintenance procedures ns of the N.C. Department of Health |
| GREATCE | THE STATE OF A | CARO | |
| A. | APRIL 12 1776 * ESE QUAM VIDER | Symon & Ades Banes | 642 |
| | | Signature of Certifying Official | Certificate Number |

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 03/24/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:25pm |
| AIR BLK | .00 | 1:26pm |
| ACCY CHK | .08 | 1:27pm |
| AIR BLK | .00 | 1:28pm |
| SUB TEST | .00 | 1:28pm |
| AIR BLK | .00 | 1:29pm |
| SUB TEST | .00 | 1:31pm |
| AIR BLK | .00 | 1:32pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2843
Test Date: 03/24/2023 Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:33pm 1:33pm |
| FC | Pass | 1:33pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 1:34pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time | |
|------|--------|-----------|--|
| AIR | Pass | 1 • 34 nm | |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:34pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:34pm 1:34pm |

Preventive Maintenance Status: Pass

Analyst

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

| Со | ounty Du | Instrument Location Durham County Ja | 14 |
|---------------|----------------------------|---|--|
| Ins | strument Sei | erial No. 00 8878 219 5. Mayrum ST | |
| A | | De-kom, N C | |
| The | e preventive ial number | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR 10,000 or higher) to be followed at least once every four months are: | II (Enhanced with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressubreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | re, or the alcoholic |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breat whichever occurs first. | alcoholic breath h Simulator tests, |
| | e periormec | on the 24 day of MAACH, 2023 the forgoing preventive mainted ed on the instrument indicated above, in accordance with current regulations of the N.C. Depervices, and the instrument is functioning properly. | nance procedures artment of Health |
| THE CREAT SEA | THE STATE OF | | |
| 10 | CE QUAM VILER | Drum 8 tokes Sanos 66 | . 2 |
| | | Signature of Certifying Official Certificat | e Number |

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 03/24/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG303102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|---------------------|--------|------------------|
| DIAG AIR BLK | Pass | 1:24pm 1:24pm |
| ACCY CHK | .08 | 1:25pm |
| AIR BLK SUB TEST | .00 | 1:26pm 1:27pm |
| AIR BLK | .00 | 1:28pm |
| SUB TEST | .00 | 1:30pm |
| AIR BLK | .00 | 1:30pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

From Stay Brue

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 5904

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:32pm |
| FLO | Pass | 1:32pm |
| FC | Pass | 1:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:32pm |
| SRC | Pass | 1:32pm |
| DET | Pass | 1:32pm |
| BAR | Pass | 1:32pm |
| BT | Pass | 1:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:33pm |
| CAL | Pass | 1:33pm |
| | | |

Preventive Maintenance Status: Pass

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

| County Du | Instrument Location what Courte JAIL |
|--|--|
| Instrument Se | rial No. 00 8891 219 5. Margem 57 |
| | Duham NC |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performe | the <u>7</u> day of <u>M4/L</u> , 20 <u>73</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| STATE OF STA | TO BELLEVILLE OF THE PARTY OF T |
| ASSE QUAM VICES | Sman 8 Ales Sarres 442 |
| | Signature of Certifying Official Certificate Number |

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 03/24/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:26pm |
| AIR BLK | .00 | 1:27pm |
| ACCY CHK | .07 | 1:27pm |
| AIR BLK | .00 | 1:28pm |
| SUB TEST | .00 | 1:29pm |
| AIR BLK | .00 | 1:30pm |
| SUB TEST | .00 | 1:31pm |
| AIR BLK | .00 | 1:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4651

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:33pm |
| FLO | Pass | 1:33pm |
| FC | Pass | 1:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:33pm |
| SRC | Pass | 1:33pm |
| DET | Pass | 1:33pm |
| BAR | Pass | 1:33pm |
| BT | Pass | 1:33pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:34pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:34pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:34pm 1:34pm |

Preventive Maintenance Status: Pass

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

| County Fo | Instrument Location FORSYTH CONDETENTION INO. 008583 WINSTON-SALEM, NC |
|--|--|
| Instrument Seria | INO. 008583 WINSTON-SALEM, NC |
| The preventive r | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy, |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the 20 day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| | Signature of Sertifying 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)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008583 Test Date: 03/20/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG303001 Exp Date: 01/30/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:13pm |
| AIR BLK | .00 | 4:14pm |
| ACCY CHK | .08 | 4:15pm |
| AIR BLK | .00 | 4:16pm |
| SUB TEST | .00 | 4:17pm |
| AIR BLK | .00 | 4:18pm |
| SUB TEST | .00 | 4:20pm |
| ATR BLK | .00 | 4:21pm |

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 9284
Test Date: 03/20/2023 Test Time: 4:22pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:22pm |
| FLO | Pass | 4:22pm |
| FC | Pass | 4:22pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:23pm |
| SRC | Pass | 4:23pm |
| DET | Pass | 4:23pm |
| BAR | Pass | 4:23pm |
| BT | Pass | 4:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:23pm |

Printer Tests

| Test | Status | Time |
|---------|-----------|--------|
| PRNT | Pass | 4:23pm |
| | CRC Tests | |
| m = = £ | Ctatue | Time |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:23pm |
| CAL | Pass | 4:23pm |

Preventive Maintenance Status: Pass

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

| County_Z | Serial No. 008659 Instrument Location FORSYTH CO. DETENTION WINSTON-SALEM, NC |
|--|--|
| Instrument S | Serial No. 008659 WINSTON-SALEM, NC |
| The prevent | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10 | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were perfor | at on the 20 day of MARCH, 20 23 the forgoing preventive maintenance procedures remed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly. |
| THE CONTRACT OF THE CONTRACT O | Signature of Certifying Official Certificate Number |

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

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 03/20/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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

Lot Number: AG303001 Exp Date: 01/30/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:47pm |
| AIR BLK | .00 | 3:48pm |
| ACCY CHK | .07 | 3:49pm |
| AIR BLK | .00 | 3:50pm |
| SUB TEST | .00 | 3:51pm |
| AIR BLK | .00 | 3:52pm |
| SUB TEST | .00 | 3:54pm |
| AIR BLK | -00 | 3:55pm |

/0407 mi--

Reported AC: .00 g/210L

Signature of Chemical Analy

Court CVR

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

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 6026 Test Date: 03/20/2023 Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:57pm |
| FLO | Pass | 3:57pm |
| FC | Pass | 3:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:57pm |
| SRC | Pass | 3:57pm |
| DET | Pass | 3:57pm |
| BAR | Pass | 3:57pm |
| BT | Pass | 3:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:58pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:58pm |
| | CRC Tests | |

UNO 1001-

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:58pm |
| CAL | Pass | 3:58pm |

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)

| | rial No. 008898 KERNERSVILLE PD. |
|------------------------------|---|
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| P | the 23 day of MARCH, 20 23 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| AND CHAM VIDEO | M.C. Gold Certificate Number |

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

FORSYTH COUNTY BAT MOBILE UNIT 1 330

Serial Number: 008898 Test Date: 03/23/2023

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

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

Analyst's Name: Fleming, Marshall C
Permit Number: 0027-5012
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY BAT MOBILE UNIT 1 330

Serial Number: 008898 Test Record Number: 1556 Test Date: 03/23/2023 Test Time: 9:30pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:31pm |
| FLO | Pass | 9:31pm |
| FC | Pass | 9:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:31pm |
| SRC | Pass | 9:31pm |
| DET | Pass | 9:31pm |
| BAR | Pass | 9:31pm |
| BT | Pass | 9:31pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:32pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:32pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:32pm |

Preventive Maintenance Status: Pass

Pass

9:32pm

CAL

Analyst

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

| County Fo | 25YTH Instrument Location FORSYTH CO. DETENTION |
|---|--|
| Instrument Serial | No. 008925 Instrument Location FORSYTH CO. DETENTION WINSTON-SALEM, NC |
| | • |
| The preventive maserial number 10,6 | aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed o | the 20 day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly. |
| S S A T S S S S S S S S S S S S S S S S | |
| STAM NO. | 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)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008925 Test Date: 03/20/2023

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG303001 Exp Date: 01/30/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:32pm |
| AIR BLK | .00 | 4:33pm |
| ACCY CHK | .08 | 4:33pm |
| AIR BLK | .00 | 4:35pm |
| SUB TEST | .00 | 4:35pm |
| AIR BLK | .00 | 4:36pm |
| SUB TEST | .00 | 4:38pm |
| AIR BLK | .00 | 4:39pm |

Reported AC: .00 g/210L

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 4501 Test Date: 03/20/2023 Test Time: 4:45pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:45pm |
| FLO | Pass | 4:45pm |
| FC | Pass | 4:46pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:46pm |
| SRC | Pass | 4:46pm |
| DET | Pass | 4:46pm |
| BAR | Pass | 4:46pm |
| BT | Pass | 4:46pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:46pm |

Printer Tests

| Test | Status | TIME |
|------|-----------|--------|
| PRNT | Pass | 4:46pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:47pm |
| CAL | Pass | 4:47pm |

Preventive Maintenance Status: Pass

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

| Instrument Ser | Instrument Location_SAT_MOIDIT UNIT G THE CONTROL OF THE CONTROL |
|---|---|
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the 16 day of MANCH, 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| STATE: V. | Signature of Certifying Official Certificate Number |

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

GUILFORD COUNTY BAT MOBILE UNIT 6 400

Serial Number: 008580 Test Date: 03/16/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG202601 Exp Date: 01/26/2024

| Test | g/210L | Time |
|-----------------------------|--------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 10:23pm 10:24pm 10:25pm |
| AIR BLK SUB TEST | .00 | 10:26pm 10:27pm |
| AIR BLK | .00 | 10:28pm |
| SUB TEST AIR BLK | .00 | 10:29pm 10:30pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 6 400

Serial Number: 008580 Test Record Number: 2832 Test Date: 03/16/2023 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:31pm |
| FLO | Pass | 10:31pm |
| FC | Pass | 10:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:31pm |
| SRC | Pass | 10:31pm |
| DET | Pass | 10:31pm |
| BAR | Pass | 10:31pm |
| BT | Pass | 10:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:32pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:32pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:32pm |

Preventive Maintenance Status: Pass

Pass

10:32pm

CAL

Analyst

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

| County 6-4 | [TOND | Instrument Location_ | SAT MONDE U | MIT 6 |
|--|--|---|---|--|
| Instrument Seria | No. 00 8637 | <u>-</u> | CAETYS MOND | |
| The preventive riserial number 10 | naintenance procedures for the ,000 or higher) to be followed | Intoximeters, Model In at least once every four | ntox EC/IR II and Model I | ntox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canis breath simulator thermomet | ter displays at least 51 jer shows 34 degrees, pl | oounds per square inch (ps us or minus .2 degree centi | i) of pressure, or the alcoholic grade; |
| (2) | Verify instrument displays t | ime and date; | | |
| (3) | Initiate breath test sequence | ; | | |
| (4) | Enter information as prompt | ted; | | |
| (5) | Verify instrument accuracy; | | | |
| (6) | When "PLEASE BLOW" ap | opears, collect breath sa | mple; | |
| (7) | When "PLEASE BLOW" ap | opears, collect breath sa | mple; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program and | confirm preventive ma | intenance status of "Pass"; | and |
| (10) | Verify that the ethanol gas simulator solution is being whichever occurs first. | s canister is being changed every four r | anged before expiration on nonths or after 125 Alcol | date, or the alcoholic breath holic Breath Simulator tests, |
| were performed | on the instrument indicated aboves, and the instrument is fund | ove, in accordance wit | 23 the forgoing preven h current regulations of th | tive maintenance procedures to be N.C. Department of Health |
| TO THE STATE OF TH | A CONSTRUCTION OF THE CONS | | > | Co4, 3 |
| 10,113. | S | ignature of Certifying (| Official | Certificate Number |

