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 Avery Co. Jail No. 00 8664 Newland, NC |
|--|--|
| 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 21 day of December, 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 PERSON OF THE PER | |

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

Signature of Certifying Official

Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 12/21/2022

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: 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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:12pm |
| AIR BLK | .00 | 2:13pm |
| ACCY CHK | .07 | 2:13pm |
| AIR BLK | .00 | 2:14pm |
| SUB TEST | .00 | 2:15pm |
| AIR BLK | .00 | 2:16pm |
| SUB TEST | .00 | 2:17pm |
| AIR BLK | .00 | 2:18pm |
| | | |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Record Number: 1156

Test Date: 12/21/2022

Test Time: 2:19pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:20pm |
| FLO | Pass | 2:20pm |
| FC | Pass | 2:20pm |
| | | |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:20pm |
| SRC | Pass | 2:20pm |
| DET | Pass | 2:20pm |
| BAR | Pass | 2:20pm |
| BT | Pass | 2:20pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:20pm |

Printer Tests

| Status | Time | |
|--------|--------|--|
| Pass | 2:20pm | |
| | Status | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:21pm |
| CAL | Pass | 2:21pm |

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)

| Th | e preventive rial 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. |
| | certify that on | the 19 day of December, 2022 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 signed original of the preventive maintenance record shall be kept on file for at least three years.

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 12/19/2022

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: AG212403 Exp Date: 05/04/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:14pm |
| AIR BLK | .00 | 3:15pm |
| ACCY CHK | .07 | 3:16pm |
| AIR BLK | .00 | 3:17pm |
| SUB TEST | .00 | 3:17pm |
| AIR BLK | .00 | 3:18pm |
| SUB TEST | .00 | 3:20pm |
| ATR BLK | .00 | 3:21pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 748

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:23pm |
| FLO | Pass | 3:23pm |
| FC | Pass | 3:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:23pm |
| SRC | Pass | 3:23pm |
| DET | Pass | 3:23pm |
| BAR | Pass | 3:23pm |
| BT | Pass | 3:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:24pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:24pm |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:24pm |
| CAL | Pass | 3:24pm |

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)

| The preventive serial number 1 | 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 15th day of December 2077 the forgoing preventive maintenance procedures ton the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning property. |

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 12/15/2022

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: 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: AG107501 Exp Date: 03/16/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:16pm |
| AIR BLK | .00 | 2:17pm |
| 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 BIK | .00// | 2:22pm |
| / / / | / / | |

Reported 190: /.00 g/2101

Signature of Anemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1839
Test Date: 12/15/2022 Test Time: 2:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:23pm |
| SRC | Pass | 2:23pm |
| DET | Pass | 2:23pm |
| BAR | Pass | 2:23pm |
| BT | Pass | 2:23pm |
| | | |

Blank Tests

| Status | Time |
|--------|--------|
| Pass | 2:23pm |
| | Status |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:24pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:24pm |
| CAL | Pass | 2:24pm |

Preventive Maintenance Status Pass

Malyst

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 of 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. |
| I certify that on | the 9th day of Pecerber, 20 The forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health |

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Date: 12/09/2022

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: 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: AG118804 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:03am |
| AIR BLK | .00 | 11:04am |
| ACCY CHK | .07 | 11:04am |
| AIR BLK | .00 | 11:05am |
| SUB TEST | .00 | 11:06am |
| AIR BLK | .00 | 11:07am |
| SUB TEST | .00 | 11:09am |
| AIR BLK | .00 / | 11:09am |
| | | |

1010-

Reported Acy .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

国用家がて、

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Record Number: 1051 Test Date: 12/09/2022 Test Time: 11:12am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:13am |
| FLO | Pass | 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 |
|------|--------|---------|
| ATR | Page | 11:14am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:14am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:14am |

Preventive Maintenance Status: Pass

Pass

11:14am

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)

| breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath. | The preventive serial number l | 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the Istrument indicated above, in accordance with current regulations of the N.C. Department of Health and the N.C. De | (1) | Verify the ethanol gas canister displays at 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the Stay of December 20 The forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health | (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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the Stay of | (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 breat simulator 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; |
| (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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. 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (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. I certify that on the | (8) | Print test record; |
| simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test 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 Healt | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| 10 MM-12/2 670 | were performed | on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health |
| Signatur of Certifying Official Certificate Number | Som ran | 17 M 1 1/2 670 |

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 12/15/2022

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: 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: AG107401 Exp Date: 03/15/2023

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR DLK SUB TEST | Pass .00 .07 .00 .00 | 12:50pm 12:50pm 12:51pm 12:52pm 12:53pm 12:53pm |
| AIR BLK | ,90 (| 72:55pm 72:56pm |

Reported XC: / .00/g/210L

Signature of Chemical Analyst

Court CVR

Analy

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 854 Test Date: 12/15/2022 Test Time: 12:57pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:57pm 12:57pm |
| FC | Pass | 12:57pm |

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 |
|---------|--------|------------------|
| ATR | Pass | 12.58pm |
| PL L PC | PARKS. | 1 / " " PST 17 m |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:58pm |

CRC Tests

| Test | Status | Time |
|--------------|--------------|--------------------|
| COMP CAL_ | Pass Pass | 12:58pm 12:58pm |
| | 0 | |

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)

| | 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 |

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008917 Test Date: 12/06/2022

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: 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: AG225701

Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 5:57pm |
| AIR BLK | .00 | 5:57pm |
| ACCY CHK | .08 | 5:58pm |
| AIR BLK | .00 | 5:59pm |
| SUB TEST | .00 | 5:59pm |
| AIR BLK | .00 | 6:00pm |
| SUB TEST | .00 | 6:02pm |
| AIR BLK. | .00 | △6:03pm |

Reported Ag: 100/

Signature of Chamical Analyst

Court CVR

analyst

BRUNSWICK COUNTY DETENTION CENTER 090
Serial Number: 008917 Test Record Number: 1013
Test Date: 12/06/2022 Test Time: 6:03pm EST
System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:03pm |
| FLO | Pass | 6:03pm |
| FC | Pass | 6:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:04pm |
| SRC | Pass | 6:04pm |
| DET | Pass | 6:04pm |
| BAR | Pass | 6:04pm |
| BT | Pass | 6:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:04pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:04pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:04pm |
| CAL | Pass | 6:04pm |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Ser | ial No.008697 BL av on 1 - 15 |
|--|--|
| | ial No.008697 Black Mountain, NC |
| 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. |
| certify that on were performed and Human Ser | the |

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

DHHS 4080 (04/20)

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Date: 12/01/2022

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

| g/210L | Time |
|--------|----------------------------------|
| Pass | 9:44am |
| | 9:45am |
| .08 | 9:45am |
| .00 | 9:46am |
| -00 | 9:47am |
| .00 | 9:48am |
| .00 | 9:50am |
| .00 | 9:51am |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Record Number: 4053 Test Date: 12/01/2022 Test Time: 9:55am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 9:55am 9:55am |
| FC | Pass | 9:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:55am |
| SRC | Pass | 9:55am |
| DET | Pass | 9:55am |
| BAR | Pass | 9:55am |
| BT | Pass | 9:55am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:56am |
| | | |

Printer Tests

| rest | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:56am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:56am |
| CAL | Pass | 9:56am |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Se | rial No.008748 Asheville, NC | |
|--|--|-----------|
| The properties | | |
| 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: | ith |
| (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; | lic |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program 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. | th ts, |
| The second secon | the 15 day of | es th |
| Com ton | 5 20 | |
| Committee | Signature of Certifying Official Certificate Number | |

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

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

> Serial Number: 008748 Test Date: 12/15/2022

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

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

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

| Test | g/210L | Time |
|--|--------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | .00 | 11:31am 11:31am 11:32am 11:33am 11:34am |
| AIR BLK SUB TEST AIR BLK | .00 | 11:35am 11:36am 11:37am |
| | | * Sec. 2. Sec. 11. |

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analysy

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008748 Test Record Number: 2077 Test Date: 12/15/2022 Test Time: 11:41am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:41am |
| FLO | Pass | 11:41am |
| FC | Pass | 11:41am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:41am |
| SRC | Pass | 11:41am |
| DET | Pass | 11:41am |
| BAR | Pass | 11:41am |
| BT | Pass | 11:41am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:42am |

Printer Tests

| and the same | 100 | March 1997 |
|--------------|-----------|------------|
| | CRC Tests | |
| PRNT | Pass | 11:42am |
| Test | Status | Time |

| Test | Status | Time |
|--------|--------------|--------------------|
| COMP | Pass Pass | 11:42am 11:42am |
| Carrie | FdSS | 11.47 |

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 Seri | al No.00879 8 | Ash | coille, NC |
|---|--|---|--|
| The preventive serial number 1 | maintenance procedures for the Intoximeters 0,000 or higher) to be followed at least once | , Model Intox EC/IR II and Mevery four months are: | fodel Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at breath simulator thermometer shows 34 d | least 51 pounds per square in egrees, plus or minus .2 degre | nch (psi) of pressure, or the alcoholic se centigrade; |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect | breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect | breath sample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm prev | entive maintenance status of | "Pass"; and |
| (10) | Verify that the ethanol gas canister is simulator solution is being changed eve whichever occurs first. | being changed before expir ry four months or after 125 | ation date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| were performed | the 15 day of December on the instrument indicated above, in accordances, and the instrument is functioning proper | dance with current regulation | is of the N.C. Department of Health |
| * The second state of the | | | (p/n% |

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

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

> Serial Number: 008798 Test Date: 12/15/2022

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:28am |
| AIR BLK | .00 | 11:29am |
| ACCY CHK | .07 | 11:30am |
| AIR BLK | .00 | 11:31am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:32am |
| SUB TEST | .00 | 11:34am |
| AIR BLK | .00 | 11:35am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008798 Test Record Number: 6299 Test Date: 12/15/2022 Test Time: 11:35am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:35am |
| FLO | Pass | 11:35am |
| FC | Pass | 11:36am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:36am |
| SRC | Pass | 11:36am |
| DET | Pass | 11:36am |
| BAR | Pass | 11:36am |
| BT | Pass | 11:36am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:36am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:36am |
| | CRC Tests | |
| | | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:37am |
| CAL | Pass | 11:37am |

Preventive Maintenance Status: Pass

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

Analyst

Department of Health and Human Services

Rev. 12/2007

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

| County CA | SWELL | Instrument Location Casuall | o Detertion Cta |
|---|--|--|--|
| Instrument Se | rial No. 008593 | ZII Cond | , Pak Ro |
| _ | | YAnceya | Tek Ro |
| The preventive serial number | e maintenance procedures for 10,000 or higher) to be follow | the Intoximeters, Model Intox EC/IR II an ed at least once every four months are: | |
| (I) | Verify the ethanol gas car | nister displays at least 51 pounds per squareter shows 34 degrees, plus or minus .2 de | re inch (psi) of pressure, or the alcoholi egree centigrade; |
| (2) | Verify instrument display | | |
| (3) | Initiate breath test sequen | ce; | |
| (4) | Enter information as pron | apted; | |
| (5) | Verify instrument accurac | y: | |
| (6) | When "PLEASE BLOW" | appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" | appears, collect breath sample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program a | nd confirm preventive maintenance status | of "Pass"; and |
| (10) | Verify that the ethanol is | gas canister is being changed before ex ag changed every four months or after | windless days as a second of |
| CONTRACTOR OF THE PROPERTY OF | the 20 day of 2 day of 2 day of day o | above, in accordance with current regulat | g preventive maintenance procedures ions of the N.C. Department of Health |
| STATE OF | 18 | | |
| 一种 | # S | | |
| VIII. | 12) | 0110 | |
| Name of Street, or other Persons | J. Theres | Otokes Spries | 642 |
| | | Signature of Certifying Official | Certificate Number |

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

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 12/20/2022

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

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

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

| Test | g/210L | Time |
|----------|---------|---------|
| DIAG | Pass | 10:07am |
| AIR BLK | | 10:08am |
| ACCY CHK | .08 | 10:09am |
| AIR BLK | .00 | 10:10am |
| SUB TEST | 7.00000 | 10:10am |
| AIR BLK | .00 | 10:11am |
| SUB TEST | .00 | 10:12am |
| AIR BLK | .00 | 10:13am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2036 Test Date: 12/20/2022 Test Time: 10:14am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|---------|
| IR FLO | Pass Pass | 10:14am |
| FC | Pass | 10:14am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:14am |
| SRC | Pass | 10:14am |
| DET | Pass | 10:14am |
| BAR | Pass | 10:14am |
| BT | Pass | 10:14am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:15am |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 10:15am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 10:15am 10:15am |

Preventive Maintenance Status: Pass

Analyst

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

| County Instrument Ser | howan Instrument Location Chower Co. Peblic Saf-ty Co |
|--|--|
| Instrument Ser | ial No. 008895 305 treemason St. Edentur, |
| 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. |
| The Property of Street, Street | the |
| SSATE | 7/1/2/// |
| SW AN | Signature of Certifying Official Continue No. 1 |

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 12/09/2022

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: Chappell, Mark A Permit Number: 0020-6272 Effective: 09/01/2022-09/01/2024

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 | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| ACCY CHK | .07 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| SUB TEST | .00 | 1:21pm |
| AIR BLK | .00 | 1:22pm |
| SUB TEST | .00 | 1:24pm |
| AIR BLK | .00 | 1:25pm |

Reported AC: 00 g/

In 4. Chypical 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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1111

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:27pm |
| FLO | Pass | 1:27pm |
| FC | Pass | 1:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:27pm |
| SRC | Pass | 1:27pm |
| DET | Pass | 1:27pm |
| BAR | Pass | 1:27pm |
| BT | Pass | 1:27pm |

Blank Tests

| Test | Status | Time |
|------|--------|-------|
| AIR | Pass | 1:270 |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:28pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:28pm |

Pass 1:28pm

1:28pm

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)

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

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

DHHS 4080 (04/20)

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 12/06/2022

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: 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: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:03pm |
| AIR BLK | .00 | 3:04pm |
| ACCY CHK | .07 | 3:04pm |
| AIR BLK | .00 | 3:05pm |
| SUB TEST | .00 | 3:06pm |
| AIR BLK | .00 | 3:07pm |
| SUB TEST | .00 | 3:08pm |
| AIR BEK | .00 1 | 3:09pm |
| / | // | |

.90 g/210L

Signature of emical 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

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Record Number: 2791 Test Date: 12/06/2022 Test Time: 3:10pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:10pm |
| FLO | Pass | 3:10pm |
| FC | Pass | 3:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:10pm |
| SRC | Pass | 3:10pm |
| DET | Pass | 3:10pm |
| BAR | Pass | 3:10pm |
| BT | Pass | 3:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pagg | 3:11pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:11pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:11pm |
| CAL | Pass | 3:11pm |

Preventive Maintenance

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. |
| we | ertify that on re performed d Human Ser | the |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 12/19/2022

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 | 11:35am |
| AIR BLK | .00 | 11:36am |
| ACCY CHK | .07 | 11:37am |
| AIR BLK | .00 | 11:38am |
| SUB TEST | .00 | 11:39am |
| AIR BLK | .00 | 11:40am |
| SUB TEST | .00 | 11:41am |
| AIR BLK | .00 | 11:42am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4755 Test Date: 12/19/2022 Test Time: 11:43am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------|--------------------|
| IR | Pass | 11:43am |
| FLO FC | Pass | 11:43am 11:43am |

Temperature Tests

| Test Status Ti | me |
|----------------|-------|
| FC1 Pass 11 | :43am |
| SRC Pass 11 | :43am |
| DET Pass 11 | :43am |
| BAR Pass 11 | :43am |
| BT Pass 11 | :43am |

Blank Tests

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

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:44am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:44am 11:44am |

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 Mo | odel Intox EC/IR II (Enhanced with |
|-------|--------------|--|--|
| ser | | 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 inc 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 "I | Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first. | |
| we | re performed | the day of day o | reventive maintenance procedures of the N.C. Department of Health |
| COLVE | SATI | AV A | 675 |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 12/19/2022

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 | 11:14am |
| AIR BLK | .00 | 11:15am |
| ACCY CHK | .08 | 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

Ignature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4470 Test Date: 12/19/2022 Test Time: 11:23am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:23am |
| FLO | Pass | 11:23am |
| FC | Pass | 11:23am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:23am |
| SRC | Pass | 11:23am |
| DET | Pass | 11:23am |
| BAR | Pass | 11:23am |
| BT | Pass | 11:23am |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 11:24am | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:24am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:24am |

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)

| | ive 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 perfor | on the 19 day of December, 2022 the forgoing preventive maintenance procedures ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly. |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 12/19/2022

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 | 11:12am |
| AIR BLK | .00 | 11:13am |
| ACCY CHK | .07 | 11:14am |
| AIR BLK | -00 | 11:15am |
| SUB TEST | .00 | 11:16am |
| AIR BLK | .00 | 11:17am |
| SUB TEST | .00 | 11:18am |
| AIR BLK | .00 | 11:19am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 6385 Test Date: 12/19/2022 Test Time: 11:20am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:20am 11:20am |
| FC | Pass | 11:20am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:20am |
| SRC | Pass | 11:20am |
| DET | Pass | 11:20am |
| BAR | Pass | 11:20am |
| BT | Pass | 11:20am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:21am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:21am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:21am |
| CAL | Pass | 11:21am |

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 7848 Test Date: 12/19/2022 Test Time: 11:42am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|--|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 11:43am 11:43am 11:43am 11:43am |
| BT | Pass | 11:43am |

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 12/19/2022

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 | 11:34am |
| AIR BLK | .00 | 11:35am |
| ACCY CHK | .07 | 11:36am |
| AIR BLK | .00 | 11:37am |
| SUB TEST | .00 | 11:38am |
| AIR BLK | .00 | 11:39am |
| SUB TEST | .00 | 11:40am |
| AIR BLK | .00 | 11:41am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

| (1) (2) (3) (4) (5) (6) (7) (8) | Verify the ethanol gas canister displays at 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; Print test record; |
|---|--|
| (3) (4) (5) (6) (7) (8) | 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; |
| (4) (5) (6) (7) (8) | Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; |
| (5) (6) (7) (8) | Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; |
| (6) (7) (8) | When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; |
| (7) (8) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | |
| | Print test record; |
| (0) | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the 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 19 day of December, 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. |

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Date: 12/19/2022

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 | 1:22pm |
| 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 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Record Number: 476
Test Date: 12/19/2022 Test Time: 1:30pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
|---|---|
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the 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 19 day of |

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Date: 12/19/2022

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 | 1:17pm |
| AIR BLK | .00 | 1:18pm |
| ACCY CHK | .07 | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| SUB TEST | .00 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| SUB TEST | .00 | 1:22pm |
| AIR BLK | .00 | 1:23pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Record Number: 495 Test Date: 12/19/2022 Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:24pm |
| FLO | Pass | 1:24pm |
| FC | Pass | 1:24pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:25pm |
| SRC | Pass | 1:25pm |
| DET | Pass | 1:25pm |
| BAR | Pass | 1:25pm |
| BT | Pass | 1:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:25pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:25pm |

CRC Tests

| Test | Status | Time |
|------|--------------|------------------|
| COMP | Pass Pass | 1:25pm 1:25pm |

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)

| Instrument Seri | Instrument Location Dare County Detention Control No. 008783 |
|-----------------|---|
| | 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 28 day of December , 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. |
| SIATE | M11 B 11 680 |
| Name of Street | Signature of Certifying Official Certificate Number |

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 12/28/2022

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: Chappell, Mark A
Permit Number: 0020-6272
Effective:
09/01/2022-09/01/2024

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 | | 10:38am |
| AIR BLK ACCY CHK | | 10:39am 10:39am |
| AIR BLK | .00 | 10:41am |
| SUB TEST AIR BLK | | 10:41am 10:42am |
| SUB TEST | | 10:44am |
| AIR BLK | .00 | 10:45am |

Reported AC: 00 g/210L

Ignature of Commical 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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1250 Test Date: 12/28/2022 Test Time: 10:48am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Seria | 1044 Driftwood Dr. Ma |
|--------------------------------|--|
| 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 28 day of |
| | Signature of Certifying Official Certificate Number |

2000 2000 000 (ACC) - 2001 1

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 12/28/2022

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: Chappell, Mark A Permit Number: 0020-6272 Effective: 09/01/2022-09/01/2024

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 | 11:23am |
| AIR BLK | .00 | 11:24am |
| ACCY CHK | .07 | 11:25am |
| AIR BLK | .00 | 11:26am |
| SUB TEST | .00 | 11:26am |
| AIR BLK | .00 | 11:27am |
| SUB TEST | | 11:29am |
| AIR BLK | .00 | 11:30am |

Reported AC: .00 g/310L

Signature of Cherrical 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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2700 Test Date: 12/28/2022 Test Time: 11:31am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:31am 11:31am |
| FC | Pass | 11:31am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:32am |
| SRC | Pass | 11:32am |
| DET | Pass | 11:32am |
| BAR | Pass | 11:32am |
| BT | Pass | 11:32am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:32am |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 11:32am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 11:32am 11:32am |

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)

| Instrument Seri | al No. 008845 LEXINGTON, 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 canis:er displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before 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 6 day of DECENBER, 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. |
| PAT 3 | |
| | fig. |

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

DHHS 4080 (04/20)

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 12/06/2022

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: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:
02/01/2022-02/01/2024

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

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

| Test | g/210L | Time |
|----------|--------|-----------|
| DIAG | Pass | 4:04pm |
| AIR BLK | .00 | 4:05pm |
| ACCY CHK | .08 | 4:06pm |
| AIR BLK | .00 | 4:07pm |
| SUB TEST | .00 | 4:08pm |
| AIR BLK | .00 | 4:09pm |
| SUB TEST | .00 | 4:10pm |
| ATR BLK | 0.0 | 4 - 11 mm |

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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3920 Test Date: 12/06/2022 Test Time: 4:11pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 4:12pm 4:12pm |
| FC | Pass | 4:12pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:12pm |
| SRC | Pass | 4:12pm |
| DET | Pass | 4:12pm |
| BAR | Pass | 4:12pm |
| BT | Pass | 4:12pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:13pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:13pm |
| | CRC Tests | |
| Test | Status | Time |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:13pm |
| CAL | Pass | 4:13pm |

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)

| | ial No. 008883 DEPARTMENT |
|---------------------------------|--|
| 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. |
| | the 6 day of FCEMBER, 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. |
| | |

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

DHHS 4080 (04/20)

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 12/06/2022

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: Oligmueller Jr., Leo A Permit Number: 0035-3799

Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:30pm |
| AIR BLK | .00 | 3:31pm |
| ACCY CHK | .08 | 3:31pm |
| AIR BLK | .00 | 3:32pm |
| SUB TEST | .00 | 3:33pm |
| AIR BLK | .00 | 3:34pm |
| SUB TEST | .00 | 3:35pm |
| AIR BLK | - 00 | 3:36pm |

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2551 Test Date: 12/06/2022 Test Time: 3:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:37pm |
| FLO | Pass | 3:37pm |
| FC | Pass | 3:37pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:37pm |
| SRC | Pass | 3:37pm |
| DET | Pass | 3:37pm |
| BAR | Pass | 3:37pm |
| BT | Pass | 3:37pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| ATR | Pass | 3:38pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:38pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:38pm |
| CAL | Pass | 3:38pm |

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

| C | ounty De | hous Instrument Location Dulines Gouty JAIL |
|-------|---|---|
| It | strument Seri | 1No. 008859 219 5 Margan ST De Van NC |
| T | he preventive | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w |
| | (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; |
| 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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. |
| W | ere performed | he |
| PLATO | SATE OF THE PARTY | Call Call Call Call Call Call Call Call |
| 1 | | Som Holes Draves 662 |
| | | Signature of Certifying Official Certificate Number |

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 12/07/2022

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, Simon S Permit Number: 0014-6221 Effective: 02/01/2022-02/01/2024

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:37pm |
| AIR BLK | .00 | 2:38pm |
| ACCY CHK | .08 | 2:38pm |
| AIR BLK | .00 | 2:39pm |
| SUB TEST | .00 | 2:40pm |
| AIR BLK | .00 | 2:41pm |
| SUB TEST | .00 | 2:42pm |
| AIR BLK | .00 | 2:43pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2788 Test Date: 12/07/2022 Test Time: 2:44pm EST

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 SRC DET BAR | Pass Pass Pass Pass | 2:44pm 2:44pm 2:44pm 2:44pm |
| BT | Pass | 2:44pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:45pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:45pm |

CRC Tests

| Test | Status | Time |
|------|--------------|------------------|
| COMP | Pass Pass | 2:45pm 2:45pm |

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)

| Instrum | ent Seria | Instrument Location Dukow Gouly Jack 1 No. 008878 219 5. Mangers 57 Dechum, NC |
|---------------------|-----------|--|
| The pre serial m | ventive i | 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 pe and Hu | erformed | the |

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 12/07/2022

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, Simon S Permit Number: 0014-6221 Effective: 02/01/2022-02/01/2024

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

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

| Test | g/210L | Time |
|--|---------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 | 2:35pm 2:36pm 2:37pm 2:38pm 2:38pm |
| AIR BLK SUB TEST | | 2:39pm 2:41pm |
| | .00 | 2:42pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Smm Holey Street

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 5721 Test Date: 12/07/2022 Test Time: 2:42pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:42pm 2:42pm |
| FC | Pass | 2:42pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 SRC | Pass Pass | 2:43pm 2:43pm |
| DET | Pass | 2:43pm |
| BAR | Pass Pass | 2:43pm 2:43pm |
| | - 44 | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:43pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:43pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:43pm |

CAL Pass 2:43pm

Preventive Maintenance Status: Pass

Smon Stokes Breez

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

| | (1) (2) (3) (4) (5) (6) (7) | Verify the ethanol gas canister displays at 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; |
|-------|---|--|
| | (3) (4) (5) (6) | Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; |
| | (4) (5) (6) | Enter information as prompted; Verify instrument accuracy; |
| | (5) (6) | Verify instrument accuracy; |
| | (6) | |
| | | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | |
| | | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before 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 REAL PROPERTY. | the |
| 10000 | GENNA VERNA | Somm Blokes Dan 662 |

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 12/07/2022

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, Simon S Permit Number: 0014-6221 Effective: 02/01/2022-02/01/2024

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| | Pass | 2:38pm |
| AIR BLK | .00 | 2:39pm |
| ACCY CHK | .07 | 2:39pm |
| AIR BLK | .00 | 2:40pm |
| SUB TEST | .00 | 2:41pm |
| AIR BLK | .00 | 2:42pm |
| SUB TEST | .00 | 2:43pm |
| AIR BLK | .00 | 2:44rm |

Reported AC: .00 9/210L

Signature of Chemical Analyst

Court CVR

Sour Stokes Son Analysi

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4634 Test Date: 12/07/2022 Test Time: 2:44pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:45pm |
| FLO | Pass | 2:45pm |
| FC | Pass | 2:45pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 2:45pm 2:45pm 2:45pm 2:45pm 2:45pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:45pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 2:45pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 2:46pm 2:46pm |

Preventive Maintenance Status: Pass

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

| Instrument Ser | ial No. 008583 WINSTON-SALEM, NC |
|--------------------------------|--|
| The preventive serial number 1 | 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 5 day of DECENBER , 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. |
| | 669 |

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

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008583 Test Date: 12/05/2022

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: Oligmueller Jr., Leo A Permit Number: 0035-3799 Effective: 02/01/2022-02/01/2024

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:27pm |
| AIR BLK | .00 | 12:28pm |
| ACCY CHK | .08 | 12:29pm |
| AIR BLK | .00 | 12:30pm |
| SUB TEST | .00 | 12:31pm |
| AIR BLK | .00 | 12:32pm |
| SUB TEST | .00 | 12:33pm |
| AIR BLK | .00 | 12:34pm |

Reported AC: .00 g/210L

mature 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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 9141 Test Date: 12/05/2022 Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:35pm |
| FLO | Pass | 12:35pm |
| FC | Pass | 12:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:35pm |
| SRC | Pass | 12:35pm |
| DET | Pass | 12:35pm |
| BAR | Pass | 12:35pm |
| BT | Pass | 12:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:36pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:36pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:36pm |
| CAL | Pass | 12:36pm |

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)

| | | al No. 00 8659 WINSTON-SALEM, 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. |
| , | | the 5 day of DECEMBEQ, 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. |
| | | 669 |

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

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008659 Test Date: 12/05/2022

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: 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 | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| ACCY CHK | .08 | 12:26pm |
| AIR BLK | .00 | 12:27pm |
| SUB TEST | .00 | 12:28pm |
| AIR BLK | .00 | 12:29pm |
| SUB TEST | .00 | 12:31pm |
| AIR BLK | .00 | 12:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

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

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 5971 Test Date: 12/05/2022 Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 12:37pm |

Printer Tests

| Test | Status | Time |
|------|--|---------|
| PRNT | Pass | 12:37pm |
| | SECRETARIA DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DE LA COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIO DEL COMPONIO DE LA COMPONIO DE LA COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIONI DEL COMPONIO DEL COMPONIO DEL COMPONIO DEL COMPONIO DEL COMPO | |

CRC Tests

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

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)

| Instrument Seria | WINSTON - SALEM, NC |
|------------------------------------|---|
| The preventive serial number 19 | 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. |
| | -TH . |
| | the S day of DECENBER, 20 Z2 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 O | A |
| 3/3/3 | |
| | 7 8 |
| ALCOHOLD IN A SECOND | /el |

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

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008925 Test Date: 12/05/2022

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: 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 | 12:28pm |
| AIR BLK | | 12:29pm |
| ACCY CHK | .08 | 12:30pm |
| AIR BLK | .00 | 12:31pm |
| SUB TEST | -00 | 12:32pm |
| AIR BLK | .00 | 12:32pm |
| SUB TEST | .00 | 12:34pm |
| AIR BLK | .00 | 12:35pm |

Reported AC: .00 g/210L

Court CVR

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

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 4379 Test Date: 12/05/2022 Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:37pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:37pm |
| | CRC Tests | 5 |
| | | |

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

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

| County Gr | aham | Instrument Location | Graham | Co. | 5.0. |
|--------------------------------|--|--|--|-------------------------------|--|
| Instrument Seri | al No. 008915 | | Rubbins | v:1/2 | NC |
| The preventive serial number 1 | maintenance procedures for the total of the | ne Intoximeters, Model l d at least once every fou | ntox EC/IR II and Mr months are: | Model Intox | EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas can breath simulator thermome | ister displays at least 51 eter shows 34 degrees, p | pounds per square i us or minus .2 degr | nch (psi) of ee centigrade | pressure, or the alcoholic |
| (2) | Verify instrument displays | time and date; | | | |
| (3) | Initiate breath test sequence | e; | | | |
| (4) | Enter information as prom | pted; | | | |
| (5) | Verify instrument accuracy | y; | | | |
| (6) | When "PLEASE BLOW" | appears, collect breath sa | imple; | | |
| (7) | When "PLEASE BLOW" | appears, collect breath sa | imple; | | |
| (8) | Print test record; | | | | |
| (9) | Run diagnostic program as | nd confirm preventive m | intenance status of | "Pass"; and | |
| (10) | Verify that the ethanol g simulator solution is being whichever occurs first. | gas canister is being changed every four | anged before expi months or after 12 | ration date, 5 Alcoholic | or the alcoholic breath Breath Simulator tests, |
| were performed | the 21 day of Declin day of Declin day of da | above, in accordance wi | th current regulatio | ns of the N. | C. Department of Health |
| ON CHANNELL | | Signature of Certifying | | _ | ertificate Number |

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 12/21/2022

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: Cutler, Daniel R Permit Number: 0084-3310 Effective: 02/01/2022-02/01/2024

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:22am |
| AIR BLK | .00 | 11:23am |
| ACCY CHK | .08 | 11:24am |
| AIR BLK | .00 | 11:25am |
| SUB TEST | .00 | 11:26am |
| AIR BLK | .00 | 11:27am |
| SUB TEST | .00 | 11:28am |
| AIR BLK | .00 | 11:29am |

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

Oil R. Cuth

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 889 Test Date: 12/21/2022 Test Time: 11:32am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:32am 11:32am |
| FC | Pass | 11:32am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:32am |
| SRC | Pass | 11:32am |
| DET | Pass | 11:32am |
| BAR | Pass. | 11:32am |
| BT | Pass | 11:32am |

Blank Tests

| Test | Status | Time | i |
|------|--------|---------|---|
| AIR | Pass | 11:33am | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:33am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------------|--------------------|
| COMP | Pass Pass | 11:33am 11:33am |

Preventive Maintenance Status: Pass

Orif R. ata

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

| County GR | ANVIlle | Instrument Location CREED MICH PD |
|--|--|--|
| Instrument Se | rial No. 00 864/ | III MASONIE St. |
| | | CREEDMOON, NC. |
| The preventive serial number | e maintenance procedures for the 10,000 or higher) to be followed | toximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with least once every four months are: |
| (1) | Verify the ethanol gas canist | displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic hows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays to | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompte | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" ap | rs, collect breath sample; |
| (7) | When "PLEASE BLOW" app | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and | firm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas | nister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests, |
| I certify that on were performed and Human Service SIATE | vices, and the instrument is functi | |
| NAS-WAILE | Sig | ure of Certifying Official Certificate Number |

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 12/19/2022

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: AG107502 Exp Date: 03/16/2023

| Test | g/210L | Time |
|---|--------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass | 1:13pm 1:13pm 1:14pm 1:15pm 1:15pm 1:16pm |
| AIR BLK | .00 | 1:18pm |

Reported AC:

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1504 Test Date: 12/19/2022 Test Time: 1:20pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:20pm |
| FLO | Pass | 1:20pm |
| FC | Pass | 1:20pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:20pm |
| SRC | Pass | 1:20pm |
| DET | Pass | 1:20pm |
| BAR | Pass | 1:20pm |
| BT | Pass | 1:20pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:21pm |

Printer Tests

| .404 | THIEF THE | LS |
|------|--------------|------------------|
| Test | Status | Time |
| PRNT | Pass | 1:21pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 1:21pm 1:21pm |

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)

| 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 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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| were performed | the |
| | |

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 12/08/2022

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 D Permit Number: 0037-7722 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | .00 | 1:39pm 1:40pm 1:40pm 1:41pm 1:42pm 1:43pm 1:45pm 1:46pm |
| | PADOTO TOUR | T. T. S. |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2280 Test Date: 12/08/2022 Test Time: 1:47pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:47pm 1:47pm |
| FC | Pass | 1:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:47pm |
| SRC | Pass | 1:47pm |
| DET | Pass | 1:47pm |
| BAR | Pass | 1:47pm |
| BT | Pass | 1:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:48pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:48pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:48pm |

Preventive Maintenance Status: Pass

Pass

1:48pm

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)

| | | ment Location | |
|---|--|--|--|
| