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

County AL	AMANCE Instrument Location ALAMANCE Co. JAIL
Instrument Ser	rial No. 008853 109 S. MAPLE ST GRAHAM.,
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.
The second secon	the <u>30</u> day of <u>August</u> , 20 <u>ZZ</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.
A SE QUAN VICEN	Signature of Carifornia 1
	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)

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 08/30/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG202602 Exp Date: 01/26/2024

Te	st	g/210L	Time
DI	AG	Pass	3:29pm
AI	R BLK	.00	3:29pm
AC	CY CHK	.08	3:30pm
AI	R BLK	.00	3:31pm
SU	B TEST	.00	3:32pm
AI	R BLK	.00	3:33pm
SU	B TEST	.00	3:34pm
AI	R BLK	- 00	3 · 35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 4008 Test Date: 08/30/2022 Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:37pm 3:37pm

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 Alleghan, Co. Ja. 1 al No. 008890  Instrument Location Alleghan, Co. Ja. 1
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 day of day o
THE STATE OF THE S	

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

Signature of Certifying Official

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 08/16/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401 Effective:

02/01/2022-02/01/2024

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

Agency: DHHS Test Type: Breath Test

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

AIR BLK

Test	g/210L	Time
	1 Y '	
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.07	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm

1:09pm

Reported AC:  $.00 \, \text{g}/210 \text{L}$ 

.00

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

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 892 Test Date: 08/16/2022 Test Time: 1:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
3		
IR	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass :	1:10pm

#### Temperature Tests

Test		Status	5	Time
FC1		Pass		1:10pm
SRC		Pass		1:10pm
DET		Pass	1 -	1:10pm
BAR		Pass		1:10pm
BT	1414	Pass		1:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm
	, , , , , , , , , , , , , , , , , , ,	

#### CRC Tests

Test	Status	Time
COMP	Pass	1:11pm
CAL	Pass	1:11pm

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 Ash	e Instrument Location Ashe Co. Ja.'/
Instrument Serial	No. 008849 Jefferson, 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.
were performed	the 16 day of 40905 , 2022 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.
ONE STATE OF A STATE O	



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

Signature of Certifying Official

Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 08/16/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

02/01/2022-02/01/2024

Officer's Name: 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 AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:00am 10:01am 10:01am 10:02am 10:03am 10:04am 10:06am
AIR BLK	.00	10:06am

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

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1548
Test Date: 08/16/2022 Test Time: 10:07am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:08am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:09am 10:09am

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 Re	eaufort Instrument Location Beaufort Co Courthouse
Instrument Ser	rial No. DO8586 117 W. 2nd st, Weshington, 1
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 day of
STATE OF	OBAN CAROLAGO
THE QUAM VICENT	643
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 08/10/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Guard, Kelly G Permit Number: 0037-7722 Effective:

09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.08	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

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

### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 2009
Test Date: 08/10/2022 Test Time: 12:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:30pm

### Temperature Tests

Status	Time
Pass	12:30pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:30pm

Pass

12:30pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County_	Beaufort Instrument Location Beaufort Co. Com	Housp
Instrume	erial No. 008909 112 W. 2rd St, Wasi	hinghon
-		- re
The prev serial nur	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Fig. 10,000 or higher) to be followed at least once every four months are:	Enhanced with
(	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	r 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	
(1	Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first.	oholic breath nulator tests,
were perfe	n the	e procedures
STATE OF THE STATE	AROUNT TO THE PART OF THE PART	
QUAN	(643	
	Signature of Certifying Official Certificate Num	mber

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 08/10/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:47am 11:48am 11:48am 11:49am 11:50am 11:51am 11:53am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 3795 Test Date: 08/10/2022

Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

Status	Time .
Pass Pass Pass	12:11pm 12:11pm 12:11pm
	Pass

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:11pm 12:11pm 12:11pm 12:11pm 12:11pm
		1

#### Blank Tests

Test Status Time

AIR Pass 12:12pm

#### Printer Tests

Test Status Time

PRNT Pass 12:12pm

CRC Tests

Test Status Time

COMP Pass 12:12pm CAL Pass 12:12pm

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	County BG	
I	nstrument Seri	al No. 00 8580 NCSHP
T s	The preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
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.
I v a	certify that on vere performed and Human Ser	the 13 day of AUUT, 2022 the forgoing preventive maintenance procedures I on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A LANGE OF THE PARTY OF THE PAR	S IN STATE	
A	STE CRAM VECEN	643
1		Signature of Certifying Official Certificate Number

#### BERTIE COUNTY BAT MOBILE UNIT 6 070

Serial Number: 008580 Test Date: 08/13/2022

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.07	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	.00	7:31pm
AIR BLK	.00	7:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BERTIE COUNTY BAT MOBILE UNIT 6 070

Serial Number: 008580 Test Record Number: 2766 Test Date: 08/13/2022 Test Time: 7:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:33pm
FLO	Pass	7:33pm
FC	Pass	7:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:33pm
SRC	Pass	7:33pm
DET	Pass	7:33pm
BAR	Pass	7:33pm
BT	Pass	7:33pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:34pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:34pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	7:34pm
CAL	Pass	7:34pm

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 Be	Instrument Location Berke 6. S.O.
Instrument Ser	rial No. 008897 222 County Farm Rd., W.
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that on were performed and Human Serv	theday of, 20the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal vices, and the instrument is functioning properly.
AND STATE OF THE S	GENT CARD (643
-4907777 45301	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 08/29/2022

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Propeh

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

### BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1474
Test Date: 08/29/2022 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:13am 11:13am
FC	Pass	11:13am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

#### 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	11:14am
CAL	Pass	11:14am

Preventive Maintenance Status: Pass

Analyst

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

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

	The 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.
	were performed	the 3/ day of 4/5/5 + , 2022 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 A STATE O	Signature of Certifying Official  Certificate Number

BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008704 Test Date: 08/31/2022

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

Analyst's Name: Todd, Shane C Permit Number: 0035-4789 Effective: 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	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	.08	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008704 Test Record Number: 810 Test Date: 08/31/2022 Test Time: 11:03pm EDT

System Check: Passed

#### Baseline Tests

Test Status	Time
IR Pass	11:04pm
FLO Pass	11:04pm
FC Pass	11:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:04pm
SRC	Pass	11:04pm
DET	Pass	11:04pm
BAR	Pass	11:04pm
BT	Pass	11:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05pm
	CRC Tests	
Test	Status	Time

11:05pm

11:05pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

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

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

Instrui	ment Serial	Brunswick Instrument Location BAT Mobile Unit #3  No. 008575  Calabash
		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.
		the 2k day of August, 2022the 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.
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-4	The same of the sa	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008575 Test Date: 08/28/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Todd, Shane C Permit Number: 0035-4789 Effective:

10/06/2020-10/06/2022

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:55pm
AIR BLK	.00	8:56pm
ACCY CHK	.08	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm

Reported AC:) .00 g/210L

Signature of Chemical Analyst

Court CVR

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

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008575 Test Record Number: 1374
Test Date: 08/28/2022 Test Time: 9:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:06pm
FLO	Pass	9:06pm
FC	Pass	9:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:06pm
SRC	Pass	9:06pm
DET	Pass	9:06pm
BAR	Pass	9:06pm
BT	Pass	9:06pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	9 · 0.7pm	

#### Printer Tests

Test	Status	7:me 9:07pm
PRNT	Pass	

#### CRC Tests

Test	Status	Time
COMP	Pass	9:07pm
CAL	Pass	9:07pm

Preventive Maintenance Status: Pass

Analyst

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

C	ounty 2	al No. 008600 Instrument Location BAT Mobile Unit 7
Ir	astrument Seria	al No. <u>008600</u> <u>Calabash</u>
		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:  Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic
	(1)	breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
W	ere performed	the <u>24</u> day of <u>Asset</u> , 20 <u>22</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.
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	ST GO CHAM ADOS	W-1 673

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008600 Test Date: 08/26/2022

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Barrier II, Dennis J
Permit Number: 0014-7953
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.08	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008600 Test Record Number: 2306 Test Date: 08/26/2022 Test Time: 9:45pm EDT

System Check: Passed

#### Baseline Tests

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

#### 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	Pass	9:46pm

Pass

9:46pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

Instrument Seri	3runswick Instrument Location BAT Mobile Unit #3 al No. 0086/b Calabash
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 28 day of 405 to 1, 2023 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Date: 08/28/2022

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

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

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

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

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	8:52pm
AIR BLK	.00	8:53pm
ACCY CHK	.08	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm

Reported AC: ).00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Record Number: 2756
Test Date: 08/28/2022 Test Time: 9:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:00pm
FLO	Pass	9:00pm
FC	Pass	9:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
BT	Pass	9:00pm

#### Blank Tests

Test	Status	Time
ATR	Pass	9:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm

#### CRC Tests

COMP Pass 9	
COLIT TABLE	:01pm
CAL Pass 9	:01pm

Preventive Maintenance Status: Pass

Analyst

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

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

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008647 Test Date: 08/26/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Todd, Shane C

Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132002

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MCBILE UNIT 5 090
Serial Number: 008647 Test Record Number: 2754
Test Date: 08/26/2022 Test Time: 9:35pm EDT
System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

County	Brunswick Instrument Location BAT Mobile Unit #5 al No. 008826  Calubash
Instrument Seri	al No. 008826 Calubash
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	the 20 day of 4, 20 2 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
one STATE of	
TER GOWN VICEN	664
-	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826 Test Date: 08/26/2022

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

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

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

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

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

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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Department of Health and Human Services
Rev. 12/2007

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826 Test Record Number: 8452 Test Date: 08/26/2022 Test Time: 9:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:33pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm
	CRC Tests	
m - +	G11	TT .

rest	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance Status: Pass

Analyst

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

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

nnswick Instrument Location BAT Modifie Unit#5  al No. 008826  Calabash
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:
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
the 28 day of 455 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.
Signature of Certifying Official  Certificate Number

Serial Number: 008826 Test Date: 08/28/2022

Citation Number: M0000000-0

Subject's Name:

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

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

Analyst's Name: Todd, Shane C Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132002 Exp Date: 11/16/2023

Test q/210L Time

	5/2101	11110
DIAG	Pass	8:57pm
AIR BLK	.00	8:58pm
ACCY CH	C . 07	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	00. 1	9:00pm
AIR BLK	.00	9:01pm
SUB TEST	00. 7	9:02pm
AIR BLK	.00	9:03pm

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

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#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826 Test Record Number: 8455 Test Date: 08/28/2022 Test Time: 9:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

#### Blank Tests

Test	Status	Time
7 TD	Pagg	9 • 1 2 mm

#### Printer Tests

status	Time
ass	9:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

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 Bun	Instrument Location Black Mountain
Instrument Seri	al No. 008697 Black Mountain, 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	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.
THE GARAGE OF THE STATE OF THE	
The state of the s	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Date: 08/08/2022

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: 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: AG107401 Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
ATR BLK	.00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Record Number: 4038 Test Date: 08/08/2022 Test Time: 10:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:45am 10:45am
FC	Pass	10:45am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:46am

#### Printer Tests

Test Status Time

1000	beacus	TIME
PRNT	Pass	10:46am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:46am

Preventive Maintenance Status: Pass

Pass

10:46am

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 Bun	al No. 008973  Instrument Location BAT Mobile unit 2  Swannanoc
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 13th day of 1,20 12the 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.
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#### BUNCOMBE COUNTY BAT MOBILE UNIT 2 100

Serial Number: 008973 Test Date: 08/13/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

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	5:38pm
AIR BLK	.00	5:39pm
ACCY CHK	.08	5:40pm
AIR BLK	.00	5:41pm
SUB TEST	.00	5:41pm
AIR BLK	.00	5:42pm
SUB TEST	.00	5:43pm
AIR BLK	.00 //	5:44pm
	- / / /	7

Reported AC: /.00 g/210:

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

## BUNCOMBE COUNTY BAT MOBILE UNIT 2 100

Serial Number: 008973 Test Record Number: 997
Test Date: 08/13/2022 Test Time: 5:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:46pm

#### Temperature Tests

Status	Time
Pass	5:46pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	5:46pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:46pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:46pm
CAL	Pass	5:46pm

Preventive Maintenance Status Pass

Analyst

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

County (	CALDWELL Instrument Location BAT MOBILE UNIT 1  Cerial No. 008869  GREEN PARK INN
	MREEN PARK INN
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.
and Human Se	the 13 day of August, 2022 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	ARIOLI CARGOLI
STE QUAM VIDE	m.c.76, 676
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY BAT MOBILE UNIT 1 130

Serial Number: 008869 Test Date: 08/13/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.08	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CALDWELL COUNTY BAT MOBILE UNIT 1 130

Serial Number: 008869 Test Record Number: 1376
Test Date: 08/13/2022 Test Time: 10:08pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:09pm
SRC	Pass	10:09pm
DET	Pass	10:09pm
BAR	Pass	10:09pm
BT	Pass	10:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	ILDWELL Instrument Location BAT MOBILE UNIT 1
Instrument Seri	al No. 008939 GREEN PARK INN
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.
	he <u>13</u> day of <u>August</u> , 20 <u>22</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.
STATE OF NE STATE	M.C. Flor 676
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY BAT MOBILE UNIT 1 130

Serial Number: 008939 Test Date: 08/13/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG034902 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	9:57pm
AIR BLK	.00	9:58pm
ACCY CHK	.07	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10.04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. Jel-Analyst

### CALDWELL COUNTY BAT MOBILE UNIT 1 130

Serial Number: 008939 Test Record Number: 1318
Test Date: 08/13/2022 Test Time: 10:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:07pm 10:07pm

Preventive Maintenance Status: Pass

M.C. the

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

County CO	awba Instrument Location Catawa Co 80
Instrument Serial	No. 0087087 Newton, NC
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.
I certify that on th were performed of and Human Service	the instrument indicated dove, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 08/16/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG118804 Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 3515
Test Date: 08/16/2022 Test Time: 12:53pm EDT

System Check: Passed

Baseline Tests

Test St	atus Time
FLO Pa	.ss 12:53pm .ss 12:53pm .ss 12:53pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:54pm 12:54pm 12:54pm 12:54pm 12:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:54pm CAL Pass 12:54pm

Preventive Maintenance

7 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 O	tawba Instrument Location Catawba Co 80
Instrument Seria	Newton, NC
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.
I certify that on t were performed and Human Serv	he day of
STATE ON STA	To the Manner of Total

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 08/16/2022

Citation Number: M0000000-0

Sùbject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG202601 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:45pm 12:46pm 12:46pm 12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
ATR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Test Record Number: 2332 Serial Number: 008821 Test Date: 08/16/2022

Test Time: 12:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:53pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ΔTR	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	Instrument Location Chowan (	Ca Public Safety Co
Instrument Seri	al No. 1008895 305 Freeze	cason St; Edeuton, M
The preventive serial 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 deg	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the	g preventive maintenance procedures ions of the N.C. Department of Health
O THE STATE OF THE PARTY OF THE	South CAROLINA TO THE TOTAL TOT	643
***************************************	Signature of Certifying Official	Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 08/29/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Guard, Kelly G Permit Number: 0037-7722 Effective:

09/28/2020-09/28/2022

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1100 Test Date: 08/29/2022 Test Time: 10:11am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:12am
FLO	Pass	10:12am
FC	Pass	10:12am

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:13am 10:13am

Preventive Maintenance Status: Pass

Analyst

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 5th day of August, 2022 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 STATE	

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

Signature of Certifying Official

Certificate Number

#### CLEVELAND COUNTY BAT MOBILE UNIT 2 220

Serial Number: 008973 Test Date: 08/05/2022

Citation Number: M0000000-0
Subject'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: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

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

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

g/210L	Time
Pass	9:17pm
.00	9:18pm
.08	9:19pm
.00	9:20pm
.00	9:20pm
.00	9:21pm
(000	9:22pm
.00	/9/23pm
	Pass .00 .08 .00 .00

Reported AC: 100 g/210L

Signature of Themical 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

#### CLEVELAND COUNTY BAT MOBILE UNIT 2 220

Serial Number: 008973 Test Record Number: 990
Test Date: 08/05/2022 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	9:25pm

#### Printer Tests

Status	Time
Pass	9:25pm
	_

#### 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 Co	Junbus Instrument Location Tabor City
Instrument Serial	No. 008886 Police 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.
I certify that on the were performed and Human Servi	the 15th day of August, 20 27the 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 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)

#### COLUMBUS COUNTY TABOR CITY PD 230

Serial Number: 008886 Test Date: 08/01/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male iver's License State: 2

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

Analyst's Name: Ryan, Robert F

Permit Number: 0084-5023

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:47am
ACCY CHK	.07	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	\.00	10:51am
ATD BUK	100	/10.52am

Reported ACL n/00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY TABOR CITY PD 230

Serial Number: 008886 Test Record Number: 1638
Test Date: 08/01/2022 Test Time: 10:53am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:54am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:54am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance Status. Pass

Knalyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the <u>20</u> day of <u>August</u> , 20 <u>22</u> 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.		

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008647 Test Date: 08/20/2022 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Todd, Shane C Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.08	8:16pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:19pm
ATR BLK	0.0	8:20pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008647 Test Record Number: 2747
Test Date: 08/20/2022 Test Time: 8:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:28pm
FLO	Pass	8:28pm
FC	Pass	8:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:28pm
SRC	Pass	8:28pm
DET	Pass	8:28pm
BAR	Pass	8:28pm
BT	Pass	8:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:29pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:29pm
CAL	Pass	8:29pm

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	comberland Instrument Location BAT Mobile Unit #5
Instrument Seri	al No. 00 8616  Instrument Location BAT Mobile Unit #5  Hope Mills
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
STATE OF THE STATE	664
QUAM VILL	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

> Serial Number: 008616 Test Date: 08/16/2022

Citation Number: M0000000-0

Subject'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: Todd, Shane C

Permit Number: 0035-4789

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	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
ATR BLK	.00	10:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008616 Test Record Number: 2749
Test Date: 08/16/2022 Test Time: 10:02pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:02pm
FLO	Pass	10:02pm
FC	Pass	10:02pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:03pm
CAL	Pass	10:03pm

Preventive Maintenance Status: Pass

Analyst

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

County Cul	rituck Instrument Location Carrituck 6.5	O Corolla
Instrument Serial	No. 008949 1123 Ocean Trai	1, Corolla,
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox I,000 or higher) to be followed at least once every four months are:	EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of p breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
I certify that on t were performed and Human Serv	he day of	maintenance procedures C. Department of Health
ONE STATE ON THE STATE OF THE S	S C C C C C C C C C C C C C C C C C C C	643
	Signature of Certifying Official Ce	ertificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 08/04/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective:

09/28/2020-09/28/2022

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.08	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

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 664
Test Date: 08/04/2022 Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	12:32pm 12:32pm 12:32pm
BT	Pass Pass	12:32pm 12:32pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:33pm 12:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	are		Instrument Locati	on Dare Co	S.O Hatteres
Instrument S	erial No.	09807		50347	Huy NC 12, Buxbo
The prevention	ve maintenar r 10,000 or h	nce procedures for the igher) to be followed	Intoximeters, Mode at least once every for	I Intox EC/IR II and our months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify breath	the ethanol gas canist simulator thermomete	er displays at least 5 er shows 34 degrees,	1 pounds per square plus or minus .2 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify	instrument displays ti	me and date;		
(3)	Initiate	breath test sequence;			
(4)	Enter i	nformation as prompte	ed;		
(5)		instrument accuracy;			
(6)	When '	'PLEASE BLOW" app	pears, collect breath	sample;	
(7)	When '	PLEASE BLOW" app	pears, collect breath	sample;	
(8)	Print te	st record;			
(9)	Run dia	gnostic program and	confirm preventive r	naintenance status o	f "Pass"; and
(10)	Verify simulat	that the ethanol gas	canister is being	changed before	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Se	ed on the ins	day oftrument indicated abo		the forgoing th current regulation	g preventive maintenance procedures ons of the N.C. Department of Health
THE STATE OF THE S	10 CAROLIN	1/			
OR OLIAM VICER	and the second				643
		Sig	nature of Certifying	Official	Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 08/02/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Guard, Kelly G Permit Number: 0037-7722

Effective:

09/28/2020-09/28/2022

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	1:54pm
AIR BLK	.00	1:54pm
ACCY CHK	.07	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1303 Test Date: 08/02/2022 Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:02pm
FLO	Pass	2:02pm
FC	Pass	2:02pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass	2:02pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:02pm
	Printer Test	S

# Test Status Time

PRNT	Pass	2:02pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:03pm
CAL	Pass	2:03pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Kill Devil Hills RD.
Instrument Se	rial No. 008844 102 Town Hall Dr. Kill Devil
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 or were performe and Human Ser	the
A SE STATE OF THE	A CAROLINA C
COAM VIEW	Signature of Cartifician Oct.
	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 08/04/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:16pm
ACCY CHK	.07	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2828
Test Date: 08/04/2022 Test Time: 2:23pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

### Temperature Tests

Status	Time
Pass	2:23pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

### Printer Tests

		. 0
Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:24pm 2:24pm

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 6	Gecombe Instrument Location Edge Combe Co.	Majistratos
Instrument Ser	erial No. 008603 ORice 300 S. A	
-	70	· boro, N.C.
The preventive serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox 10,000 or higher) to be followed at least once every four months are:	EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of per breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade	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 breath sample;	
(7)	When "PLFASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	or the alcoholic breath Breath Simulator tests,
I certify that on were performed and Human Ser	n theday of, 20Zthe forgoing preventive n accordance with current regulations of the N.C. revices, and the instrument is functioning properly.	naintenance procedures . Department of Health
STATE OF MAN STATE	TO REAL CARD AND AND AND AND AND AND AND AND AND AN	
QUAM VIDE	Signature of Chick and the	43
	Signature of Certifying Official Cert	tificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 08/08/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Guard, Kelly G
Permit Number: 0037-7722
Effective:

09/28/2020-09/28/2022

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

Test Type: Breath Test

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.08	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 2082 Test Date: 08/08/2022 Test Time: 11:05am EDT Test Record Number: 2084

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:06am 11:06am 11:06am 11:06am 11:06am

### Blank Tests

Test	Status	Time
AIR	Pass	11:06am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time ,

COMP	Pass	11:06am
CAL	Pass	11:06am

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 Edg	Gecombe Instrument Location Edgecom	be G. Maristrate's
Instrument Ser	ial No. 00 8663 Office 30	OS. Anaronda RJ.
	/	Tarboro, N.
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pass": and
(10)	Verify that the ethanol gas canister is being changed before expisimulator solution is being changed every four months or after 12 whichever occurs first.	
I certify that on t were performed and Human Serv	the day of, 20 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures ons of the N.C. Department of Health
STATE OF ANY 20.175	C P P P S S S S S S S S S S S S S S S S	
QUAM VIDE		643
	Signature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 08/08/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test g/210L Time

DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.07	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
AIR BLK	.00	10.44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3478
Test Date: 08/08/2022 Test Time: 10:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass,	10:46am

### Blank Tests

Test	Status	Time
AIR '	Pass	10:47am

### Printer Tests

rest	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:47am 10:47am

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)

County FRA	Instrument Location Youngsville PD
Instrument Se	rial No. 008781 134 A11. U.S. 1 Youngsville, NC
	Youngsville, NC
The preventiv	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	a the
100000	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)

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781 Test Date: 08/10/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.08	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781

Test Record Number: 6217 

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:49pm 2:49pm

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	GASTON Instrument Location BAT MOBILE UNIT 1  Tal No. 008939  BELMONT
Instrument Seri	ial No. 008939  Instrument Location Del modice Graff  BELMONT
	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 <u>05</u> day of <u>August</u> , 20 <u>ZZ</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.
THE STATE OF THE S	M.C. J. Cortificate Number
	Signature of Certifying Official Certificate Number

GASTON COUNTY BAT MOBILE UNIT 1 350

Serial Number: 008939 Test Date: 08/05/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG034902 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

### GASTON COUNTY BAT MOBILE UNIT 1 350

Serial Number: 008939 Test Record Number: 1307 Test Date: 08/05/2022 Test Time: 9:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:34pm
FLO	Pass	9:34pm
FC	Pass	9:34pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

### Blank Tests

Test	Status	Time	
AIR	Pass	9:35pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:35pm 9:35pm

Preventive Maintenance Status: Pass

Analyst

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

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

County Of	al No. 88615  Instrument Location BAT Mobile Unit 4  NCSHP
Instrument Seri	al No. DESGLIS NCSHP
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 Ava St, 20 The forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STA	000
	Signature of Certifying Official Certificate Number

### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

0

Serial Number: 008615 Test Date: 08/27/2022

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective:
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	10:38pm
AIR BLK	-00	10:39pm
ACCY CHK	.08	10:40pm
AIR BLK	-00	10:41pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

for

Analyst

### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008615 Test Record Number: 5768 Test Date: 08/27/2022 Test Time: 10:47pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:47pm
FLO	Pass	10:47pm
FC	Pass	10:47pm

### Temperature Tests

Status	Time
Pass	10:47pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time	
AIR	Pass	10:48pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	10:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:48pm
CAL	Pass	10:48pm

Preventive Maintenance Status: Pass

Analyst

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

County Gra	inville	Instrument Location_BAT	SHP
Instrument Seri	al No. <u>608736</u>	NCE	SHP
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	e Intoximeters, Model Intox EC/IR I at least once every four months are:	I and Model Intox EC/IR II (Enhanced with
(1)		ster displays at least 51 pounds per s er shows 34 degrees, plus or minus .	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence		
(4)	Enter information as promp	ted;	
(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 st	atus of "Pass"; and
(10)			re expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests
were performed	the 28 day of August a don the instrument indicated a vices, and the instrument is fun	bove, in accordance with current re	rgoing preventive maintenance procedure gulations of the N.C. Department of Health
Day Com 100		1	660
		Signature of Certifying Official	Certificate Number

### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008736 Test Date: 08/28/2022

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective:
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	12:59am
AIR BLK	.00	1:00am
ACCY CHK	.07	1:00am
AIR BLK	-00	1:01am
SUB TEST	-00	1:02am
AIR BLK	.00	1:03am
SUB TEST	.00	1:04am
AIR BLK	.00	1:05am

Reported AC: .. 00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008736 Test Record Number: 1102 Test Date: 08/28/2022 Test Time: 1:05am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:06am
FLO	Pass	1:06am
FC	Pass	1:06am

### Temperature Tests

Test	Status	Time
FC1	Pass	1:06am
SRC	Pass	1:06am
DET	Pass	1:06am
BAR	Pass	1:06am
BT	Pass	1:06am

### Blank Tests

Test	Status	Time
AIR	Pass	1:07am

### Printer Tests

Test	Status	Time
PRNT	Pass	1:07am
	CRC Tests	
Test	Status	Time
COMP	Pass	1:07am
CAL	Pass	1:07am

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)

	erial No. 208816 Instrument Location BAT Mobile Unit 4  NC SHP	
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enh. 10,000 or higher) to be followed at least once every four months are:	anced 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;	e 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 alcoh- simulator solution is being changed every four months or after 125 Alcoholic Breath Simu- whichever occurs first.	olic breath lator tests,
were performe	on the day of Aust, 20 22 the forgoing preventive maintenance ed on the instrument indicated above, in accordance with current regulations of the N.C. Department ervices, and the instrument is functioning properly.	procedures t of Health
(SETTING)		
ON CHAM YEAR	660	
	Signature of Certifying Official Certificate Num	ber

### GRANVILLE COUNTY BAT MOBILE UNIT 4 380



Serial Number: 008816 Test Date: 08/28/2022

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective:
02/01/2022-02/01/2024

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

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

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

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008816 Test Record Number: 7566 Test Date: 08/28/2022 Test Time: 12:46am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:46am
FLO	Pass	12:46am
FC	Pass	12:46am

### Temperature Tests

Status	Time
Pass	12:47am
	Pass Pass Pass Pass

#### Blank Tests

Status	Time
Pass	12:47am

#### Printer Tests

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

12:47am

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 Gui	Instrument Location BAT Mobile Unit 44  al No. 208601  Gibsonville PD
Instrument Seri	al No. 2008601 6: Beanville PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 12 day of Ava 15+ , 20 22 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.
SANTE OF THE PROPERTY OF THE P	ACCO 660
	Signature of Certifying Official Certificate Number

### GUILFORD COUNTY BAT MOBILE UNIT 4 400

Serial Number: 008601 Test Date: 08/12/2022

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

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective:
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

g/210L	Time
Pass	10:39pm
.00	10:40pm
.08	10:40pm
.00	10:41pm
.00	10:42pm
.00	10:43pm
.00	10:44pm
.00	10:45pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY BAT MOBILE UNIT 4 400

Serial Number: 008601 Test Record Number: 1447
Test Date: 08/12/2022 Test Time: 10:45pm EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass	10:46pm
Pass	10:46pm
Pass	10:46pm
	Pass Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	10:46pm
SRC	Pass	10:46pm
DET	Pass	10:46pm
BAR	Pass	10:46pm
BT	Pass	10:46pm

#### Blank Tests

Status	Time
Pass	10:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:47pm
CAL	Pass	10:47pm

Preventive Maintenance Status: Pass

Analyst

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

(	County G	412 FORD Instrument Location UNC-G POLICE
I	nstrument Seria	NO. 008604 DEPARTMENT
		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.
V	vere performed	the 10 day of August, 20 22 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.
2010	TO THE STATE OF TH	1669 669
		Signature of Certifying Official Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 08/10/2022

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: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	9:59am
AIR BLK	.00	10:00am
ACCY CHK	.08	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:05am
AIR BLK	.00	10:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 2143
Test Date: 08/10/2022 Test Time: 10:07am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:07am
FLO	Pass	10:07am
FC	Pass	10:07am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
BT	Pass '	10:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:08am
CAL	Pass	10:08am

Preventive Maintenance Status: Pass

Analyst

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

County Ou	
Instrument Seri	al No. 008615 Cibsonville PD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 12 day of Agust, 20 22the 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	200
	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 4 400

Serial Number: 008615 Test Date: 08/12/2022

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective:
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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:35pm 10:36pm 10:37pm 10:38pm 10:38pm 10:39pm
SUB TEST AIR BLK	.00	10:41pm 10:42pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY BAT MOBILE UNIT 4 400

Serial Number: 008615 Test Record Number: 5762 Test Date: 08/12/2022 Test Time: 10:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:43pm
FLO	Pass	10:43pm
FC	Pass	10:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:43pm
SRC	Pass	10:43pm
DET	Pass	10:43pm
BAR	Pass	10:43pm
BT	Pass	10:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44pm
CAL	Pass	10:44pm

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)

Cour	nty_G	Instrument Location GREENSBORO JAIL  1No. 008638  GREENSBORO, NC
Instr	ument Seria	INO. 008638 GREENSBORD, NC
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were	performed	theday of
E GREAT SET	STATE OF A	A CAROLLI CARO
Mr.	APAIL 12 TOTAL	ACO (669
		Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 08/09/2022

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: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:10am
AIR BLK	.00	10:11am
ACCY CHK	.08	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:14am
AIR BLK	.00	10:14am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 5416
Test Date: 08/09/2022 Test Time: 10:18am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:18am
FLO	Pass	10:18am
FC	Pass	10:19am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
BT	Pass	10:19am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:19am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:19am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:19am
CAL	Pass	10:19am

Preventive Maintenance Status: Pass

Analyst

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

CountyG	FUILFORD Instrument Location GREENSBORO POLICE
Instrument Ser	ial No. 008725 DEPARTMENT
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 lotted day of August, 2022 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 STATE	ACCOUNTY OF THE PARTY OF THE PA
* ASE QUAM VIDEO	669
~43355	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 08/10/2022

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

Subject'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: AG107502 Exp Date: 03/16/2023

g/210L	Time
	10-50
	10:52am
.00	10:53am
.08	10:54am
.00	10:55am
.00	10:55am
.00	10:56am
.00	10:58am
.00	10:59am
	Pass .00 .08 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4729
Test Date: 08/10/2022 Test Time: 11:00am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:00am
Pass	11:00am
Pass	11:00am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
.BAR	Pass	11:00am
BT	Pass	11:00am

#### Blank Tests

Test	Status	Time	
	9		
ATR	Pagg '	11 · 01 am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
1	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:01am 11:01am
CLIL	Lass	i i - O i am

Preventive Maintenance Status: Pass

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

	ounty G	al No. 008790 Instrument Location GREENSBORO JAIL  GREENSBORO, N C
111	strument Sen	arno.
		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.
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E GREAT GF	STATE OF	ORTH CAROL
N.	APRIL 12 TTE	S XIED (669
	-50	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 08/09/2022

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

Subject'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: AG202603 Exp Date: 01/26/2024

g/210L	Time
Pass	3:32pm
.00	3:33pm
.08	3:34pm
.00	3:35pm
.00	3:36pm
.00	3:37pm
.00	3:38pm
-00	3:39pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst is used when performing Preventive Maintenance preced

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 7659
Test Date: 08/09/2022 Test Time: 3:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:40pm
FLO	Pass	3:40pm
FC	Pass	3:40pm

#### Temperature Tests

Status	Time
Pass	3:40pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:41pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:41pm
CAT.	Dagg	3-41 mm

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)

CountyG	FUILFORD Instrument Location GREENSBORO JAIL
Instrument Sen	rial No. 00 8794  Instrument Location GREENSBORO JAIL  GREENSBORO, 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 performed	the
THE STATE OF MANY 19.	OMET CARO
The same of the sa	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 08/09/2022

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

Subject'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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:13am
AIR BLK	.00	10:14am
ACCY CHK	.07	10:15am
AIR BLK	-00	10:16am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 7747
Test Date: 08/09/2022 Test Time: 10:21am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	10:21am 10:21am
	10:21am

#### 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
CAT	Dacc	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)

Coun	ty_GL	Instrument Location HIGH POINT
Instru	ıment Serial	No. 008828 Instrument Location HIGH POINT  POLICE DEPARTMENT
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were		the 10 <sup>th</sup> day of August, 2022 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt ices, and the instrument is functioning properly.
CREAT SEA	THE STATE OF THE S	
-	YUAM III	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 08/10/2022

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

.00 g/210L Reported AC:

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 HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 4084
Test Date: 08/10/2022 Test Time: 12:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance Status: Pass

Analyst

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

County HAL	Instrument Location HALIFA	2 Co. 5.0.
Instrument Seri	al No. 008695 335	FERRELL LANE
	MALITAX	, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	uare 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 stat	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
were performed	the day of August , 20 22 the forg on the instrument indicated above, in accordance with current regulations, and the instrument is functioning properly.	going preventive maintenance procedures alations of the N.C. Department of Health
O ME STATE OF	Some Carolina Carolin	
Car QUAM VICER	EHDugettes	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)

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 08/08/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	Pass	12:40pm
AIR BLK	.00	12:41pm
ACCY CHK	.08	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 3437 Test Date: 08/08/2022 Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:48pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

# 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 DUNN POLICE
Instrument Ser	tial No. 008644 DEPARTMENT
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 day of day of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
O IN STATE OF UNIVERSITY OF THE PROPERTY OF TH	CARON
	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 08/31/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG034902 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	10:13am
AIR BLK	.00	10:14am
ACCY CHK	.07	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L
Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1605
Test Date: 08/31/2022 Test Time: 10:22am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:22am
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

Status	Time
Pass	10:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:23am

10:23am

Preventive Maintenance Status: Pass

CAL 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 A	arnett Instrument Location Harnett County
Instrument	Serial No. 008729 Detention Center
	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.
	at on the 3 day of 40905 day, 2022 the forgoing preventive maintenance procedures rmed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health a Services, and the instrument is functioning properly.
STA COLLAR STA	
	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 08/31/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	10:02am
AIR BLK	.00	10:03am
ACCY CHK	.08	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2629
Test Date: 08/31/2022 Test Time: 10:09am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	10:09am
Pass	10:09am
Pass	10:09am
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

C	ounty Har	nett Instrument Location Harnett County
Ir	nstrument Serial	INO. 008730 Detention Center
T	he 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.
W		he
CREAT	O INE STATE OF AND 20 179 AND 20	AND COMMENT OF THE PROPERTY OF
		Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 08/31/2022

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

Subject'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	10:00am
AIR BLK	.00	10:00am
ACCY CHK	.07	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:05am
ATR BLK	- 0.0	10:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 4080 Test Date: 08/31/2022 Test Time: 10:07am EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	10:07am	
FLO	Pass	10:07am	
FC	Pass	10:07am	

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
BT	Pass	10:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:08am

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 He	Hord Instrument Location Ahoskir PD
Instrument Ser	rial No. 008848 705 W. Mainst, Ahoskie,
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 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.
STATE OF THE STATE	OR THE CARD AND TH
SEE QUAM VICEN	3 643
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 08/17/2022

Citation Number: M0000000-0 Subject's Name:

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

Subject's Barth: //////9
Subject's Sex: Male
Driver's License State: YY

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

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

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

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:38am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1714
Test Date: 08/17/2022 Test Time: 11:45am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Time
11:45am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:46am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County A	Instrument Location May Leesboro P.D.
Instrument Seria	11 No. 008906 115 E. Broad St. Mus Geesbo
	N.C.
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.
	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 rvices, and the instrument is functioning properly.
THE STATE OF THE S	108 H CAROLLE STATE OF THE STAT
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 08/17/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Guard, Kelly G

Permit Number: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132002

Exp Date: 11/16/2023

Test g	/210L	Time
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DIAG	Pass	12:49pm
AIR BLK	.00	12:50pm
ACCY CHK	.08	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
	0.0	40 - 6

AIR BLK .00 12:56pm

Reported AC:

.00 g/210L)

Signature of Chemical Analyst

Court CVR

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 856
Test Date: 08/17/2022 Test Time: 12:57pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	12:57pm
Pass	12:57pm
Pass	12:57pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

#### Printer Tests

Status	Time
Pass	12:58pm
CRC Tests	
Status	Time
Pass Pass	12:58pm 12:58pm
	Pass CRC Tests Status Pass

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Hyde (6.50 Ovacoke
Instrument Se	rial No. 008797 NC 12, avacake, NC.
8	
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	theday of
STATE OF THE STATE	CARD AND AND AND AND AND AND AND AND AND AN
SSE QUAM VICENT	- 7 643
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 08/02/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:43am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 644
Test Date: 08/02/2022 Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:50am 10:50am
FC	Pass	10:51am

### Temperature Tests

Status	Time
Pass	10:51am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:52am 10:52am

Preventive Maintenance Status: Pass

Analyst

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

County H	Instrument Location Hyde Co. S.O.
Instrument Seria	al No. 008801 1233 Mainst, Swan Quarter
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the day of Accest , 2021 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
OF HE STATE OF HER 12 VILLE AND 20. 175 SEE QUAM VILLE	Back (643
The state of the s	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 08/09/2022

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	10:29am 10:30am
AIR BLK	.07	10:31am 10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 645 Test Date: 08/09/2022 Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:38am 10:38am

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 UV	dell Instrument Location Statesuille PD
Instrument Serial	No. 008419 Statesuille, NC
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 th were performed c and Human Service	the 18th day of Hugust, 2022 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 STATE OF STA	Signature of Certifying Official  Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 08/18/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	12:06pm
AIR BLK	.00	12:07pm
ACCY CHK	.08	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:12pm
AIR BLK	- 0.0	12:13pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1888
Test Date: 08/18/2022 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
FC	Pass	12:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	and mark	

#### CRC Tests

Status	Time
Pass	12:14pm
Pass	12:14pm
	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	redell Instrument Location Mooresuille PD
Instrument Seria	MAN - 25 110 h 10
-	
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of Hugust, 2022 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 A	

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

Signature of Certifying Official

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 08/18/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK ACCY CHK	Pass .00 .08	10:38am 10:39am 10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 4052 Test Date: 08/18/2022 Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:50am 10:50am
FC	Pass	10:50am

#### 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	10:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Tost	Status	Timo

10:51am
10:51am

Preventive Maintenance Status: Pags

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 Ire	dell Instrument Location I redell County 80
Instrument Serial	No. 008809
	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.
I certify that on the were performed cand Human Servi	day of Hugust, 20 22 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.
ONE STATE ON A CHARLES OF THE CHARLE	Signature of Cartificing Official Certificate Number

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 08/18/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	1:59pm
AIR BLK	.00	1:59pm
ACCY CHK	.07	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
ATR BLK	- 0.0	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809

Test Record Number: 5078

Test Date: 08/18/2022

Test Time: 2:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	2:06pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance

Status; Pass

Analyst

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

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 10,000 or higher) to be followed at least once every four months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incl breath simulator thermometer shows 34 degrees, plus or minus .2 degree	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "P	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o were performe and Human Se	the	eventive maintenance procedures of the N.C. Department of Health
THE STATE OF THE S	No.	
SSE QUAM VIDES	1 / Klar	675

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 08/10/2022

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG034902 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:40am
ACCY CHK	.07	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Report#d AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1605
Test Date: 08/10/2022 Test Time: 10:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:47am

#### Temperature Tests

Status	Time
Pass	10:47am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:48am
CAL	Pass	10:48am

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 Tok	Instrument Location Clayton Police
]	Instrument Serial	No.008658 Department
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 000 or higher) to be followed at least 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.
1	certify that on the were performed of and Human Servi	e day of
	O IN STATE ON NO	A A A
	The state of the s	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 08/11/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	8:15am
AIR BLK	.00	8:16am
ACCY CHK	.08	8:17am
AIR BLK	.00	8:18am
SUB TEST	.00	8:18am
AIR BLK	.00	8:19am
SUB TEST	.00	8:21am
AIR BLK	.00	8:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 1878
Test Date: 08/11/2022 Test Time: 8:22am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:23am
FLO	Pass	8:23am
FC	Pass	8:23am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:23am
SRC	Pass	8:23am
DET	Pass	8:23am
BAR	Pass	8:23am
BT	Pass	8:23am

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:23am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:23am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:24am 8:24am

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	OHNSTON Instrument Location JOHNSTON COUNTY
I	nstrument Ser	ial No. 008810 DETENTION CENTER
T	The preventive erial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
W	ere performed	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.
A.E. CREATER	THE STATE OF	GRAND CARD CARD CARD CARD CARD CARD CARD CAR
	OF GRAM VIDEN	667
		Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 08/01/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK ACCY CHK	Pass .00 .08	1:29pm 1:29pm 1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported 00 g/210L

Signature of Chemical Analyst

Court CVR

## JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 5056 

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm
		WHAT COURT IN THE WATER

#### Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

## Printer Tests

Test	Status	Time

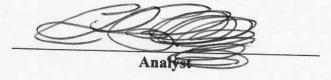
PRNT Pass	1:37pm
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#### CRC Tests

Test	Status	Time
1000	Dialus	111111111111111111111111111111111111111

COMP	Pass	1:37pm
CAL	Pass	1:37pm

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)

Count	Joh	Instrument Location Tohnston County
Instrui	ment Serial	No.008846 Detention Center
		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		he day of 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 ices, and the instrument is functioning properly.
THE GREAT SCA	THE STATE OF THE S	CAROUND A A
-10	All the state of t	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 08/24/2022

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

Subject'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	1:23pm
AIR BLK	.00	1:23pm
ACCY CHK	.07	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm

Report#d AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 5825 Test Date: 08/24/2022 Test Time: 1:32pm EDT

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	1:33pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:33pm

Preventive Maintenance Status: Pass

Analyst

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

Count	Joh	Instrument Location Tohnston County
Instrui	ment Serial	No.008846 Detention Center
		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		he day of 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 ices, and the instrument is functioning properly.
THE GREAT SCA	THE STATE OF THE S	CAROUND A A
-10	All the state of t	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 08/24/2022

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

Subject'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	1:23pm
AIR BLK	.00	1:23pm
ACCY CHK	.07	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm

Report#d AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 5825 Test Date: 08/24/2022 Test Time: 1:32pm EDT

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	1:33pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:33pm

Preventive Maintenance Status: Pass

Analyst

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

County_	OHNSTON Instrument Location JOHNSTON COUNTY
Instrument Seri	ial No.008846 DETENTION CENTER
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Serv	the day of, 20 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.
AND STATE OF A PROPERTY OF A P	
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 08/01/2022

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

Subject'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	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemisal Analyst

Court CVR

Analyst

## JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 5814 Test Date: 08/01/2022 Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:40pm

CAL Pass 1:40pm

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	OHNSTON Instrument Location BENSON Payer
Instrument Se	rial No. OOSSSS
The preventive	a maintanana ann a la Carla X
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	theday of, 20the 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 STA	SARTI CAROLLI
OS QUAM VIDER	106/
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Date: 08/01/2022

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

Subject'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: AG034901 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Record Number: 697

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

#### Blank Tests

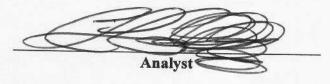
Test	Status	Time
AIR	Pass	11:09am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:09am
	CRC Tests	
Test	Status	Time

COMP Pass 11:09am CAL Pass 11:09am

Preventive Maintenance Status: Pass



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

Instrument Sei	rial No. 008698 Pollocks ville
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.
vere performed	the day of
QUAM VILL	72 and 665

JONES COUNTY BAT MOBILE UNIT 7 510

Serial Number: 008698 Test Date: 08/06/2022

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.08	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:32pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### JONES COUNTY BAT MOBILE UNIT 7 510

Serial Number: 008698 Test Record Number: 1917

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	9:32pm
FC	Pass Pass	9:32pm
1 0	rass	9:33pm

#### Temperature Tests

Status	Time
Pass	9:33pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:34pm

Pass 9:34pm

Preventive Maintenance Status: Pass

CAL

The Man

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	enoir Instrument Location Kinston P.D.
Instrument Se	rial No. 008624 205 F. King St. Kinghon, No
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, whichever occurs first.
	2 th 1
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STA	
ACTION ALTONIA	(43)
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 08/30/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

g/210L	Time
Pass	11:08am
	11:09am
	11:09am
.00	11:10am
.00	11:12am
.00	11:13am
.00	11:15am
.00	11:16am
	Pass .00 .08 .00 .00 .00 .00

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

## LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 08/30/2022

Test Record Number: 2048 Test Time: 11:17am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 11:18am

#### Printer Tests

m 1		
Test	Status	Time

PRNT Pass 11:18am

CRC Tests

Test Status Time

COMP Pass 11:18am CAL Pass 11:18am

Preventive Maintenance Status: Pass

Analyst

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

County Le	noir Instrument Location Lenoir (0.5.0.
Instrument Ser	ial No. 008639 130 Queen St., Kinston, N
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 Serv	the day of day of 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 NO. 20. LOS	A CAROLINA C
SS QUAM VILLE!	7 (0) 643
	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 08/30/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Guard, Kelly G Permit Number: 0037-7722 Effective:

09/28/2020-09/28/2022

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3669
Test Date: 08/30/2022 Test Time: 10:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:19am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
BT	Pass	10:19am

#### Blank Tests

Test		Status	Time
AIR	1.	Pass	10:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:20am 10:20am

Preventive Maintenance Status: Pass

Analyst

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

County	EKLENBURGY Instrument Location Cornelius PD
Instrument Serial	No. 008192 Instrument Location Cornelius PD  Cornelius, NC
1	
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	ne 23 rd day of Hugust, 2022 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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 08/23/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG118804 Exp Date: 07/07/2023

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 3319
Test Date: 08/23/2022 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:15pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time

Pass

Pass

12:15pm

12:15pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

County MC	CKIENHURA Instrument Location Mathews 7D
Instrument Serial	No 008699 Monthew, NC
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 th were performed o and Human Servio	e 15th day of Hugust, 2022 the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
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MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 08/15/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG034902 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	2:37pm
AIR BLK	.00	2:37pm
ACCY CHK	.07	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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: 3026
Test Date: 08/15/2022 Test Time: 2:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	2:44pm	
FLO	Pass	2:44pm	
FC	Pass	2:44pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:44pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:45pm
	CRC Tests	
Test	Status	Time

Pass

Pass

2:45pm

2:45pm

Preventive Maintenance Status: Pa/ss/

COMP

CAL

Analyst

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

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

County C	No. 008703 Instrument Location Pineville Police Department No. 1008703 Pineville, NC
Instrument Serial	No. 008703 Pineville, NC
	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.
I certify that on the were performed of and Human Service	the 33rd day of August, 2022 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.
O THE STATE OF NO.	Signature of Certifying Official  Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 08/23/2022

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

Subject'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: AG035001 Exp Date: 12/15/2022

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.08	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

.00 g/210L eported AC:

gnature of Chemical Analyst

Court CVR

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 6123
Test Date: 08/23/2022 Test Time: 1:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:51pm
CAL	Pass	1:51pm

Preventive Maintenance Status: Pass

N/ 1/L

## 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 BAT MOBILE UNIT 1  rial No. 008869  CHARLOTTE	
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.	
	the 11 day of August, 2022 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	M. C. Hos Signature of Certifying Official Certificate Number	

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008869 Test Date: 08/11/2022

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008869 Test Record Number: 1372 Test Date: 08/11/2022 Test Time: 9:38pm EDT

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

Test	Status	Time
AIR	Pass	9:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:39pm

Preventive Maintenance Status: Pass

Pass

9:39pm

CAL

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

Instrument Ser	ial No. 008939 CHARLOTTE
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 10 day of August, 20 22 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.
ASSE QUAN VIDENA	M.C. fly 676

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008939 Test Date: 08/10/2022

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: AG034902 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.07	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. e. fly
Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008939 Test Record Number: 1310 

System Check: Passed

#### Baseline Tests

Status	Time
Pass	9:57pm
Pass	9:57pm
Pass	9:57pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:58pm
SRC	Pass	9:58pm
DET	Pass	9:58pm
BAR	Pass	9:58pm
BT	Pass	9:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

#### Printer Tests

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

Pass

9:58pm

9:58pm

Preventive Maintenance Status: Pass

CAL

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

The preventive serial number	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 day of AUGUST, 20_22_ 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.

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008939 Test Date: 08/11/2022

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: AG034902 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.07	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

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: 1315
Test Date: 08/11/2022 Test Time: 9:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:42pm
FC	Pass	9:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:42pm
SRC	Pass	9:42pm
DET	Pass	9:42pm
BAR	Pass	9:42pm
BT	Pass	9:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:43pm 9:43pm

Preventive Maintenance Status: Pass

Analyst

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

The	preventive	Instrument Location BAT Mobile unit 2  al No. 008973  Spruce Fine  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 cert were and I	ify that on performed Human Ser	the 12th day of August, 2022 the forgoing preventive maintenance procedures on the instrument indicated bove, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

#### MITCHELL COUNTY BAT MOBILE UNIT 2 600

Serial Number: 008973 Test Date: 08/12/2022

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

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

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	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.08	8:49pm
AIR BLK	.00	8:50pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8:53pm
	//	

Reported ACA 00 g/210L

Signature of Chemical Analyst

Court CVR

#### MITCHELL COUNTY BAT MOBILE UNIT 2 600

Serial Number: 008973 Test Record Number: 994
Test Date: 08/12/2022 Test Time: 8:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	8:55pm	
FLO	Pass	8:55pm	
FC	Pass	8:55pm	

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:56pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:56pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:56pm CAL Pass 8:56pm

Preventive Maintenance Status/Pass

Analyst

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

C	ounty Mo	Agomery Instrument Location Montgomery County
Iı	nstrument Seria	No. 008657 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;
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.
V		the
ODEAN	STATE OF THE STATE	AN A
	KOAN ***	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 08/03/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG118803 Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	11:08am
AIR BLK	.00	11:09am
ACCY CHK	.08	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
ATR BLK	0.0	11 · 14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 1957 Test Date: 08/03/2022

Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

#### Temperature Tests

Test		Status	Time
FC1		Pass	11:16am
SRC	*	Pass	11:16am
DET		Pass	11:16am
BAR		Pass	11:16am
BT		Pass	11:16am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:16am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:16am

CAL Pass 11:16am

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)

Cou	inty <u>Mov</u>	Hymery Instrument Location Montgomery County
Inst	rument Seria	No. 008709 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.
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THE GREAT STA	THE STATE OF A	OBINIT CAROLLE TO THE TOTAL TO THE TOTAL T
	White State of the	Signature of Certifying Official Certificate Number

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 08/03/2022

Citation Number: M0000000-0
Subject'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: 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: AG118803 Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:15am
ACCY CHK	.07	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1376
Test Date: 08/03/2022 Test Time: 11:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status		Time
IR FLO	Pass Pass	0	11:22am 11:22am
FC	Pass		11:22am

#### Temperature Tests

Status	Time
Pass	11:22am
Pass	*11:22am
	Pass Pass Pass Pass

#### Blank Tests

Test Status	Time
AIR Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am 11:23am
CAL	Pass	11:23am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	Moore Instrument Location BAT Mobile Unit #5 ial No. 068575 Abordeen
	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 performe and Human Se	the 21 day of August, 2022 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.
O IN STATE OF THE	A CANONIA PARTIES AND

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008575 Test Date: 08/21/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Todd, Shane C Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:30pm
AIR BLK	.00	8:31pm
ACCY CHK	.08	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:33pm
AIR BLK	.00	8:34pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:36pm

Reported AC: .00 g/210L

mature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008575 Test Record Number: 1370
Test Date: 08/21/2022 Test Time: 8:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:39pm
FLO	Pass	8:39pm
FC	Pass	8:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:39pm
SRC	Pass	8:39pm
DET	Pass	8:39pm
BAR	Pass	8:39pm
BT	Pass	8:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:40pm
CAL	Pass	8:40pm

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)

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 Olday of August, 2022 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008647 Test Date: 08/21/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Todd, Shane C

Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.08	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY BAT MOBILE UNIT 5 620
Serial Number: 008647 Test Record Number: 2750
Test Date: 08/21/2022 Test Time: 8:46pm EDT
System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:46pm
FLO	Pass	8:46pm
FC	Pass	8:47pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:48pm
CAL	Pass	8:48pm

Preventive Maintenance Status: Pass

Analyst

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

County	Moore Instrument Location BAT Mobile Unit #5
Instrument Ser	ial No. 00 8826 Abordeen
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 21 day of August, 2022 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.
THE STATE OF THE S	
STAW AND	Signature of Certifying Official Certificate Number

#### MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008826 Test Date: 08/21/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Todd, Shane C

Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	8:31pm
AIR BLK	.00	8:32pm
ACCY CHK	.08	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:36pm
ATP BLK	0.0	8 · 37pm

Reported AC .. 00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008826 Test Record Number: 8446
Test Date: 08/21/2022 Test Time: 8:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:40pm
FLO	Pass	8:40pm
FC	Pass	8:40pm

#### Temperature Tests

Status	Time
Pass	8:40pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

#### Printer Tests

Test Status Time

Test	Status	TIME
PRNT	Pass	8:41pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:41pm
CAL	Pass	8:41pm

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)

nstrume	ent Serial	No. OO 8580 NASHVELLE
		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 per	formed of	ne 26 day of AULUST, 2022 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.
3/8	STATEON	

### NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580 Test Date: 08/26/2022

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

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	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.07	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580 Test Record Number: 2771 Test Date: 08/26/2022 Test Time: 9:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:48pm
FLO	Pass	9:48pm
FC	Pass	9:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:48pm
SRC	Pass	9:48pm
DET	Pass	9:48pm
BAR	Pass	9:48pm
BT	Pass	9:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:49pm
CAL	Pass	9:49pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	ial No. 10 0 8 7 3 8	222 5 W	95 HINGTON ST.	
		NASHUILLE	ASHINGTON ST.	
The preventive serial number 1	maintenance procedures for the Intoxime 0,000 or higher) to be followed at least or	ters, Model Intox EC/IR II and Mace every four months are:	odel Intox EC/IR II (Enhanced with	
(1)	Verify the ethanol gas canister display breath simulator thermometer shows 3	ys at least 51 pounds per square in 34 degrees, plus or minus .2 degree	ch (psi) of pressure, or the alcoholic e centigrade;	
(2)	Verify instrument displays time and d	ate;		
(3)	Initiate breath test sequence;	Initiate breath test sequence;		
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW" appears, col	llect breath sample;		
(8)	Print test record;			
(9)	Run diagnostic program and confirm p	preventive maintenance status of "	Pass"; and	
(10)	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expirate every four months or after 125	ation date, or the alcoholic breath Alcoholic Breath Simulator tests,	
were performe	the 29 day of August d on the instrument indicated above, in acroices, and the instrument is functioning process.	ccordance with current regulation	preventive maintenance procedures s of the N.C. Department of Health	

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008738 Test Date: 08/29/2022

Citation Number: M0000000-0

Subject'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: AG212401 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am

ACCY CHK .08 10:44am
AIR BLK .00 10:45am
SUB TEST .00 10:46am
AIR BLK .00 10:46am
SUB TEST .00 10:48am
AIR BLK .00 10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Exbry St.

#### NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008738 Test Record Number: 1058
Test Date: 08/29/2022 Test Time: 10:50am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

#### 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	10:51am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

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)

I	nstrument Seri	al No. 008179 NASHUDLE
T s	The preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
À	(5)	Verify instrument accuracy;
,	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program 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.
W	ere performed	the 26 day of Aurust , 20 22 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.
P. LAT		
A		55V- C63
	STATE OF THE PARTY	Signature of Certifying Official Certificate Number

#### NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008779 Test Date: 08/26/2022

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

Test	g/210L	Time
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.07	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm

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: 3846 Test Date: 08/26/2022 Test Time: 9:50pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:51pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

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_Ne	W Hanover Instrument Location Wilmington
Instrument Serial	No. 008628 Police Depertment
The preventive ma	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 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)

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 08/08/2022

Citation Number: M0000000-0

Subject'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: Ryan, Robert F Permit Number: 0084-5023

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	8:51am
AIR BLK	.00	8:52am
ACCY CHK	.07	8:52am
AIR BLK	.00	8:54am
SUB TEST	.00	8:54am
AIR BLK	.00	8:55am
SUB TEST	.00	8:56am
AIR BLK	00	8:\$7am

Reported AG: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 6021
Test Date: 08/08/2022 Test Time: 8:58am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:58am
FLO	Pass	8:58am
FC	Pass	8:58am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:58am
SRC	Pass	8:58am
DET	Pass	8:58am
BAR	Pass	8:58am
BT	Pass	8:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:59am
	CRC Tests	
Test	Status	Time

8:59am
8:59am

Preventive Maintenance Status: Pass

Artalyst

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

County_V	No. 008661 Police Dependent
Instrument Serial	No. 008661 Police Depertment
	· · · · · · · · · · · · · · · · · · ·
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.
I certify that on t were performed and Human Serv	the 5Hday of Asyst, 20 Zahe 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.
STATE	670
1100	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)

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 08/05/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	11:45am
AIR BLK	.00	11:46am
ACCY CHK	.07	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK_	.00	11:49am
SUB TEST	.00	711:50am
AIR PLK	.00/	/11:51am

Reported AC; .00 g/210I

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

### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 3015
Test Date: 08/05/2022 Test Time: 11:51am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:52am
FLO	Pass	11:52am
FC	Pass	11:52am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

#### CRC Tests

Test	Status	Time	
COMP	Pass	11:53am	
CAL	Pass	11:53am	

Preventive Maintenance Status Pass

hadyst

### 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 OC30 SNEADS FERRY  ial No. 008578  SUBSTATION
Instrument Seri	ial No. 008578 5UBSTATION
The preventive serial number I	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 <u>05</u> day of <u>AUGUST</u> , 20 <u>22</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.
S S A T S	Clu 2, Barro 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 SNEADS FERRY SUB 660

Serial Number: 008578 Test Date: 08/05/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG131901 Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	12:17pm
AIR BLK	.00	12:17pm
ACCY CHK	.08	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
ATR BLK	-00	12:20pm

12:22pm

12:23pm AIR BLK .00

SUB TEST .00

Signature of Chemical Analyst

Reported AC: .00 g/210L

Court CVR

## ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Record Number: 3416
Test Date: 08/05/2022 Test Time: 12:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:25pm	

#### Printer Tests

Test	Status	Time	
PRNT	Pass	12:25pm	

#### CRC Tests

Test	Status	Time	
COMP	Pass	12:25pm	
CAL	Pass	12:25pm	

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	NISLOW Instrument Location MCAS NEW RIVER
Instrument Ser	al No. <u>008919</u>
The 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.
were performed	the <u>05</u> day of <u>MUGUST</u> , 20 <u>22</u> he 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.
	al R 3 648
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 08/05/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG131901 Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	5:46pm
AIR BLK	.00	5:47pm
ACCY CHK	.08	5:48pm
AIR BLK	.00	5:49pm
SUB TEST	.00	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:52pm
ATR BLK	.00	5:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 820 Test Date: 08/05/2022 Test Time: 5:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	5:53pm	
FLO	Pass	5:53pm	
FC	Pass	5:53pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:53pm
SRC	Pass	5:53pm
DET	Pass	5:53pm
BAR	Pass	5:53pm
BT	Pass	5:53pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	5:54pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:54pm

#### CRC Tests

Test	Status	Status Time	
COMP	Pass	5:54pm	
CAL	Pass	5:54pm	

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 CAMP LE JEUNE  ial No. 008722
Instrument Ser	ial No. 008922 PMD
The preventive serial number l	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 <u>65</u> day of <u>AUGUST</u> , 20 <u>ZZ</u> 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.
STATES	Signature of Certifying Official Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922 Test Date: 08/05/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG131901 Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:25pm
ACCY CHK	.08	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:30pm
ATR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922 Test Record Number: 586
Test Date: 08/05/2022 Test Time: 2:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:33pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance Status: Pass

Analyst

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

County O	NSLOW Instrument Location JACKSONVILLE
Instrument Seri	NSLOW Instrument Location JACKSONVILLE  al No. 008930  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.
were performe	the <u>05</u> day of <u>A0603 T</u> , 20 <u>22</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.
TOP QUANT VEEDS	July 13 1648
	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 JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 08/05/2022

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

Subject'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: AG034901 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK	.00	4:24pm
ACCY CH	k .08	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	00. 1	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	00.	4:29pm
AIR BLK	.00	4:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### ONSLOW COUNTY JACKSONVILLE PD 660

Test Record Number: 2166 Serial Number: 008930 Test Time: 4:30pm EDT Test Date: 08/05/2022

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:31pm
FLO	Pass	4:31pm
FC	Pass	4:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:31pm
SRC	Pass	4:31pm
DET	Pass	4:31pm
BAR	Pass	4:31pm
BT	Pass	4:31pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	4:31pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:32pm

4:32pm

Preventive Maintenance Status: Pass

Pass

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 Or	15LOW Instrument Location ON 3LOW COUNTY
Instrument Seri	al No. 008981 Instrument Location ON 3LOW COUNTY  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 <u>05</u> day of <u>AUGUST</u> , 20 <u>ZZ</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.
	Cl. 2 3 (048
	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: 08/05/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG212401 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	3:34pm
AIR BLK	.00	3:34pm
ACCY CHK	.08	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ONSLOW COUNTY DETENTION CENTER 660

Test Record Number: 4013 Serial Number: 008931 Test Time: 3:40pm EDT Test Date: 08/05/2022

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

#### Printer Tests

70.7		
Test	Status	Time
PRNT	Pass	3:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance Status: Pass

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (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 alc breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	CountyC	Instrument Location ONSLOW COUNTY
serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	Instrument Seri	al No. 008932 DETENTION CENTER
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	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:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the O5 day of ADGUST, 2022 the forgoing preventive maintenance processors are performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	(5)	Verify instrument accuracy;
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performe	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
Signature of Certifying Official Certificate Number	SANT OF STANT OF STAN	Signature of Vertifying Official Certificate Number

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 08/05/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG212401 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	3:42pm
AIR BLK	.00	3:43pm
ACCY CHK	.08	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:48pm
ATR BLK	.00	3:49pm

Reported AC:

Signature of Chemical Analyst

Court CVR

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 6784
Test Date: 08/05/2022 Test Time: 3:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC	Pass	3:50pm
DET	Pass	3:50pm
BAR	Pass	3:50pm
BT	Pass	3:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance Status: Pass

Analyst

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

County Po	rquimans Instrument Location Perquimans 10.5.0.
Instrument Se	rial No. 008588 Instrument Location Perquinans 6. 5.0.
The preventiv	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 or were performe and Human Se	the
STATE OF THE STATE	AGENTAL CAROLINA CARO
THE QUAM VICEN	643
	Signature of Certifying Official Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008588 Test Date: 08/16/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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	12:08pm 12:09pm 12:10pm 12:11pm 12:11pm 12:12pm 12:14pm 12:15pm
		Opin

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008588 Test Record Number: 1154
Test Date: 08/16/2022 Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:21pm 12:21pm

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_P	Instrument Location Policy 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.
I certify that on were performed and Human Ser	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.
* A SE QUAM VICENT	Signature of Cortificing OCC : 1
	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 08/01/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	12:27pm
AIR BLK	.00	12:28pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1747 Test Date: 08/01/2022 Test Time: 12:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:35pm	

#### Printer Tests

Test

CAL

PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35pm

Pass

12:35pm

Status Time

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	POIK	Instrument Location Polk Court	
Instrumen	nt Serial No	008881 (olumbi	3,00
		nance procedures for the Intoximeters, Model Intox EC/IR II and Mor higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1		ify the ethanol gas canister displays at least 51 pounds per square inc ath simulator thermometer shows 34 degrees, plus or minus .2 degree	NA
(2	e) Ver	ify instrument displays time and date;	
(3	) Init	ate breath test sequence;	
(4	Ent	er information as prompted;	
(5	(i) Ver	ify instrument accuracy;	
(6	Wh	en "PLEASE BLOW" appears, collect breath sample;	
(7	) Wh	en "PLEASE BLOW" appears, collect breath sample;	
(8	3) Prii	at test record;	
(9	P) Rui	diagnostic program and confirm preventive maintenance status of "	Pass"; and
(1	sim	ify that the ethanol gas canister is being changed before expira- ulator solution is being changed every four months or after 125 chever occurs first.	
were perf	formed on the	day of, 20 the forgoing perinstrument indicated above, in accordance with current regulation and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
* SSE QUI	AM VIDER!	5004	668
		Signature of Certifying Official	Certificate Number

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Date: 08/01/2022

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: 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	12:26pm
AIR BLK	.00	12:26pm
ACCY CHK	.08	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Record Number: 1030 Test Date: 08/01/2022 Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

#### Temperature Tests

Test Status Ti	ime
	2:33pm
SRC Pass 12	2:33pm
DET Pass 12	2:33pm
BAR Pass 12	2:33pm
BT Pass 12	2:33pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:33pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

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 Ray	Instrument Location Randolph County
Instrument Seria	al No 008860 Magistrates Office
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the day of, 20 the forgoing preventive maintenance procedure don the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.
STATE OF THE STATE	Separation of the separation o
QUAM VIEW	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY MAGISTRATE'S OFFICE 750

Serial Number: 008860 Test Date: 08/01/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG118805 Exp Date: 07/07/2023

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### RANDOLPH COUNTY MAGISTRATE'S OFFICE 750

Serial Number: 008860 Test Record Number: 3124
Test Date: 08/01/2022 Test Time: 9:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10am
FLO	Pass	9:10am
FC ·	Pass	9:10am

#### Temperature Tests

Status	Time
Pass	9:10am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:11am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:11am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:11am 9:11am

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 Ran	dolph Instrument Location Randolph	County
Instrument Seria	INO. 008899 Magistrate	office
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 0,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (J breath simulator thermometer shows 34 degrees, plus or minus .2 degree cer	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
20.00	the	entive maintenance procedures the N.C. Department of Health
THE STATE ON ANY 30. 170 MAY 3	CARD ARCARD AND ARCADO	675
Kanto I.	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY MAGISTRATE'S OFFICE 750

Serial Number: 008899 Test Date: 08/01/2022

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG118803 Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	8:55am
AIR BLK	.00	8:56am
ACCY CHK	.07	8:56am
AIR BLK	.00	8:57am
SUB TEST	.00	8:58am
AIR BLK	.00	8:59am
SUB TEST	.00	9:00am
AIR BLK	.00	9:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY MAGISTRATE'S OFFICE 750

Serial Number: 008899 Test Record Number: 3962
Test Date: 08/01/2022 Test Time: 9:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:03am
FLO	Pass	9:03am
FC	Pass	9:03am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:03am
SRC	Pass	9:03am
DET	Pass	9:03am
BAR	Pass	9:03am
BT	Pass	9:03am

#### Blank Tests

AIR Pass 9:04am	Test	Status	Time
	AIR	Pass	9:04am

#### Printer Tests

Test Status Time

PRNT	Pass	9:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:04am

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)

Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.		Instrument Ser	maintenance procedures for the Intoximeters Model Intox EC/ID II and Model Intox	***1
Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		serial number 1	0,000 or higher) to be followed at least once every four months are:	ш
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breast simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the day of		(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	lic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(2)	Verify instrument displays time and date;	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(3)	Initiate breath test sequence;	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(4)	Enter information as prompted;	
When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	1	(5)	Verify instrument accuracy;	
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the		(6)	When "PLEASE BLOW" appears, collect breath sample;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tess whichever occurs first.  I certify that on the day of, 20 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.		(7)	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasumulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tess whichever occurs first.  I certify that on the		(8)	Print test record;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasumulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tess whichever occurs first.  I certify that on the		(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.		(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	th s,
O IN STATE O' AND THE	W	ere performed	on the instrument indicated above in accordance with augment resolution of the instrument indicated above in accordance with augment resolution.	es th
	CREAT	STATE ON STATE ON STATE OF STA		
Signature of Certifying Official Certificate Number			Signature of Certifying Official Certificate Number	_

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 08/30/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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

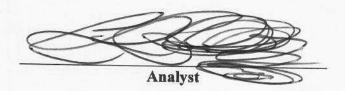
Lot Number: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time -
DIAG	Pass	2:22pm
AIR BLK	.00	2:23pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 08/30/2022 Test Time: 2:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:31pm 2:31pm
FC	Pass	2:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:32pm	

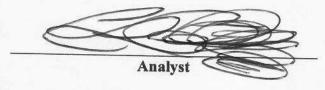
#### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:32pm

2:32pm

Preventive Maintenance Status: Pass

CAL Pass



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

CountyR	Instrument Location For	st City Police Dept.
Instrument Se	rial No. <u>D O 8 8 8 9</u>	Forest City, NC
The preventiv serial number	e maintenance procedures for the Intoximeters, Model Intox EC 10,000 or higher) to be followed at least once every four month	C/IR II and Model Intox EC/IR II (Enhanced with s are:
(1)	Verify the ethanol gas canister displays at least 51 pounds breath simulator thermometer shows 34 degrees, plus or m	mon or
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	re status of "Pagg": and
(10)	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months of whichever occurs first.	
I certify that on were performed and Human Ser	the day of, 20 the lon the instrument indicated above, in accordance with currenvices, and the instrument is functioning properly.	forgoing preventive maintenance procedures t regulations of the N.C. Department of Health
	Signature of Certifying Official	Certificate Number

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 08/01/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.08	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 1024
Test Date: 08/01/2022 Test Time: 11:45am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
BT	Pass	11:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:46am

#### Printer Tests

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

Pass

11:47am

11:47am

Preventive Maintenance Status: Pass

Pass

COMP

CAL

Analyst

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

County	Instrument Location Rutterford County Jan
Instrument Ser	rial No. 008914 Ruther Fordton, 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 performed	theday of
	Signature of Certifying Official Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Date: 08/01/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG107401 Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	1:35pm
AIR BLK	.00	1:35pm
ACCY CHK	.08	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2470 Test Date: 08/01/2022 Test Time: 1:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

#### Temperature Tests

Test Status Tim	
FC1 Pass 1:	42pm
SRC Pass 1:	42pm
DET Pass 1:	42pm
	42pm
	42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:42pm
CAL	Pass	1:42pm

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_Sto	Instrument Location Location Location Location
Instrument Serial	No. 008706 Locust, NC
	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.
I certify that on the were performed of and Human Service	the <u>aghth</u> day of <u>Hugust</u> , 20 <u>28</u> 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	A Ann Malm

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 08/29/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG118804 Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Meported 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

#### STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3638 Test Date: 08/29/2022 Test Time: 11:39am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:39am 11:39am
FC	Pass	11:40am

#### Temperature Tests

Status	Time
Pass	11:40am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:40am
	CRC Tests	
		2222100

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance Status: Pass

Analyst

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

County_S+	anly Instrument Location Stanly County 80
Instrument Seria	al No. 008824 Albamarle, NC
¥	
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of Hugust, 20 20 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.
STATE	

THE STATE O'NO STATE O

Signature of Certifying Official

Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 08/29/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG107501 Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	12:31pm
AIR BLK	.00	12:31pm
ACCY CHK	. 0 7	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:36pm
ATR BLK	- 00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 1869 Test Date: 08/29/2022 Test Time: 12:37pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	12:38pm
Pass	12:38pm
Pass	12:38pm
	Pass Pass

#### Temperature Tests

Test		Status		Time
FC1		Pass		12:38pm
SRC		Pass		12:38pm
DET		Pass		12:38pm
BAR	1	Pass	*****	12:38pm
BT		Pass	. 46.	12:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm
	CRC Tests	

Test	beacus	TIME
COMP	Pass	12:39pm
CAL	Pass	12:39pm

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)

Instrument Ser	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.
I certify that on were performed and Human Ser	the Aday of Hugust, 2022 the forgoing preventive maintenance procedures of the instrument indicated those, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STATE OF	

Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 08/29/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG202601 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	12:27pm
AIR BLK	.00	12:27pm
ACCY CHK	.08	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 08/29/2022 Test Record Number: 2665
Test Time: 12:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	143

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

Preventive Maintenance Status: Pass

Analyst

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

County		01160.50.
Instrument Se	erial No. 008902 4/12 M	Main Sty Columbia No
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR 10,000 or higher) to be followed at least once every four months are	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per s breath simulator thermometer shows 34 degrees, plus or minus	one in the Control of
(2)	Verify instrument displays time and date;	,
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance sta	atus of "Pass": and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.	
I certify that on were performed and Human Ser	the	going preventive maintenance procedures rulations of the N.C. Department of Health
S TOTAL 12 T	Signature of Certifying Official	Certificate Number
		The control of the co

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 08/18/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:03pm 12:04pm 12:05pm
AIR BLK SUB TEST	.00	12:06pm
	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 1063
Test Date: 08/18/2022 Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass Pass	12:11pm 12:11pm 12:11pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:11pm
SRC	Pass	12:11pm
DET	Pass	12:11pm
BAR	Pass	12:11pm
BT	Pass	12:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

#### Printer Tests

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

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 \( \sum_{\chi} \)	ion Instrument Location Working PD
Instrument Serial	No. 008598 Waxhaw, NC
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.
I certify that on the were performed and Human Service	the day of day o
STATE ON STA	Bullo Hallma Conti

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 08/30/2022

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

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

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

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
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	1:50pm
AIR BLK	-00	1:51pm
ACCY CHK	.07	1:51pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 940 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	1:57pm
FC	Pass Pass	1:57pm 1:57pm
1 0	I UDD	

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:58pm

Pass

1:58pm

Preventive Maintenance Status: Pass

CAL

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

IVI	ODEL INTOX EC/IR II (Ennanced with serial number 10,000 or ingher)
County_	1100 Instrument Location Union County 80
Instrument Ser	ial No. 008866 Monne, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30 day of August, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A THE STATE OF	

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

Signature of Certifying Official

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 08/30/2022

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

Subject'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: AG035001 Exp Date: 12/15/2022

g/210L	Time
Dian	12-26
Pass	12:36pm
.00	12:37pm
.08	12:37pm
.00	12:38pm
.00	12:39pm
.00	12:40pm
.00	12:41pm
.00	12:42pm
	Pass .00 .08 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 4073 Test Date: 08/30/2022 Test Time: 12:43pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:43pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	12:44pm	

#### CRC Tests

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

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	Instrument Location Mion County 80
Instrument Seria	1 No. 008816 1 10000e, NOC
	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 30th day of Hugust . 2022 the forgoing preventive maintenance procedures on the instrument indicated bove, 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	

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

Certificate Number

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 08/30/2022

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Record Number: 6563 Test Date: 08/30/2022 Test Time: 12:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:46pr

Pass Preventive Maintenance

12:46pm

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 Wata	Instrument Location Watauga Co. Jail
	Instrument Serial	Instrument Location Watauga Co. Jail No. 008715  Boone, VC
		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	ne / 8 day of / 4050 , 2022 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.
	AN STATE ON	649
4		Signature of Certifying Official Certificate Number



WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 08/18/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Burnette, Anthony J
Permit Number: 0018-4401
Effective:
02/01/2022-02/01/2024

Officer's Name: 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	2:15pm 2:16pm 2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2667 Test Date: 08/18/2022

Test Time: 2:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:23pm 2:23pm
FC	Pass	2:23p

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:24pm 2:24pm

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	Dayne Instrument Location Wayne Co. Defaution Con
Instrument Se	rial No. 008649 207E Chestnut St, Goldsho
	L.C.
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
O THE STATE OF	ORTH CAROLING
TES QUAM VICENT	643
	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 08/11/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK ACCY CHK	.00	11:23am
AIR BLK	.08	11:23am 11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 5176
Test Date: 08/11/2022 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:29am
FLO	Pass	11:29am
FC	Pass	11:29am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

#### Blank Tests

Status	Time
Pass	11:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30am 11:30am

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	Jayne Instrument Location Seymour Johnson AFB	
Instrument Se	erial No. 008786 1010 Vermont Garrison S	7.10
The preventive serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 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;	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	Alexandra (
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholisimulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	c breath tor tests,
were performed	n the	ocedures of Health
A CAEAL TARKET OF THE CAEAL OF	CANON CANON	
	Signature of Certifying Official Certificate Number	r

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 08/11/2022

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Lot Number: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:13am 10:14am 10:15am 10:16am 10:17am 10:18am 10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 406 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:21am
FC	Pass	10:21am 10:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:21am
SRC	Pass	10:21am
DET	Pass	10:21am
BAR	Pass	10:21am
BT	Pass	10:21am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:21am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:21am
	CRC Tests	
Test	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 Wa	yne Instrument Location Wayne Co Defention (
Instrument Seria	No. DO8879 2076. Chestnut St, Golds
-	N
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.
I certify that on the were performed o and Human Service	day of
A THE STATE OF THE	CARO TANANTANA MARIANTANA MARIANT
	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 08/11/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1956
Test Date: 08/11/2022 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:18am 11:18am
FC	Pass	11:18am

## Temperature Tests

FC1 Pass 11:18am	1
SRC Pass 11:18am	
DET Pass 11:18am	1
BAR Pass 11:18am	ı
BT Pass 11:18am	1

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:19am 11:19am

Preventive Maintenance Status: Pass

Analyst

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

County	Jilson Instrument Location Wilson Co. Defe	nhon Cer
Instrument Se	Serial No. 008652 100E. Green St., U	Jilson K
The preventive serial number	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/I are 10,000 or higher) to be followed at least once every four months are:	R II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of press breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	sure, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive 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 Break whichever occurs first.	ne alcoholic breath ath Simulator tests,
I certify that or were performe and Human Se	on the	tenance procedures partment of Health
THE STATE OF THE S	CAROLES CAROLE	
A COL CATAN ALCAN	64	3
	Signature of Certifying Official Certification	nte Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 08/15/2022

Citation Number: M0000000-0
Subject'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: Guard, Kelly G Permit Number: 0037-7722 Effective:

09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK	.00	11:32am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:34am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
AIR BLK	-00	11 · 38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3722
Test Date: 08/15/2022 Test Time: 11:39am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:40am 11:40am
FC	Pass	11:40am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41am

#### Printer Tests

Test	Status	Time .
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:41am

11:41am

COMP

CAL

Analyst