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

GUILFORD COUNTY BAT MOBILE UNIT 6 400

Serial Number: 008637 Test Date: 03/16/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG302702 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:25pm |
| AIR BLK | .00 | 10:26pm |
| ACCY CHK | .08 | 10:26pm |
| AIR BLK | .00 | 10:27pm |
| SUB TEST | .00 | 10:28pm |
| AIR BLK | .00 | 10:29pm |
| SUB TEST | .00 | 10:30pm |
| AIR BLK | .00 | 10:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 6 400

Serial Number: 008637 Test Record Number: 3287 Test Date: 03/16/2023 Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:33pm |
| FLO | Pass | 10:33pm |
| FC | Pass | 10:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:33pm |
| SRC | Pass | 10:33pm |
| DET | Pass | 10:33pm |
| BAR | Pass | 10:33pm |
| BT | Pass | 10:33pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 10:34pm | |

Printer Tests

| Test | Status | Time |
|------|--------------|---------|
| PRNT | Pass | 10:34pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 10:34pm |

Preventive Maintenance Status: Pass

Analyst

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

| County Cu | TIFORD Instrument Location SAT MONTHE UNTS 6 |
|--|--|
| Instrument Seria | INO.CO PG 86 Instrument Location SAT MONTHE UNTS G |
| | |
| The preventive n serial number 10 | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | he day of MARCH, 2027 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly. |
| THE STATE OF A STATE O | 1.63 |
| - Interest | Signature of Certifying Official Certificate Number |

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

GUILFORD COUNTY BAT MOBILE UNIT 6 400

Serial Number: 008686 Test Date: 03/16/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG118805 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:27pm |
| AIR BLK | .00 | 10:28pm |
| ACCY CHK | .08 | 10:29pm |
| AIR BLK | .00 | 10:30pm |
| SUB TEST | .00 | 10:31pm |
| AIR BLK | .00 | 10:31pm |
| SUB TEST | .00 | 10:33pm |
| AIR BLK | .00 | 10:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

V

Intem NC/In-II: Preventive Maintenance

COLLEGED CYMPTY BAT MONTER DATY & 400

Serial Number, JONESK Feat Pecard Number: 4948 Test Date: 01/16/2021 Feat Time: 10:15pm NOT

System Check: Passed

Baseline Tests

| Test | Atatua | Timo |
|------|--------|---------|
| IR | Pann | 10:35pm |
| FLO | Pana | 10:35pm |
| FC | Pann | 10:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:35pm |
| SRC | Pass | 10:35pm |
| DET | Pass | 10:35pm |
| BAR | Pass | 10:35pm |
| BT | Pass | 10:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:36pm |

Printer Tests

| PRNT | Pass | 10:36pm |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:36pm |
| CAL | Pass | 10:36pm |

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

| County | GUILFORD Instrument Location GREENSBORD JAIL |
|--|--|
| Instrument | Serial No. 008728 GREENSBORD, NC |
| The preven | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with per 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10 | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify the were perfo and Human | at on the 25 day of MARCH, 2023 the forgoing preventive maintenance procedures rmed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health 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)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008728 Test Date: 03/25/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG212402 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:16am |
| AIR BLK | .00 | 11:17am |
| ACCY CHK | .07 | 11:17am |
| AIR BLK | .00 | 11:18am |
| SUB TEST | .00 | 11:19am |
| AIR BLK | .00 | 11:20am |
| SUB TEST | .00 | 11:22am |
| AIR BLK | .00 | 11:23am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008728 Test Record Number: 460 Test Date: 03/25/2023 Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:27am |
| FLO | Pass | 11:27am |
| FC | Pass | 11:27am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:27am |
| SRC | Pass | 11:27am |
| DET | Pass | 11:27am |
| BAR | Pass | 11:27am |
| BT | Pass | 11:27am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:27am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:27am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:28am |
| CAL | Pass | 11:28am |

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_GL | No. 008896 Instrument Location GREENSBORO, NC |
|-------------------|---|
| Instrument Serial | No. 008896 GREENSBORO, NC |
| The preventive n | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 25 day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, 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)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 03/25/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG212401 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:58am |
| AIR BLK | .00 | 11:59am |
| ACCY CHK | .08 | 11:59am |
| AIR BLK | .00 | 12:01pm |
| SUB TEST | .00 | 12:02pm |
| AIR BLK | .00 | 12:02pm |
| SUB TEST | .00 | 12:06pm |
| ATR BLK | .00 | 12:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Record Number: 1595 Test Date: 03/25/2023 Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:08pm |
| FLO | Pass | 12:08pm |
| FC | Pass | 12:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:08pm |
| SRC | Pass | 12:08pm |
| DET | Pass | 12:08pm |
| BAR | Pass | 12:08pm |
| BT . | Pass | 12:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:09pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:09pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:09pm |

12:09pm

Preventive Maintenance Status: Pass

Pass

CAL

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

Department of Health and Human Services Rev. 12/2007

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

| County_ | 4011 | Instrument Location Roanoke RAPIOS PD. |
|--|-----------|--|
| Instrument | Serial No | Roanoke Rapios, WC |
| | | ntenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 00 or higher) to be followed at least once every four months are: |
| (1 | | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2 | 2) | Verify instrument displays time and date; |
| (3 | 3) | Initiate breath test sequence; |
| (4 | 1) | Enter information as prompted; |
| (5 | 5) | Verify instrument accuracy; |
| (6 | 5) | When "PLEASE BLOW" appears, collect breath sample; |
| (7 | 7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | 3) | Print test record; |
| (9 | 9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (1 | | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were peri | ormed on | day of MARCH, 2023 the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Health s, and the instrument is functioning properly. |
| AND SELECTION OF S | AIT O AO | SASSAM 671 |
| | | Signature of Certifying Official Certificate Number |

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 03/07/2023

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

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|---|---|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 | 7:04am 7:04am 7:05am 7:06am 7:06am 7:07am 7:09am 7:10am |

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 929
Test Date: 03/07/2023 Test Time: 7:10am EST

System Check: Passed

Baseline Tests

| Test Status | Time |
|-------------|--------|
| IR Pass | 7:10am |
| FLO Pass | 7:10am |
| FC Pass | 7:11am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:11am |
| SRC | Pass | 7:11am |
| DET | Pass | 7:11am |
| BAR | Pass | 7:11am |
| BT | Pass | 7:11am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| A TR | Pass | 7:11am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:11am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:12am |
| CAL | Pass | 7:12am |

Preventive Maintenance Status: Pass

Analyst

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

| County H | ARNETT Instrument Location DUNN POLICE |
|--|---|
| Instrument | DEPARTMENT |
| Instrument Seria | 1 No. 2006 1 1 |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Serv | the 32 day of MRCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| THE STATE OF THE S | See Allower Long Long Long Towns |

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

Signature of Certifying Office

Certificate Number

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 03/23/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212402 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:39am |
| AIR BLK | .00 | 9:40am |
| ACCY CHK | .07 | 9:41am |
| AIR BLK | .00 | 9:42am |
| SUB TEST | .00 | 9:43am |
| AIR BLK | .00 | 9:43am |
| SUB TEST | .00 | 9:45am |
| AIR BLK | .00 | 9.46am |

Reported AC: .00 g/210L

Signature of

Analyst

Court CVR

Amiyst S

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1658
Test Date: 03/23/2023 Test Time: 9:47am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:47am |
| FLO | Pass | 9:47am |
| FC | Pass | 9:47am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:48am |
| SRC | Pass | 9:48am |
| DET | Pass | 9:48am |
| BAR | Pass | 9:48am |
| BT | Pass | 9:48am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| AIR | Pass | 9:48am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:48am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:48am |
| CAL | Pass | 9:48am |

Preventive Maintenance Status: Pass

Analyst

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

| County Ha | nett Instrument Location Harnett County |
|--|---|
| Instrument Seri | al No. 008729 Detention Center |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 27 day of 40, 20, 23 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| OF THE STATE OF THE TOTAL TOTA | AV A |
| | Signature of Certifying Official Certificate Number |

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 03/27/2023

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

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG202603 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:41am |
| AIR BLK | .00 | 10:41am |
| ACCY CHK | .07 | 10:42am |
| AIR BLK | .00 | 10:43am |
| SUB TEST | .00 | 10:44am |
| AIR BLK | .00 | 10:45am |
| SUB TEST | .00 | 10:46am |
| AIR BLK | .00 | 10:47am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2713
Test Date: 03/27/2023 Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time, |
|------|--------|---------|
| IR | Pass | 10:48am |
| FLO | Pass | 10:48am |
| FC | Pass | 10:48am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:48am |
| SRC | Pass | 10:48am |
| DET | Pass | 10:48am |
| BAR | Pass | 10:48am |
| BT | Pass | 10:48am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:49am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:49am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:49am |

Preventive Maintenance Status: Pass

Analyst

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

| County Har | nett Instrument Location Hornet | et County |
|--|--|---|
| Instrument Seri | al No. 00 8730 Deta | Ation Center |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II at 0,000 or higher) to be followed at least once every four months are: | nd Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per squa breath simulator thermometer shows 34 degrees, plus or minus .2 d | |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status | s of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first. | |
| were performed | the day of | ing preventive maintenance procedures ations of the N.C. Department of Health |
| THE STATE OF THE S | South Carolina (Carolina Carolina Carol | 675 |
| | Signature of Certifying Official | Certificate Number |

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 03/27/2023

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

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG202603 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:42am |
| AIR BLK | .00 | 10:42am |
| ACCY CHK | .07 | 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

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 4252 Test Date: 03/27/2023 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time | |
|------|--------|---------|--|
| IR | Pass | 10:49am | |
| FLO | Pass | 10:49am | |
| FC | Pass | 10:49am | |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:49am |
| SRC | Pass | 10:49am |
| DET | Pass | 10:49am |
| BAR | Pass | 10:49am |
| BT | Pass | 10:49am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:50am |

Printer Tests

| Test | Status | Time |
|------|--------------|---------|
| PRNT | Pass | 10:50am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 10:50am |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Ser | rial No. 008869 MOORESVILLE PD | |
|--|---|------------------------|
| The preventive serial number 1 | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhand 10,000 or higher) to be followed at least once every four months are: | nced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | alcoholi |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first. | c breath for tests, |
| I certify that on were performed and Human Ser | the 24 day of MARCH, 20 23 the forgoing preventive maintenance produced on the instrument indicated above, in accordance with current regulations of the N.C. Department or rvices, and the instrument is functioning properly. | ocedures f Health |
| A SEE QUAM VIDERA | M.C. Flex 676 Signature of Certifying Official Certificate Number | |
| A STORES | Signature of Certifying Official Certificate Number | |

IREDELL COUNTY BAT MOBILE UNIT 1 480

Serial Number: 008869 Test Date: 03/24/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth, 11/11/1

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

Subject's Sex: Male

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

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG118805

Exp Date: 07/07/2023

| Test | g/210L | Time |
|------|--------|------|
| | 3, | |

| DIAG | Pass | 9:45pm |
|----------|------|--------|
| AIR BLK | .00 | 9:46pm |
| ACCY CHK | .08 | 9:47pm |
| AIR BLK | .00 | 9:48pm |
| SUB TEST | .00 | 9:48pm |
| AIR BLK | .00 | 9:49pm |
| SUB TEST | .00 | 9:52pm |
| AIR BLK | .00 | 9.53mm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 1 480

Serial Number: 008869 Test Record Number: 1524 Test Date: 03/24/2023 Test Time: 9:56pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:57pm |
| FLO | Pass | 9:57pm |
| FC | Pass | 9:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:57pm |
| SRC | Pass | 9:57pm |
| DET | Pass | 9:57pm |
| BAR | Pass | 9:57pm |
| BT | Pass | 9:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:58pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:58pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:58pm 9:58pm |

Preventive Maintenance Status: Pass

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

| | REDELL Instrument Location BAT MOBILE UNIT |
|--|---|
| Instrument Se | erial No. 008898 MOORESVILLE P.D. |
| The preventive serial number | re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the 18 day of MARCH, 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| STATE OF STA | M-C- Flan 676 |
| WAM VILLE | Circut CO Vici con L |
| | Signature of Certifying Official Certificate Number |

IREDELL COUNTY BAT MOBILE UNIT 1 480

Serial Number: 008898 Test Date: 03/18/2023

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

Analyst's Name: Fleming, Marshall C
Permit Number: 0027-5012
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:36am |
| AIR BLK | .00 | 12:37am |
| ACCY CHK | .07 | 12:38am |
| AIR BLK | .00 | 12:39am |
| SUB TEST | .00 | 12:39am |
| AIR BLK | .00 | 12:40am |
| SUB TEST | .00 | 12:44am |
| AIR BLK | .00 | 12:45am |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 1 480

Serial Number: 008898 Test Record Number: 1552
Test Date: 03/18/2023 Test Time: 12:46am EDT

System Check: Passed

Baseline Tests

| Test Status | s Time |
|-------------|---------|
| IR Pass | 12:46am |
| FLO Pass | 12:46am |
| FC Pass | 12:47am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:47am |
| SRC | Pass | 12:47am |
| DET | Pass | 12:47am |
| BAR | Pass | 12:47am |
| BT | Pass | 12:47am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:47am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:47am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:47am 12:47am |

Preventive Maintenance Status: Pass

Analyst

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

| | REDELL | Instrument Location | BAT MOBILE | UNIT 1 |
|--------------------------------|--|---|---|---|
| Instrument Ser | ial No008939 | | MOORESVILLE | Po |
| The preventive serial number 1 | maintenance procedures for t 0,000 or higher) to be follows | he Intoximeters, Model Intox led at least once every four mon | EC/IR II and Model Intox EC/ | TR II (Enhanced with |
| (1) | Verify the ethanol gas car breath simulator thermom | nister displays at least 51 pound eter shows 34 degrees, plus or | ds per square inch (psi) of pres minus .2 degree centigrade; | ssure, or the alcoholic |
| (2) | Verify instrument display | s time and date; | | |
| (3) | Initiate breath test sequence | ce; | | |
| (4) | Enter information as pron | npted; | | |
| (5) | Verify instrument accurac | у; | | |
| (6) | When "PLEASE BLOW" | appears, collect breath sample | , | |
| (7) | When "PLEASE BLOW" | appears, collect breath sample | | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program a | nd confirm preventive mainten | ance status of "Pass"; and | |
| (10) | Verify that the ethanol g simulator solution is bein whichever occurs first. | gas canister is being changed ng changed every four month | l before expiration date, or is or after 125 Alcoholic Bro | the alcoholic breath eath Simulator tests, |
| were performed | vices, and the instrument is fu | above, in accordance with curnctioning properly. MC Help | rent regulations of the N.C. I | ntenance procedures Department of Health |
| | | Signature of Certifying Official | \ | icate Number |

IREDELL COUNTY BAT MOBILE UNIT 1 480

Serial Number: 008939 Test Date: 03/24/2023

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

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

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:13pm |
| AIR BLK | .00 | 10:14pm |
| ACCY CHK | .07 | 10:14pm |
| AIR BLK | .00 | 10:15pm |
| SUB TEST | .00 | 10:18pm |
| AIR BLK | .00 | 10:19pm |
| SUB TEST | .00 | 10:23pm |
| AIR BLK | .00 | 10:24pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 1 480

Serial Number: 008939 Test Record Number: 1434 Test Date: 03/24/2023 Test Time: 10:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:27pm |
| SRC | Pass | 10:27pm |
| DET | Pass | 10:27pm |
| BAR | Pass | 10:27pm |
| BT | Pass | 10:27pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pagg | 10.27pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:27pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:27pm 10:27pm |

Preventive Maintenance Status: Pass

M.C. Kley Analyst

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

| MOD | EL INTOX EC/IR II (Ennanced with serial number 10,000 of higher) |
|-------------------|---|
| County | ECKlenburg Instrument Location MECKlenburg Co So |
| Instrument Serial | Marie 0 |
| The preventive r | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| were performed | the Hon the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| THE GRANT WEST | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 03/14/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Helms, Bryce A Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

Lot Number: AG212403 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| ACCY CHK | .07 | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| SUB TEST | .00 | 12:27pm |
| AIR BLK | .00 | 12:28pm |
| SUB TEST | .00 | 12:29pm |
| AIR BLK | .00 | 12:30pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 5384
Test Date: 03/14/2023 Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:31pm |
| FLO | Pass | 12:31pm |
| FC | Pass | 12:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:31pm |
| SRC | Pass | 12:31pm |
| DET | Pass | 12:31pm |
| BAR | Pass | 12:31pm |
| BT | Pass | 12:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 12:32pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:32pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:32pm |
| CAL | Pass | 12:32pm |

Preventive Maintenance Status: Pass

Analyst

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

| County Me | CKIENDURY Instrument Location Mecklenburg CO 80 |
|--|--|
| Instrument Serial | No. 008690 Charlotte, NC. |
| The preventive m | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on th were performed o and Human Servic | the instrument indicated above, in accordance with current regulations of the N.C. Department of Health es, and the instrument is functioning properly. |
| THE STATE ON THE STATE OF THE S | |

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 03/14/2023

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

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

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG132001 Exp Date: 11/16/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:23pm |
| AIR BLK | .00 | 12:23pm |
| ACCY CHK | .08 | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:26pm |
| SUB TEST | .00 | 12:28pm |
| AIR BLK | .00 | 12:29pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 03/14/2023

Test Record Number: 7084
Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:30pm |
| FLO | Pass | 12:30pm |
| FC | Pass | 12:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:30pm |
| SRC | Pass | 12:30pm |
| DET | Pass | 12:30pm |
| BAR | Pass | 12:30pm |
| BT | Pass | 12:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:31pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:31pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:31pm |
| CAL | Pass | 12:31pm |

Preventive Maintenance

Status: Pass

Analyst

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

| County (| Ecklenburg Instrument Location Mathows PD |
|---|--|
| Instrument Serial | Madhan nic |
| The preventive m | pointenance massed and for the Landing Market No. 11 to 12 Country of the Country |
| serial number 10, | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that on the were performed of and Human Servi | ne day of March, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly. |
| 0.0000000000000000000000000000000000000 | |

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 03/06/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Helms, Bryce A Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:36am |
| AIR BLK | .00 | 11:37am |
| ACCY CHK | .08 | 11:38am |
| AIR BLK | .00 | 11:39am |
| SUB TEST | .00 | 11:39am |
| AIR BLK | .00 | 11:40am |
| SUB TEST | .00 | 11:42am |
| ATR BLK | 0.0 | 11-43am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 3072 Test Date: 03/06/2023 Test Time: 11:43am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:44am |
| FLO | Pass | 11:44am |
| FC | Pass | 11:44am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:44am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 11:45am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:45am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:45am |
|------|------|---------|
| CAL | Pass | 11:45am |

Preventive Maintenance
Status: Pass

/

Analyst

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

| | ECKLENBURG Instrument Location BAT MOBILE UNIT 1 ial No. 008869 CHARLOTTE- MECK PR |
|--|---|
| The preventive serial number | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the day of MARCH, 2023 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| THE STATE OF THE PARTY OF THE P | m.c. Flan 676 |

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

> Serial Number: 008869 Test Date: 03/16/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG118805 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:31pm |
| AIR BLK | .00 | 9:32pm |
| ACCY CHK | .08 | 9:33pm |
| AIR BLK | .00 | 9:34pm |
| SUB TEST | .00 | 9:35pm |
| AIR BLK | .00 | 9:36pm |
| SUB TEST | .00 | 9:37pm |
| AIR BLK | .00 | 9:38pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. - Re Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008869 Test Record Number: 1521
Test Date: 03/16/2023 Test Time: 9:40pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:41pm |
| FLO | Pass | 9:41pm |
| FC | Pass | 9:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:41pm |
| SRC | Pass | 9:41pm |
| DET | Pass | 9:41pm |
| BAR | Pass | 9:41pm |
| BT | Pass | 9:41pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:41pm |

Printer Tests

Test Status Time

| | | The Control of the Control |
|-------------|--------------|----------------------------|
| PRNT | Pass | 9:41pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:42pm 9:42pm |

Preventive Maintenance Status: Pass

Analyst

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

| County_MEC1 | CLENBURG Instrument Location BAT MOBILE UNIT 1 |
|------------------------------------|--|
| Instrument Serial | NO. 008898 CHARLOTTE-MECK P.D. |
| The preventive m serial number 10, | aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed of | the instrument indicated above, in accordance with current regulations of the N.C. Department of Health es, and the instrument is functioning properly. |
| AND CLAM VINES | M.C. The Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898 Test Date: 03/15/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Fleming, Marshall C
Permit Number: 0027-5012
Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Toot ~/2101 m'-

| rest | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| ACCY CHK | .07 | 9:20pm |
| AIR BLK | .00 | 9:21pm |
| SUB TEST | .00 | 9:22pm |
| AIR BLK | .00 | 9:23pm |
| SUB TEST | .00 | 9:24pm |
| AIR BLK | .00 | 9:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898 Test Record Number: 1547 Test Date: 03/15/2023 Test Time: 9:26pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:27pm |
| FLO | Pass | 9:27pm |
| FC | Pass | 9:27pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 9:28pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:28pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Pass

Pass

9:28pm

9:28pm

Preventive Maintenance Status: Pass

COMP

CAL

M. C. flags
Analyst

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

| The proventing | |
|--|--|
| serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| and Human Ser | the 16 day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| TOTAL 12 THE STATE OF THE STATE | M.C. Floring Official Certificate Number |
| | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 1
590

Serial Number: 008939 Test Date: 03/16/2023

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

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

| g/210L | Time |
|--------|----------------------------------|
| Pass | 9:33pm |
| | 9:34pm |
| .08 | 9:35pm |
| .00 | 9:36pm |
| .00 | 9:36pm |
| .00 | 9:37pm |
| .00 | 9:39pm |
| .00 | 9:40pm |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008939 Test Record Number: 1428 Test Date: 03/16/2023 Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:41pm |
| FLO | Pass | 9:41pm |
| FC | Pass | 9:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:41pm |
| SRC | Pass | 9:41pm |
| DET | Pass | 9:41pm |
| BAR | Pass | 9:41pm |
| BT | Pass | 9:41pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:42pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:42pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:42pm 9:42pm |

Preventive Maintenance Status: Pass

M.C. He Analyst

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

| | Crumty | the second secon |
|-----|--|--|
| | Instrument Seria | INO OU STRY NATHORIE P.D. |
| | The preventive iserial number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| 300 | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | I certify that on were performed and Human Ser | the day of MANCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| | STATION OF THE COMMENT OF THE COMMEN | |
| | TEN GUAM WIENT | Leh J |
| | | Signature of Certifying Official Certificate Number |

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008584 Test Date: 03/04/2023

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENNCE Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG202601 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:15pm |
| AIR BLK | .00 | 9:16pm |
| ACCY CHK | .07 | 9:17pm |
| AIR BLK | .00 | 9:18pm |
| SUB TEST | .00 | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| SUB TEST | .00 | 9:21pm |
| AIR BLK | .00 | 9:22pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008584 Test Record Number: 2571 Test Date: 03/04/2023 Test Time: 9:32pm EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 9:33pm |
| Pass | 9:33pm |
| Pass | 9:33pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:33pm |
| SRC | Pass | 9:33pm |
| DET | Pass | 9:33pm |
| BAR | Pass | 9:33pm |
| BT | Pass | 9:33pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:34pm |

Printer Tests

Test

| PRNT | Pass | 9:34pm |
|------|-----------|--------|
| | CRC Tests | |
| Test | Status | Time |

Status Time

| COMP | Pass | 9:34pm |
|------|------|--------|
| CAL | Pass | 9:34pm |

Preventive Maintenance Status: Pass

Analyst

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

| County/ | VASH Instrument Location Rocky Mount PD |
|------------------------------|---|
| Instrument Se | rial No. DO 8740 # 1 GOVERNMENT PLAZA. ROCKY Mount, NC |
| | Kocky Mount, NC |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performe | the day of MANCA, 20 23 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| ASE QUAM VICES | 18 About 671 |
| | 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)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 03/08/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG303102 Exp Date: 01/31/2025

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

Reported AC: .00 g/210L

Signature of Chaplical Analyst

Court CVR

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

Rev. 12/2007

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 824
Test Date: 03/08/2023 Test Time: 1:30pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:30pm |
| FLO | Pass | 1:30pm |
| FC | Pass | 1:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:30pm |
| SRC | Pass | 1:30pm |
| DET | Pass | 1:30pm |
| BAR | Pass | 1:30pm |
| BT | Pass | 1:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:31pm |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 1:31pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 1:31pm 1:31pm |

Preventive Maintenance Status: Pass

Analyst

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

| County_NF | |
|--|--|
| Instrument Ser | Rocky Mount, NC |
| | Rocky Mount, NC |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed and Human Ser | the 8 day of MARCA , 20 3 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| STATE OF THE CARD TO THE CARD TO THE CARD THE CA | 100 A S A S A S A S A S A S A S A S A S A |
| With the same of t | 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)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 03/08/2023

Citation Number: M0000000-0 Subject's Name:

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

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

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

Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG303102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:28pm |
| AIR BLK | .00 | 1:29pm |
| ACCY CHK | .08 | 1:29pm |
| AIR BLK | .00 | 1:30pm |
| SUB TEST | .00 | 1:31pm |
| AIR BLK | .00 | 1:32pm |
| SUB TEST | .00 | 1:33pm |
| AIR BLK | .00 | 1:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2985
Test Date: 03/08/2023 Test Time: 1:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:36pm |
| FLO | Pass | 1:36pm |
| FC | Pass | 1:37pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 1:37pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 1:37pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:37pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:38pm |
| CAL | Pass | 1:38pm |
| | | |

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 NAS | Instrument Location BAT Mobile Unit 6 NO. 008776 NASh County |
|----|--|---|
| | Instrument Seria | No. 008776 NASh County |
| | The preventive r | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| 3' | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | I certify that on t were performed and Human Serv | he 4 day of Manch, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly. |
| | THE STATE OF THE S | |
| À | W. W. W. | Signature of Certifying Official Certificate Number |
| 1 | | 2014년 1월 2015년 이 1일 |

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Date: 03/04/2023

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

Subject'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: 02/01/2022-02/01/2024

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

> > Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:09pm |
| AIR BLK | .00 | 9:10pm |
| ACCY CHK | .08 | 9:11pm |
| AIR BLK | .00 | 9:12pm |
| SUB TEST | .00 | 9:12pm |
| AIR BLK | .00 | 9:13pm |
| SUB TEST | .00 | 9:15pm |
| AIR BLK | .00 | 9:15pm |

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

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

Rev. 12/2007

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Record Number: 3884
Test Date: 03/04/2023 Test Time: 9:16pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:16pm |
| FLO | Pass | 9:16pm |
| FC | Pass | 9:16pm |
| FLO | Pass | 9:16p |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:17pm |
| SRC | Pass | 9:17pm |
| DET | Pass | 9:17pm |
| BAR | Pass | 9:17pm |
| BT | Pass | 9:17pm |
| | | |

Blank Tests

| Status | Time |
|--------|--------|
| Pass | 9:17pm |
| | |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:17pm |

CRC Tests

| Test Status | Time |
|-------------|--------|
| COMP Pass | 9:17pm |
| CAL Pass | 9:17pm |

Preventive Maintenance Status: Pass

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

Department of Health and Human Services 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 N | ASH Instrument Location SAT MODE UND 6 al No. 008116 NASH |
|-------------|--|---|
| | nstrument Seri | al No() U() 1 / \llow |
| | | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
|) | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I V a | certify that on were performed and Human Ser | the 10 day of MACH, 2023 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly. |
| | THE STATE OF THE S | |
| | 1-RIL 12 1770 VICE QUAM VICENT | 615 |
| À | 10000 | Signature of Certifying Official Certificate Number |

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Date: 03/10/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:56pm |
| AIR BLK | .00 | 8:57pm |
| ACCY CHK | . 08 | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| SUB TEST | .00 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:02pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Record Number: 3887 Test Date: 03/10/2023 Test Time: 9:03pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time | |
|------|--------|--------|--|
| IR | Pass | 9:03pm | |
| FLO | Pass | 9:03pm | |
| FC | Pass | 9:03pm | |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:04pm |
| SRC | Pass | 9:04pm |
| DET | Pass | 9:04pm |
| BAR | Pass | 9:04pm |
| BT | Pass | 9:04pm |

Blank Tests

| AIR Pass 9:04p | Test | Status | Time |
|----------------|------|--------|--------|
| | AIR | Pass | 9:04pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:04pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:04pm |
| CAL | Pass | 9:04pm |

Preventive Maintenance Status: Pass

Analyst

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

| C | ounty/ | ASH Instrument Location SAT MODELE UNIT 6 |
|-------|----------------|---|
| ln | istrument Seri | ASH Instrument Location SAT MODIF UNIT 6 AINO. 008779 NASHVIIIE |
| T | he preventive | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | | the 4 day of MANCH, 2023 the forgoing preventive maintenance procedures to the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| GENTE | | |
| | THE CHAM LEED | Signature of Certifying Official Certificate Number |
| | | |

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008779 Test Date: 03/04/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302702 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:09pm |
| AIR BLK | .00 | 9:10pm |
| ACCY CHK | .07 | 9:10pm |
| AIR BLK | .00 | 9:11pm |
| SUB TEST | .00 | 9:12pm |
| AIR BLK | .00 | 9:13pm |
| SUB TEST | .00 | 9:14pm |
| AIR BLK | .00 | 9:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

155

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008779 Test Record Number: 3870 Test Date: 03/04/2023 Test Time: 9:17pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:17pm |
| FLO | Pass | 9:17pm |
| FC | Pass | 9:17pm |

Temperature Tests

| Status | Time |
|--------|----------------------|
| Pass | 9:18pm |
| | Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:18pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:18pm |
| | CRC Tests | |
| Toat | G1 . | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:18pm |
| CAL | Pass | 9:18pm |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Ser | ial No. 008779 NASH |
|--|--|
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performe | n the 10 day of MANCH, 2023 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly. |
| STAPE OF STAPE | TO SECOND |
| ASSE QUAN VIDOR | Celi 3 |
| The state of the s | Signature of Certifying Official Certificate Number |

nash crintly hat modelly insit a bot

Serial Mumber: 202779 Test Date: 03/10/2021

Citation Number: Mododoo o Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1011 Subject's Sex: Male Driver's License State: XX Driver's License Number: NOWE

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 02/01/2022-02/01/2024

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

> Lot Number: AG302702 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:56pm |
| AIR BLK | .00 | 8:57pm |
| ACCY CHK | .07 | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| SUB TEST | .00 | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| SUB TEST | .00 | 9:01pm |
| AIR BLK | -00 | 9:02pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008779 Test Record Number: 3873 Test Date: 03/10/2023 Test Time: 9:03pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:03pm |
| FLO | Pass | 9:03pm |
| FC | Pass | 9:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:03pm |
| SRC | Pass | 9:03pm |
| DET | Pass | 9:03pm |
| BAR | Pass | 9:03pm |
| BT | Pass | 9:03pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:04pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:04pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 9:04pm |
|------|------|--------|
| CAL | Pass | 9:04pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | Serial No. 008600 Wilmington 10 |
|--------------------------|--|
| The preventi four months | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures v | on the 17 day of |
| OT THE STATE | E ON OFF |
| GREA | |
| ESSE QUAM V | |

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Record Number: 2420 Test Date: 03/17/2023 Test Time: 8:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:36pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 8:36pm |
| | CRC Tests | |
| | | |

| Test | Status | Time |
|------|--------------|--------|
| COMP | Pass Pass | 8:36pm |
| C | rass | 8:36pm |

Preventive Maintenance Status: Pass

Analyst

Mach

NEW HANOVER COUNTY BAT MOBILE UNIT 7

Serial Number: 008600 Test Date: 03/17/2023

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

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302703 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:27pm |
| AIR BLK | .00 | 8:28pm |
| ACCY CHK | .08 | 8:28pm |
| AIR BLK | .00 | 8:29pm |
| SUB TEST | .00 | 8:30pm |
| AIR BLK | .00 | 8:32pm |
| SUB TEST | .00 | 8:33pm |
| AIR BLK | .00 | 8:34pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

I are

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | en Hanover Instrument Location BAT Mobile Unit 7 | | |
|--|--|--|--|
| Instrument S | erial No. 008600 New Hanover So | | |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: | | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; | | |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| procedures | on the 18 day of Merce 4, 2023, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. | | |
| TARRESTANT OF THE STATE OF THE CORE WAY TO A THE | The control of the co | | |
| | Signature of Certifying Official Certificate Number | | |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Date: 03/18/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302703 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:51pm |
| AIR BLK | .00 | 9:52pm |
| ACCY CHK | .08 | 9:53pm |
| AIR BLK | .00 | 9:53pm |
| SUB TEST | .00 | 9:55pm |
| AIR BLK | .00 | 9:56pm |
| SUB TEST | .00 | 9:58pm |
| AIR BLK | .00 | 9:58pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Record Number: 2426
Test Date: 03/18/2023 Test Time: 10:00pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:00pm |
| FLO | Pass | 10:00pm |
| FC | Pass | 10:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:00pm |
| SRC | Pass | 10:00pm |
| DET | Pass | 10:00pm |
| BAR | Pass | 10:00pm |
| BT | Pass | 10:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:01pm |

Printer Tests

| Status | Time |
|--------------|----------------------------|
| Pass | 10:01pm |
| CRC Tests | |
| Status | Time |
| Pass Pass | 10:01pm 10:01pm |
| | Pass CRC Tests Status Pass |

Preventive Maintenance Status: Pass

Analyst

Ma

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County No | ew Hangue | Instrument Location BAT | mobile our +7 |
|--|--|--|---|
| Instrument Se | erial No. <u>968678</u> | wilmingten | P 0 |
| The preventive four months a | ve maintenance procedures are: | for the Intoximeters, Model Intox EC/IR II | to be followed at least once every |
| 1, | Verify the ethanol gas 34 degrees, plus or min | canister displays pressure, or the alcoholic nus .2 degree centigrade; | breath simulator thermometer show |
| 2. | Verify instrument disp | plays time and date; | |
| 3. | Initiate breath test sequ | uence; | |
| 4. | Enter information as p | rompted; | |
| 5. | Verify instrument accu | ıracy; | |
| 6. | When "PLEASE BLO | W" appears, collect breath sample; | |
| 7. | When "PLEASE BLO | W" appears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Prog | gram; and | |
| 10. | Verify that the ethanol simulator solution is be whichever occurs first. | gas canister is being changed before expira- eing changed every four months or after 12 | ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| I certify that of procedures we Department of | ere performed on the instru | of | current regulations of the N C |
| OT THE STATE OF TH | CAROLILLA | and | 665 |
| | | Signature of Certifying Official | Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Date: 03/09/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302703 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| ACCY CHK | .07 | 2:52pm |
| AIR BLK | .00 | 2:53pm |
| SUB TEST | .00 | 2:54pm |
| AIR BLK | .00 | 2:55pm |
| SUB TEST | .00 | 2:57pm |
| AIR BLK | .00 | 2:58pm |

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Record Number: 2053
Test Date: 03/09/2023 Test Time: 3:01pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:03pm |
| FLO | Pass | 3:03pm |
| FC | Pass | 3:03pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 3:03pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| AIR | Pass | 3 · 04pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:04pm |
| | CRC Tests | |
| | | |

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 3:04pm | |
| CAL | Pass | 3:04pm | |

Preventive Maintenance Status: Pass

Tof Am Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County No. | w Hanover | Instrument Location BAT | mobile unit 7 |
|--|--|---|--|
| Instrument Ser | rial No. 008698 | wilmington 1 | P.D. |
| The preventive four months ar | e maintenance procedures for the | ne Intoximeters, Model Intox EC/IR | II to be followed at least once every |
| 1. | Verify the ethanol gas canis 34 degrees, plus or minus .2 | ter displays pressure, or the alcoholic degree centigrade; | c breath simulator thermometer show |
| 2. | Verify instrument displays t | ime and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompt | ted; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" a | ppears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | Verify that the ethanol gas ca simulator solution is being cl whichever occurs first. | anister is being changed before expir hanged every four months or after 12 | ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests, |
| I certify that or | the 17 day of | narel 2023 the | |
| procedures wer Department of | e performed on the instrument | indicated above, in accordance with | foregoing preventive maintenance a current regulations of the N.C. operly. |
| ASSE QUAM VIDELY SEE Q | CAROLINIA STATE OF THE STATE OF | | |
| - Automatical Control of the Control | - m | gnature of Certifying Official | Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Date: 03/17/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302703 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:27pm |
| AIR BLK | .00 | 8:28pm |
| ACCY CHK | .08 | 8:29pm |
| AIR BLK | .00 | 8:30pm |
| SUB TEST | .00 | 8:31pm |
| AIR BLK | .00 | 8:32pm |
| SUB TEST | .00 | 8:33pm |
| AIR BLK | .00 | 8:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Mas

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Record Number: 2056
Test Date: 03/17/2023 Test Time: 8:36pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:37pm |
| FLO | Pass | 8:37pm |
| FC | Pass | 8:37pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:37pm |
| SRC | Pass | 8:37pm |
| DET | Pass | 8:37pm |
| BAR | Pass | 8:37pm |
| BT | Pass | 8:37pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 8:38pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 8:38pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 8:38pm |

CAL Pass 8:38pm

Preventive Maintenance Status: Pass

Analyst

Maci

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ N | 'ew Hanover Instrument Location BAT Mobile Unit 7 |
|---|--|
| Instrument S | erial No. 008698 New Hangver 50 |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the 18 day of Merch, 2023, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| OTHE STATE OF THE | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Date: 03/18/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302703 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:33pm |
| AIR BLK | .00 | 9:34pm |
| ACCY CHK | .08 | 9:34pm |
| AIR BLK | .00 | 9:35pm |
| SUB TEST | .00 | 9:36pm |
| AIR BLK | .00 | 9:37pm |
| SUB TEST | .00 | 9:38pm |
| AIR BLK | .00 | 9:39pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

77) Care Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Record Number: 2061
Test Date: 03/18/2023 Test Time: 9:45pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------------|--------------|----------------------------|
| IR FLO FC | Pass Pass | 9:45pm 9:45pm 9:45pm |
| FC | Pass | |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:45pm |
| SRC | Pass | 9:45pm |
| DET | Pass | 9:45pm |
| BAR | Pass | 9:45pm |
| BT | Pass | 9:45pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:46pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------|
| PRNT | Pass | 9:46pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:46pm |

Preventive Maintenance Status: Pass

27 Central Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Department of Health and Human Services, and the instrument is functioning properly. | County_ | iew Hanover | Instrument Location BAT mobile Unit 7 |
|--|----------------------------|---|---|
| 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer she 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 223, 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. | Instrument S | Serial No. 60878% | wilmington PD |
| 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 10, 2023, 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. | The prevent four months | ive maintenance procedures for the are: | Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 1, 2023, 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. | 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic breath simulator thermometer shoregree centigrade; |
| 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 10 day o | 2. | Verify instrument displays tim | e and date; |
| 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 100 | 3. | Initiate breath test sequence; | |
| 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 1, 2023, 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. | 4. | Enter information as prompted | ļ; |
| 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 1, 2023, 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. | 5. | Verify instrument accuracy; | |
| 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 1, 2023, 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. | 6. | When "PLEASE BLOW" app | ears, collect breath sample; |
| 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 17 day of 1, 2023, 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. | 7. | | |
| 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 | 8. | | |
| whichever occurs first. I certify that on the 17 day of 7, 2023, 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. | 9. | Verify Diagnostic Program; an | d |
| procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. | 10. | Simulation Solution is being chai | ster is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests, |
| CAROUNDE | procedures w Department | vere performed on the instrument in of Health and Human Services, and | dicated above in accordance ist |
| | GREA | CAROLL | |

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Date: 03/17/2023

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

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302703 Exp Date: 01/27/2025

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 | 8:28pm 8:29pm 8:30pm 8:31pm 8:31pm 8:32pm 8:34pm |
| AIR BLK | .00 | 8:35pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Record Number: 1954
Test Date: 03/17/2023 Test Time: 8:38pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:38pm |
| FLO | Pass | 8:38pm |
| FC | Pass | 8:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:38pm |
| SRC | Pass | 8:38pm |
| DET | Pass | 8:38pm |
| BAR | Pass | 8:38pm |
| BT | Pass | 8:38pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:39pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 8:39pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 8:39pm |

Preventive Maintenance Status: Pass

Pass

8:39pm

CAL

Marc

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County N. | Instrument Location BAT mobile Unit 7 |
|--|--|
| Instrument | Serial No. 008788 New Hansver so |
| The prevent four months | rive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1, | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures v | on the \[\sum_{\text{day}} \] day of \[\frac{\text{Max} \text{A}}{\text{day}} \], 20\[\frac{23}{\text{J}} \], the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| TATE STATE TO THE STATE TO T | CAROLINA CAR |
| | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Date: 03/18/2023

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302703 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:32pm |
| AIR BLK | .00 | 9:33pm |
| ACCY CHK | .08 | 9:33pm |
| AIR BLK | .00 | 9:34pm |
| SUB TEST | .00 | 9:35pm |
| AIR BLK | .00 | 9:36pm |
| SUB TEST | .00 | 9:37pm |
| AIR BLK | .00 | 9:38pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Record Number: 1957 Test Date: 03/18/2023 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:39pm |
| FLO | Pass | 9:39pm |
| FC | Pass | 9:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:40pm |
| SRC | Pass | 9:40pm |
| DET | Pass | 9:40pm |
| BAR | Pass | 9:40pm |
| BT | Pass | 9:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:40pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:40pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:41pm |

Preventive Maintenance Status: Pass

Pass

9:41pm

CAL

Mac

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 | USLOW Instrument Location ONSLOW COUNTY AL NO. 008931 DETENTION CENTER |
|---------------------------------|---|
| Instrument Seria | NO. 008931 DETENTION CENTER |
| The preventive serial number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 66 day of MAZCH, 20 23 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| | Alu 2 Bens 648 |
| | 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)

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 03/06/2023

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG302704 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:48am |
| AIR BLK | .00 | 11:49am |
| ACCY CHK | .07 | 11:49am |
| AIR BLK | .00 | 11:51am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:54am |
| AIR BLK | .00 | 11:55am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 4258 Test Date: 03/06/2023 Test Time: 11:55am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:55am |
| FLO | Pass | 11:55am |
| FC | Pass | 11:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:55am |
| SRC | Pass | 11:55am |
| DET | Pass | 11:55am |
| BAR | Pass | 11:55am |
| BT | Pass | 11:55am |

Blank Tests

| Test | Status Pass | Time 11:56am |
|------|----------------|-----------------|
| AIR | | |

Printer Tests

| Status | Time |
|-----------|---------|
| Pass | 11:56am |
| CRC Tests | |
| | Pass |

| Status | Time | |
|--------|---------|--|
| Pass | 11:56am | |
| Pass | 11:56am | |
| | Pass | |

Preventive Maintenance Status: Pass

Analyst

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

| County <u></u> | HSLOW Instrument Location BNSLOW COUNTY |
|--------------------------------|---|
| | ASLOW Instrument Location BASLOW COUNTY al No. 008932 DETENTION CENTER |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the Ob day of MRCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly. |
| SAME | 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)

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 03/06/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302704 Exp Date: 01/27/2025

Test

| DIAG | Pass | 11:47am |
|----------|------|---------|
| AIR BLK | .00 | 11:48am |
| ACCY CHK | .08 | 11:48am |
| AIR BLK | .00 | 11:49am |
| | | |

g/210L

Time

SUB TEST .00 11:50am AIR BLK .00 11:51am

SUB TEST .00 11:53am AIR BLK .00 11:53am

Reported AC: .00 g/210L

gnature 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

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 6982 Test Date: 03/06/2023 Test Time: 11:54am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:55am |
| FLO | Pass | 11:55am |
| FC | Pass | 11:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:55am |
| SRC | Pass | 11:55am |
| DET | Pass | 11:55am |
| BAR | Pass | 11:55am |
| BT | Pass | 11:55am |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 11:56am | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:56am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:56am |
| CAL | Pass | 11:56am |

Preventive Maintenance Status: Pass

Analyst

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

| | County_Pers | Instrument Location Person Go LEC |
|-------|--|--|
|] | Instrument Seria | 11 No. 008693 120 Corrt ST Rox boro NC |
| S | The preventive serial number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| } | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| V | ere performed | the 30 day of 44,cl , 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly. |
| CBEAT | ON WE STATE OF A STATE | Simon Alles Barres 642 |
| | | Signature of Certifying Official Certificate Number |

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 03/30/2023

Citation Number: M0000000-0
Subject's Name:

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

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

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG303102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:45am |
| AIR BLK | .00 | 8:46am |
| ACCY CHK | .07 | 8:46am |
| AIR BLK | .00 | 8:48am |
| SUB TEST | .00 | 8:48am |
| AIR BLK | .00 | 8:49am |
| SUB TEST | .00 | 8:50am |
| AIR BLK | .00 | 8:51am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1998
Test Date: 03/30/2023 Test Time: 8:52am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:53am |
| FLO | Pass | 8:53am |
| FC | Pass | 8:53am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:53am |
| SRC | Pass | 8:53am |
| DET | Pass | 8:53am |
| BAR | Pass | 8:53am |
| BT | Pass | 8:53am |
| | | |

Blank Tests

| Test | Status | Time |
|-------------------|--------|--------|
| AIR | Pass | 8:54am |
| 1 1 - 1 <u></u> - | | |

Printer Tests

Test

| PRNT | Pass | 8:54am |
|------|-----------|--------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 8:54am |

CAL Pass 8:54am

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Seria | 109 N. LAWAR ST |
|------------------|--|
| | Al No. 008880 109 N. LAWAR ST ROXBORD, NC |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| were performe | the 30 day of 4,203 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly. |
| | MF 1 A. T. P. |

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Date: 03/30/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:46am |
| AIR BLK | .00 | 9:46am |
| ACCY CHK | .08 | 9:47am |
| AIR BLK | .00 | 9:48am |
| SUB TEST | .00 | 9:49am |
| AIR BLK | .00 | 9:50am |
| SUB TEST | .00 | 9:51am |
| ATR BLK | .00 | 9:52am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Soum Stakes

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Record Number: 2040 Test Date: 03/30/2023 Test Time: 9:55am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:55am |
| FLO | Pass | 9:55am |
| FC | Pass | 9:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:55am |
| SRC | Pass | 9:55am |
| DET | Pass | 9:55am |
| BAR | Pass | 9:55am |
| BT | Pass | 9:55am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pass | 9:56am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:56am |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 9:56am | |
| CAL | Pass | 9:56am | |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Ser | Instrument Location_NAT_MOND(UND) 6 ial No. 008584 ECU |
|--|---|
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or were performe and Human Se | the 17 day of MANCH, 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| STATE | 30 - 643 |
| 447.53 | Signature of Certifying Official Certificate Number |

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008584 Test Date: 03/17/2023

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG202601 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:19pm |
| AIR BLK | .00 | 9:20pm |
| ACCY CHK | . 07 | 9:20pm |
| AIR BLK | .00 | 9:21pm |
| SUB TEST | .00 | 9:22pm |
| AIR BLK | .00 | 9:23pm |
| SUB TEST | .00 | 9:24pm |
| AIR BLK | .00 | 9:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008584 Test Record Number: 2577
Test Date: 03/17/2023 Test Time: 9:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| ATR | Pass | 9:27pm | |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:27pm |
| | | |

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

TALENCE STREET STATES AND THE WAS SELECTED BEING STREET OF STATES STREET, WE SELECTED STREET, STREET,

PREVENTIVE MAINTENANCE RECORD INTOXINETERS, MODEL INTOX ECOR II and MODEL INTOX ECOR II dealers of the sector member in 1000 as higher)

| Instrument Sec | MINA COSTIG |
|----------------|---|
| The preventive | maintenance procedures for the federinsevers, Model Inter FC/IR II and Model Inter EC/IR II (Enhanced with 11,000 or higher) to be followed at least user every from members: |
| (1) | Verify the enhanced gas consisted displays at least 51 periods per square lock (part of pressure, or the electrotic broads simulated therememeter there 54 degrees, plus or relines 2 degrees contigrade. |
| (2) | Verify interment displays time and date, |
| (3) | Initiate breath test sequence, |
| (4) | Emer information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 17 day of MANCH , 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| | |

Intes ROATR-II: Bublact Test

PITT CYPNTY RAT MORILE DNIT 6 710

Serial Number: 008776 Test Date: 03/17/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:16pm |
| AIR BLK | .00 | 9:17pm |
| ACCY CHK | .08 | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| SUB TEST | -00 | 9:19pm |
| AIR BLK | .00 | 9:20pm |
| SUB TEST | .00 | 9:22pm |
| AIR BLK | .00 | 9:23pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008776 Test Record Number: 3891 Test Date: 03/17/2023 Test Time: 9:24pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:25pm |
| FLO | Pass | 9:25pm |
| FC | Pass | 9:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:25pm |
| SRC | Pass | 9:25pm |
| DET | Pass | 9:25pm |
| BAR | Pass | 9:25pm |
| BT | Pass | 9:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:26pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:26pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:26pm |
| CAL | Pass | 9:26pm |

Preventive Maintenance Status: Pass

Analyst

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

| County P2 | 1) Instrument Location AAT MONTH USE 6 11 No. 008719 CCU |
|--|---|
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 17 day of MANCI-L , 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| STATE OF THE PROPERTY OF THE P | Signature of Cartificing Official Cold |

PITT COUNTY RAT MOBILE UNIT 6 730

Serial Number: 008779 Test Date: 03/17/2023

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

Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG302702 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| ACCY CHK | . 07 | 9:19pm |
| AIR BLK | .00 | 9:20pm |
| SUB TEST | .00 | 9:20pm |
| AIR BLK | .00 | 9:21pm |
| SUB TEST | .00 | 9:23pm |
| AIR BLK | .00 | 9:24pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TATION TO THE BULL THOUGHT THE TOTAL PROPERTY

PITT CLUMETT BAT MUMISH CHIT & 710

Serial Mumber: 008779 Test Percent Mumber: 1878 Test Date: 03/17/2023 Yest Time: 9:25pm W2T

System Check: Passed

Baseline Testa

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:23pm |
| FLO | Pass | 9:25pm |
| FC | Pass | 9:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:25pm |
| SRC | Pass | 9:25pm |
| DET | Pass | 9:25pm |
| BAR | Pass | 9:25pm |
| BT | Pass | 9:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:26pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:26pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:26pm |
| CAL | Pass | 9:26pm |

Preventive Maintenance Status: Pass

Analyst

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 Polk County Jail |
|------------------------------|--|
| Instrument Se | rial No. 008832" Columbus, NC |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| ere periorme | the |
| STE OLIAM VICENT | |
| | Signature of Certifying Official Certificate Number |
| | |

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 03/08/2023

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

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

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

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG132002 Exp Date: 11/16/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| ACCY CHK | .08 | 12:25pm |
| 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

Analy

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

Rev. 12/2007

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1802 Test Date: 03/08/2023 Test Time: 12:30pm EST

System Check: Passed

Baseline Tests

| Test | Status T | ime |
|-----------|----------|----------------|
| IR FLO | | 2:30pm |
| FC | | 2:30pm |
| | | 2:30p 2:30p |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:30pm |
| SRC | Pass | 12:30pm |
| DET | Pass | 12:30pm |
| BAR | Pass | 12:30pm |
| BT | Pass | 12:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:31pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:31pm |
| | CRC Tests | |
| Test | Status | Time |

| | Deacab | 111116 |
|------|--------|---------|
| COMP | Pass | 12:31pm |
| CAL | Pass | 12:31pm |

Preventive Maintenance Status: Pass

Analyst

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

| County | Instrument Location Polk County Jail |
|---|--|
| Instrument Ser | rial No. 008881 Calumbus, NC |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| certify that on vere performed nd Human Service State | the |
| See QUAM VILENT | 5 (h) |
| | Signature of Certifying Official Certificate Number |

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Date: 03/08/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG202602 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| ACCY CHK | .08 | 12:24pm |
| AIR BLK | .00 | 12:26pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:27pm |
| SUB TEST | .00 | 12:29pm |
| AIR BLK | .00 | 12.29pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Record Number: 1063 Test Date: 03/08/2023 Test Time: 12:30pm EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------------|
| Pass | 12:30pm |
| Pass | 12:30pm 12:30pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:30pm |
| SRC | Pass | 12:30pm |
| DET | Pass | 12:30pm |
| BAR | Pass | 12:30pm |
| BT | Pass | 12:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:31pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:31pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:31pm |

12:31pm

Preventive Maintenance Status: Pass

CAL Pass

Analyst

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

| County RA | NDOLPH Instrument Location ARCHDALE POLICE |
|---|---|
| Instrument Serial | NO. 008791 DEPARTMENT |
| | |
| The preventive m serial number 10, | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on the were performed of and Human Servi | the 13 TH day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, 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)

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 03/13/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG118803 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:48pm |
| AIR BLK | .00 | 2:49pm |
| ACCY CHK | .08 | 2:50pm |
| AIR BLK | .00 | 2:51pm |
| SUB TEST | .00 | 2:52pm |
| AIR BLK | .00 | 2:53pm |
| SUB TEST | .00 | 2:55pm |
| AIR BLK | .00 | 2:56pm |
| | | |

Reported AC: .00 g/210L

Signature of Chamical Analyst

Court CVR

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

Apalyst

Rev. 12/2007

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1563
Test Date: 03/13/2023 Test Time: 2:57pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:57pm |
| FLO | Pass | 2:57pm |
| FC | Pass | 2:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:57pm |
| SRC | Pass | 2:57pm |
| DET | Pass | 2:57pm |
| BAR | Pass | 2:57pm |
| BT | Pass | 2:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:58pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:58pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:58pm |
| CAL | Pass | 2:58pm |

Preventive Maintenance Status: Pass

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

| County | heson Instrument Location Red Springs |
|--|--|
| Instrument Se | rial No.008721 Police Department |
| The preventive serial number | re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were perform | on the 22 day of 4, 2023 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health pervices, and the instrument is functioning properly. |
| THE STATE OF THE PROPERTY OF T | CAROLLE STATE OF THE STATE OF T |
| COAM VILL | Signature of Certifying Official Certificate Number |
| | |

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008721 Test Date: 03/22/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202603 Exp Date: 01/26/2024

| Test | g/210L | Time |
|------|--------|------|
| | | |

| DIAG | Pass | 1:18pm |
|-----------|------|--------|
| AIR BLK | .00 | 1:19pm |
| ACCY CHK | .07 | 1:19pm |
| AIR BLK | .00 | 1:20pm |
| CIID TECT | 00 | 1.22 |

SUB TEST .00 1:22pm AIR BLK .00

1:24pm SUB TEST .00

AIR BLK .00 1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008721 Test Record Number: 1511
Test Date: 03/22/2023 Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:30pm |
| FLO | Pass | 1:30pm |
| FC | Pass | 1:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:31pm |
| SRC | Pass | 1:31pm |
| DET | Pass | 1:31pm |
| BAR | Pass | 1:31pm |
| BT | Pass | 1:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:31pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:31pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:31pm |
| CAL | Pass | 1:31pm |

Preventive Maintenance Status: Pass

Analyst

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

| County ROCK | W6HAM Instrument Location EDEN POLICE |
|--|--|
| | |
| Instrument Serial No | 008636 DEPARTMENT |
| | |
| The preventive mainte serial number 10,000 c | enance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with or higher) to be followed at least once every four months are: |
| (1) Verbre | rify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic ath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) Ve | rify instrument displays time and date; |
| (3) Ini | tiate breath test sequence; |
| (4) En | ter information as prompted; |
| (5) Ve | erify instrument accuracy; |
| (6) WI | hen "PLEASE BLOW" appears, collect breath sample; |
| (7) W | hen "PLEASE BLOW" appears, collect breath sample; |
| (8) Pri | int test record; |
| (9) Ru | an diagnostic program and confirm preventive maintenance status of "Pass"; and |
| sin | erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath mulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, hichever occurs first. |
| I certify that on the exercise were performed on the and Human Services, | day of MARCH, 2023 the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and the instrument is functioning properly. |
| STATE O'NO | 669 |
| | 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)

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 03/24/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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

Agency: DHHS Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:41am |
| 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

of Chemical Analyst

Court CVR

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

Rev. 12/2007

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2458 Test Date: 03/24/2023 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:49am |
| FLO | Pass | 10:49am |
| FC | Pass | 10:49am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:50am |
| SRC | Pass | 10:50am |
| DET | Pass | 10:50am |
| BAR | Pass | 10:50am |
| BT | Pass | 10:50am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:50am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:50am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:50am |
| CAL | Pass | 10:50am |

Preventive Maintenance Status: Pass

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

| County Ro | KING HAM Instrument Location REIDSVILLE POLICE |
|------------------|---|
| Instrument Seria | Instrument Location REIDSVILLE POLICE INO. 008784 DEPARTMENT |
| The preventive r | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 24 ^{7th} day of MARCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| SVATION | 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)

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 03/24/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 02/01/2022-02/01/2024

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

Test Type: Breath Test

Lot Number: AG212403 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:43am |
| AIR BLK | .00 | 9:44am |
| ACCY CHK | .08 | 9:44am |
| AIR BLK | .00 | 9:46am |
| SUB TEST | .00 | 9:46am |
| AIR BLK | .00 | 9:47am |
| SUB TEST | .00 | 9:49am |
| ATR BLK | .00 | 9:50am |

Reported AC: .00 g/210L

Signature of Chemical And

Court CVR

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1429
Test Date: 03/24/2023 Test Time: 9:50am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:51am |
| FLO | Pass | 9:51am |
| FC | Pass | 9:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:51am |
| SRC | Pass | 9:51am |
| DET | Pass | 9:51am |
| BAR | Pass | 9:51am |
| BT | Pass | 9:51am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pagg | 9.51am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:51am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:52am |
| CAL | Pass | 9:52am |

Preventive Maintenance Status: Pass

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

| County R. 4 | |
|------------------------------|--|
| Instrument Ser | rial No. 008889 Forest City, NC |
| | |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| T == 41C - 41 - 4 | |
| word periormet | the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| NO THE STATE OF MAY 20, 173 | |
| E A A B E A | |
| - TAIL 12 1775 | |
| C QUAM VIDE | (068 |
| | Signature of Certifying Official Certificate Number |

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 03/08/2023

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG132002 Exp Date: 11/16/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:09am |
| AIR BLK | .00 | 11:10am |
| ACCY CHK | .08 | 11:11am |
| AIR BLK | .00 | 11:12am |
| SUB TEST | .00 | 11:13am |
| AIR BLK | .00 | 11:13am |
| SUB TEST | .00 | 11:15am |
| AIR BLK | .00 | 11:16am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 1061
Test Date: 03/08/2023 Test Time: 11:16am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:16am |
| FLO | Pass | 11:16am |
| FC | Pass | 11:16am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:17am |

Printer Tests

Test

CAL

| PRNT | Pass | 11:17am |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:17am |

Status

Time

11:17am

Preventive Maintenance Status: Pass

Pass

Analyst /

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

| Cour | nty RoH | Instrument Location Rulls County Tail |
|--------|--|--|
| Instru | ument Seria | Instrument Location Rutherford County Jail al No. 208914 Rutherford ton, NC |
| *** | | |
| 1 | | |
| The p | preventive r I number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| 1 | (3) | Initiate breath test sequence; |
| 24. | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. |
| were | performed | the day of, 20 the forgoing preventive maintenance procedum on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly. |
| 450 | THE STATE OF A | |
| 3 | | |
| 8 | | |
| ME 1 | ASSE QUAM VICENIA | |
| ** | The same of the sa | Cionobrus of Contifuir Com 11 |
| | | Signature of Certifying Official Certificate Number |

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Date: 03/08/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG202602 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:25pm |
| AIR BLK | .00 | 1:25pm |
| ACCY CHK | .08 | 1:26pm |
| AIR BLK | .00 | 1:27pm |
| SUB TEST | .00 | 1:27pm |
| AIR BLK | .00 | 1:28pm |
| SUB TEST | .00 | 1:30pm |
| AIR BLK | .00 | 1:31pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2552 Test Date: 03/08/2023 Test Time: 1:31pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:31pm |
| FLO | Pass | 1:31pm |
| FC | Pass | 1:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:32pm |
| SRC | Pass | 1:32pm |
| DET | Pass | 1:32pm |
| BAR | Pass | 1:32pm |
| BT | Pass | 1:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:32pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:32pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:32pm |

Preventive Maintenance Status: Pass

Pass

1:32pm

CAL

Analyst

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

| | al No. 608825 Instrument Location SAMPSON COUNTY DETENTION CENTER |
|--|--|
| | |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the <u>09</u> day of <u>MARCH</u> , 20 <u>23</u> the forgoing preventive maintenance procedures ton the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| S SAME OF THE SAME | Charles of Certifying Official Certificate Number |
| | Signature of Certifying Official Certificate Number |

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 03/09/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG302704 Exp Date: 01/27/2025

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 8:34am 8:34am |
| ACCY CHK | .07 | 8:35am |
| AIR BLK | .00 | 8:36am |
| SUB TEST | .00 | 8:37am |
| AIR BLK | .00 | 8:38am |
| SUB TEST | .00 | 8:39am |
| AIR BLK | .00 | 8:40am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON. COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 3524
Test Date: 03/09/2023 Test Time: 8:40am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:41am |
| FLO | Pass | 8:41am |
| FC | Pass | 8:41am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:41am |
| SRC | Pass | 8:41am |
| DET | Pass | 8:41am |
| BAR | Pass | 8:41am |
| BT | Pass | 8:41am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:42am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 8:42am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 8:42am |
| CAL | Pass | 8:42am |

Preventive Maintenance Status: Pass

Analyst

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

| | ial No. 008877 Instrument Location BAMPSON COUNTY DETENTION CENTER |
|--|--|
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| certify that or were performed and Human Ser | the <u>09</u> day of <u>MARCH</u> , 20 <u>23</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| | |

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Date: 03/09/2023

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG302704 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:25am |
| AIR BLK | .00 | 8:26am |
| ACCY CHK | .08 | 8:27am |
| AIR BLK | .00 | 8:28am |
| SUB TEST | .00 | 8:28am |
| AIR BLK | .00 | 8:29am |
| SUB TEST | .00 | 8:31am |
| ATR BLK | .00 | 8:32am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celun Re Banas

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Record Number: 3877
Test Date: 03/09/2023 Test Time: 8:32am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:33am |
| FLO | Pass | 8:33am |
| FC | Pass | 8:33am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:33am |
| SRC | Pass | 8:33am |
| DET | Pass | 8:33am |
| BAR | Pass | 8:33am |
| BT | Pass | 8:33am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:34am |

Printer Tests

| - 7 | | |
|------|-----------|--------|
| Test | Status | Time |
| PRNT | Pass | 8:34am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 8:34am |
| CAL | Pass | 8:34am |

Preventive Maintenance Status: Pass

Analyst

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

| County Su | ((V Instrument Location Elkin Police |
|--|--|
| Instrument Serial | Instrument Location Elkin Police No. 008683 Department Department |
| The preventive m serial number 10,0 | aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed of | e 27 day of Mach, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly. |
| STATI ON STATI ON STATE OF STA | Jinothy Harbo 672 Signature of Certifying Official Certificate Number |

SURRY COUNTY ELKIN PD 850

Serial Number: 008683 Test Date: 03/27/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hanks, Timothy S
Permit Number: 0063-3175
Effective:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202601 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:06pm |
| AIR BLK | .00 | 5:07pm |
| ACCY CHK | .07 | 5:08pm |
| AIR BLK | .00 | 5:09pm |
| SUB TEST | .00 | 5:10pm |
| AIR BLK | .00 | 5:10pm |
| SUB TEST | .00 | 5:12pm |
| AIR BLK | .00 | 5:13pm |

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008683 Test Date: 03/27/2023

Test Record Number: 1065 Test Time: 5:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pass | 5:16pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 5:16pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 5:16pm |
| CAL | Pass | 5:16pm |

Preventive Maintenance Status: Pass

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

| County Uni | Instrument Location Waxhaw PD |
|--|---|
| Instrument Serial | No. 008598 Naxhaw, NC |
| The preventive ma | nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 2000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic break simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |
| I certify that on th were performed o and Human Servio | the instrument indicated above, in accordance with current regulations of the N.C. Department of Heares, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |
| | Signature of Certifying Official Certificate Number |

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 03/14/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Helms, Bryce A Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132001 Exp Date: 11/16/2023

| Test | g/210L | Time |
|---|--------|---------|
| DIAG | Pass | 11:06am |
| 56 E.S. S. | .00 | 11:07am |
| AIR BLK | | |
| ACCY CHK | .07 | 11:08am |
| AIR BLK | .00 | 11:09am |
| SUB TEST | .00 | 11:09am |
| AIR BLK | .00 | 11:11am |
| SUB TEST | .00 | 11:12am |
| ATR BLK | .00 | 11:13am |

- /210T Time

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 975
Test Date: 03/14/2023 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:14am 11:14am |
| FC | Pass | 11:14am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:14am |
| SRC | Pass | 11:14am |
| DET | Pass | 11:14am |
| BAR | Pass | 11:14am |
| BT | Pass | 11:14am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:14am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:14am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:15am |
|------|------|---------|
| CAL | Pass | 11:15am |

Preventive Maintenance Status: Pass

Analyst

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

| County_ | Instrument Location Wake County Do feather Center |
|--|---|
| Instrument Ser | rial No. 008577 3301 Hammand Rd RPIEIGL, NC |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| certify that on were performed and Human Ser | the 13 day of MARCA, 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| AT QUANTITUE | SABUAL 171 |
| | 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)

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 03/13/2023

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

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG303102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:07am |
| AIR BLK | .00 | 11:08am |
| ACCY CHK | .08 | 11:08am |
| AIR BLK | .00 | 11:09am |
| SUB TEST | .00 | 11:10am |
| AIR BLK | .00 | 11:11am |
| SUB TEST | .00 | 11:13am |
| ATR BLK | - 0.0 | 11:13am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 7018 Test Date: 03/13/2023 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:14am |
| FLO | Pass | 11:14am |
| FC | Pass | 11:14am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:14am |
| SRC | Pass | 11:14am |
| DET | Pass | 11:14am |
| BAR | Pass | 11:14am |
| BT | Pass | 11:14am |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 11:15am

Printer Tests

| Test | Status | Time |
|------|--------|------|
| | | |

PRNT Pass 11:15am

CRC Tests

Test Status Time

COMP Pass 11:15am CAL Pass 11:15am

Preventive Maintenance Status: Pass

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_ \(\begin{align*}\lumber \lumber \lumbe | Tial No. 008601 Instrument Location BAT UNITY WAKE Co. |
|--|---|
| Instrument Ser | rial No. 008601 WAKE Co. |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| were performe | the 3 day of MARCH, 20 27 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| STATE OF STA | SABunt 671 |
| THE CHAM VICEN | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008601 Test Date: 03/03/2023

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 02/01/2022-02/01/2024

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

> > Lot Number: AG118805 Exp Date: 07/07/2023

| Test | g/210L | Time |
|--|----------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 .00 | 9:13pm 9:14pm 9:14pm 9:15pm 9:16pm |
| AIR BLK SUB TEST AIR BLK | .00 | 9:17pm 9:18pm 9:19pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008601 Test Record Number: 1501 Test Date: 03/03/2023 Test Time: 9:24pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:24pm |
| FLO | Pass | 9:24pm |
| FC | Pass | 9:24pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:24pm |
| SRC | Pass | 9:24pm |
| DET | Pass | 9:24pm |
| BAR | Pass | 9:24pm |
| BT | Pass | 9:24pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:25pm |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 9:25pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 9:25pm 9:25pm |

Preventive Maintenance Status: Pass

EAST 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 L | Instrument Location SAT MOIDE UND 4 |
|--|--|
| Instrument Seri | al No. 60 8615 HOLLY SPADUCS |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the <u>O</u> day of <u>MACCH</u> , 20 <u>13</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| THE STATE OF MAY 20 LIVE OF THE STATE OF THE | 1 Company (Company) (Compa |
| | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615 Test Date: 03/03/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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

Lot Number: AG212401 Exp Date: 05/04/2024

| g/210L | Time |
|--------|----------------------------------|
| Pass | 9:13pm |
| .00 | 9:14pm |
| .08 | 9:14pm |
| .00 | 9:15pm |
| .00 | 9:16pm |
| .00 | 9:17pm |
| .00 | 9:18pm |
| .00 | 9:19pm |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615 Test Record Number: 5820 Test Date: 03/03/2023 Test Time: 9:20pm MST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:20pm |
| FLO | Pass | 9:20pm |
| FC | Pass | 9:20pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:20pm |
| SRC | Pass | 9:20pm |
| DET | Pass | 9:20pm |
| BAR | Pass | 9:20pm |
| BT | Pass | 9:20pm |
| | | 111 |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:21pm |

Printer Tests

| rest | Status | TIME |
|------|-----------|--------|
| PRNT | Pass | 9:21pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:21pm |
| CAL | Pass | 9:21pm |

Preventive Maintenance Status: Pass

Analyst

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

| County / | WEN C | Instrument Location MAK | e Country Detentions Cont |
|--|--|---|---|
| Instrument Se | erial No. <u>00865</u> / | 330, | Hammond Rd. |
| | | RAlei | gh, nc |
| The preventive serial number | ve maintenance procedures for the 10,000 or higher) to be followed | e Intoximeters, Model Intox EC/IR d at least once every four months are | II and Model Intox EC/IR II (Enhanced with e: |
| (1) | Verify the ethanol gas cani breath simulator thermome | ster displays at least 51 pounds per ter shows 34 degrees, plus or minus | square inch (psi) of pressure, or the alcoholic s.2 degree centigrade; |
| (2) | Verify instrument displays | | |
| (3) | Initiate breath test sequence | ; ; | |
| (4) | Enter information as promp | ited; | |
| (5) | Verify instrument accuracy | | |
| (6) | When "PLEASE BLOW" a | ppears, collect breath sample; | |
| (7) | When "PLEASE BLOW" a | ppears, collect breath sample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and | d confirm preventive maintenance s | tatus of "Pass"; and |
| (10) | Verify that the ethanol gasimulator solution is being whichever occurs first. | s canister is being changed before changed every four months or a | re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests, |
| vere performe | n the day of day of do not the instrument indicated all rvices, and the instrument is fundament. | oove, in accordance with current re | orgoing preventive maintenance procedures egulations of the N.C. Department of Health |
| STATE OF STA | TO THE CANONING TH | Z M | |
| | S | ignature 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)

WAKE COUNTY DETENTION CTR 910

Serial Number: 008651 Test Date: 03/04/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG303102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:28pm |
| AIR BLK | .00 | 7:29pm |
| ACCY CHK | .08 | 7:30pm |
| AIR BLK | .00 | 7:31pm |
| SUB TEST | .00 | 7:31pm |
| AIR BLK | .00 | 7:32pm |
| SUB TEST | .00 | 7:33pm |
| AIR BLK | .00 | 7:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

WAKE COUNTY DETENTION CTR 910

Serial Number: 008651 Test Record Number: 1593
Test Date: 03/04/2023 Test Time: 7:35pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 7:35pm 7:35pm |
| FC | Pass | 7:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:36pm |
| SRC | Pass | 7:36pm |
| DET | Pass | 7:36pm |
| BAR | Pass | 7:36pm |
| BT | Pass | 7:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:36pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:36pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:36pm |

7:36pm

Preventive Maintenance Status: Pass

CAL Pass

Analyst

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

| County W | ake Instrument Location WAKE FOREST PD |
|--|---|
| Instrument Ser | ial No. 008700 225 S. TAY lon St WAKE FOREST, N.C |
| | WAKE FOREST, N.C. |
| | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| were performed | the day of MANCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| ON TO THE STATE OF THE PROPERTY OF THE PROPERT | SASyet 671 |
| | Signature of Certifying Official Certificate Number |
| A signed origin | al of the preventive maintenance record shall be kent on file for at least three years |

DHHS 4080 (04/20)

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 03/06/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG212401 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:36pm |
| AIR BLK | .00 | 1:36pm |
| ACCY CHK | .08 | 1:37pm |
| AIR BLK | .00 | 1:38pm |
| SUB TEST | .00 | 1:39pm |
| AIR BLK | .00 | 1:39pm |
| SUB TEST | .00 | 1:41pm |
| ATR BLK | 0.0 | 1:42pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 2174
Test Date: 03/06/2023 Test Time: 1:43pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:43pm |
| FLO | Pass | 1:43pm |
| FC | Pass | 1:43pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:43pm |
| SRC | Pass | 1:43pm |
| DET | Pass | 1:43pm |
| BAR | Pass | 1:43pm |
| BT | Pass | 1:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:44pm |

Printer Tests

| Test | Status | Time | |
|------|--------|--------|--|
| PRNT | Pass | 1:44pm | |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 1:44pm | |
| CAL | Pass | 1:44pm | |

Preventive Maintenance Status: Pass

Analyst

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

| County_W | AILE Instrument Location NAT MODDE UND 4 |
|--------------------------------|--|
| Instrument Seri | AILE Instrument Location_SAT MODITE UND 4 al No. 008736 HOLLY SPAINLS |
| | |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the OD day of MANCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| STATE | GENT CAROL |
| STE CHAM VIEW | 663 |
| - Commission | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008736 Test Date: 03/03/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG212402 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:11pm |
| AIR BLK | .00 | 9:12pm |
| ACCY CHK | .08 | 9:13pm |
| AIR BLK | .00 | 9:14pm |
| SUB TEST | .00 | 9:14pm |
| AIR BLK | .00 | 9:15pm |
| SUB TEST | .00 | 9:17pm |
| AIR BLK | .00 | 9:18pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008736 Test Record Number: 1147
Test Date: 03/03/2023 Test Time: 9:19pm EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 9:20pm |
| Pass | 9:20pm |
| Pass | 9:20pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:20pm |
| SRC | Pass | 9:20pm |
| DET | Pass | 9:20pm |
| BAR | Pass | 9:20pm |
| BT | Pass | 9:20pm |

Blank Tests

| Status Pass | Time 9:21pm |
|----------------|----------------|
| | |

Printer Tests

| Test | Status | Time |
|-------|--------------|------------------|
| PRNT | Pass | 9:21pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 9:21pm 9:21pm |
| CFILI | Lubb | 2.21pm |

Preventive Maintenance Status: Pass

Analyst

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

| County_WA | |
|--|--|
| Instrument Seria | No. 008816 Wake 6. |
| THE RESIDENCE OF STREET STREET, THE PARTY OF | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Serv | the day of, 20, 20, 20 |
| THE STATE OF THE S | |
| The same of the sa | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008816 Test Date: 03/03/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302702 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:23pm |
| AIR BLK | .00 | 9:24pm |
| ACCY CHK | .08 | 9:24pm |
| AIR BLK | .00 | 9:25pm |
| SUB TEST | .00 | 9:26pm |
| AIR BLK | .00 | 9:26pm |
| SUB TEST | .00 | 9:28pm |
| AIR BLK | .00 | 9:29pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008816 Test Record Number: 7615

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:30pm |
| FLO | Pass | 9:30pm |
| FC | Pass | 9:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:30pm |
| SRC | Pass | 9:30pm |
| DET | Pass | 9:30pm |
| BAR | Pass | 9:30pm |
| BT | Pass | 9:30pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:31pm |
| | | |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 9:31pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 9:31pm 9:31pm |

Preventive Maintenance Status: Pass

9:31pm

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

| | | JAKE Instrument Location Ruleigh P | |
|----------|--|---|---|
| 1 | nstrument Ser | ial No. 008907 218 W. Cx | abarrus ST |
| | | RALeigh, | NC |
| T s | The preventive erial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are: | |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square incorporate simulator thermometer shows 34 degrees, plus or minus .2 degrees | ch (psi) of pressure, or the alcoholic e centigrade; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "I | Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first. | tion date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| VV | ere performed | the | reventive maintenance procedures of the N.C. Department of Health |
| GREAT C. | STATE OF STA | Symun Stoles Sames | |
| | | Signature of Certifying Official | Certificate Number |

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907 Test Date: 03/24/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG313102 Exp Date: 01/31/2025

| Test | g/210L | Time |
|----------|--------|------------|
| DIAG | Pass | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| ACCY CHE | 80. | 3:28pm |
| AIR BLK | .00 | 3:29pm |
| SUB TEST | .00 | 3:29pm |
| AIR BLK | .00 | 3:30pm |
| SUB TEST | .00 | 3:32pm |
| AIR BLK | - 0.0 | 3 • 3 3 mm |

Reported AC: .00 q/2

Soum Holes Stores

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907 Test Record Number: 1004
Test Date: 03/24/2023 Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:35pm |
| FLO | Pass | 3:35pm |
| FC | Pass | 3:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:35pm |
| SRC | Pass | 3:35pm |
| DET | Pass | 3:35pm |
| BAR | Pass | 3:35pm |
| BT | Pass | 3:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:36pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 3:36pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 3:36pm 3:36pm |

Preventive Maintenance Status: Pass

Analyst

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

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

| County WA | ial No. 008929 Instrument Location BAT Unit 4 WAKE Co. |
|--|--|
| Instrument Ser | ial No. 008929 WAKE Co. |
| | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | day of Anch , 2023 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| THE STATE OF THE S | Selfmant 671 |
| Comme | Signature of Certifying Official Certificate Number |

NAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Date: 03/03/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG132002 Exp Date: 11/16/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:10pm |
| AIR BLK | .00 | 9:11pm |
| ACCY CHK | .08 | 9:12pm |
| AIR BLK | .00 | 9:13pm |
| SUB TEST | .00 | 9:14pm |
| AIR BLK | .00 | 9:15pm |
| SUB TEST | .00 | 9:17pm |
| AIR BLK | .00 | 9:18pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Record Number: 1277
Test Date: 03/03/2023 Test Time: 9:25pm EST

System Check: Passed

Baseline Tests

| Test | Status | 'Time |
|------|--------|--------|
| IR | Pass | 9:26pm |
| FLO | Pass | 9:26pm |
| FC | Pass | 9:26pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:27pm |

Printer Tests

Test

| PRNT | Pass | 9:27pm |
|------|-----------|--------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:27pm |
| CAL | Pagg | 9.27pm |

Status

Time

Preventive Maintenance Status: Pass

Analyst



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

| County Was | ial No. 008715 Instrument Location Watauga Co Juil Boone, NC |
|--|--|
| The preventive | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with |
| serial number | 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performe | the 16 day of March, 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| STATE OF THE PROPERTY OF THE P | To be a second of the second o |
| The same of the sa | Signature of Certifying Official Certificate Number |



WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 03/16/2023

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, BURNETTE J
Permit Number: 0018-4401
Effective:

02/01/2022-02/01/2024

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

Lot Number: AG202601 Exp Date: 01/26/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:47am |
| AIR BLK | .00 | 9:48am |
| ACCY CHK | .08 | 9:49am |
| AIR BLK | 00 | 9:50am |
| SUB TEST | .00 | 9:51am |
| AIR BLK | .00 | 9:52am |
| SUB TEST | .00 | 9:53am |
| AIR BLK | .00 | 9:54am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 03/16/2023 Test Record Number: 2729

Test Time: 9:55am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:55am |
| FLO | Pass | 9:55am |
| FC | Pass | 9:56am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 9:56am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|---|
| AIR | Pass | 9:56am | ä |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:56am |
| | CRC Tests | |

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 9:57am | |
| CAL | Pass | 9:57am | |

Preventive Maintenance Status: Pass

Analyst

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

| | County WAY | Instrument Location SAT MOIDE UNIT 6 |
|----|--|--|
| | Instrument Serial | No. 00 8779 (~OLDS DOAD |
| | | aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| ĺ. | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | were performed of | the 23 day of MANCH, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly. |
| | STATE ON STA | SANO MARINE MARI |
| | QUAM VICES | Signature of Certifying Official Certificate Number |

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008779 Test Date: 03/23/2023

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

Subject'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: 02/01/2022-02/01/2024

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

Lot Number: AG302702 Exp Date: 01/27/2025

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:56pm |
| AIR BLK | .00 | 6:57pm |
| ACCY CHK | .07 | 6:58pm |
| AIR BLK | .00 | 6:59pm |
| SUB TEST | .00 | 6:59pm |
| AIR BLK | .00 | 7:00pm |
| SUB TEST | .00 | 7:01pm |
| AIR BLK | .00 | 7:02pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008779 Test Record Number: 3881 Test Date: 03/23/2023 Test Time: 7:03pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:03pm |
| FLO | Pass | 7:03pm |
| FC | Pass | 7:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:04pm |
| SRC | Pass | 7:04pm |
| DET | Pass | 7:04pm |
| BAR | Pass | 7:04pm |
| BT | Pass | 7:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:04pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:04pm |
| | CRC Tests | |
| Test | Status | Time |

| 1000 1000 1000 1000 | | |
|---------------------|------|--------|
| COMP | Pass | 7:05pm |
| CAL | Pass | 7:05pm |

Preventive Maintenance Status: Pass

Analyst

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

| County 1 | ial No. 008637 Instrument Location SAT MONDE UND G |
|--|--|
| Instrument Ser | 131 No. COO 8637 WILSON P.M. |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performe | the day of |
| TANK OF THE STATE | 643 |
| The state of the s | Signature of Certifying Official Certificate Number |

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008637 Test Date: 03/18/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2022-02/01/2024

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

Lot Number: AG302702 Exp Date: 01/27/2025

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008637 Test Record Number: 3291 Test Date: 03/18/2023 Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:16pm |
| FLO | Pass | 10:16pm |
| FC | Pass | 10:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:16pm |
| SRC | Pass | 10:16pm |
| DET | Pass | 10:16pm |
| BAR | Pass | 10:16pm |
| BT | Pass | 10:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:17pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:17pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:17pm |

10:17pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

| County / | Instrument Location SAT MOTRE UNIT G |
|--|--|
| | erial No. 008686 Instrument Location SAT MOTOS VETTS 6 |
| The preventi | we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with a 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were perform | on the 18 day of MANCH, 2023 the forgoing preventive maintenance procedures ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly. |
| THE STATE OF THE S | 263 263 |
| | Signature of Certifying Official Certificate Number |

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686 Test Date: 03/18/2023

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 02/01/2022-02/01/2024

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

Lot Number: AG118805 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:42pm |
| AIR BLK | .00 | 11:43pm |
| ACCY CHK | .08 | 11:43pm |
| AIR BLK | .00 | 11:44pm |
| SUB TEST | .00 | 11:45pm |
| AIR BLK | .00 | 11:46pm |
| SUB TEST | .00 | 11:47pm |
| AIR BLK | .00 | 11:48pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686 Test Record Number: 6952 Test Date: 03/18/2023 Test Time: 11:48pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:49pm |
| FLO | Pass | 11:49pm |
| FC | Pass | 11:49pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:49pm |
| SRC | Pass | 11:49pm |
| DET | Pass | 11:49pm |
| BAR | Pass | 11:49pm |
| BT | Pass | 11:49pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:50pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:50pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:50pm |

Pass

11:50pm

Preventive Maintenance Status: Pass

CAL

Analyst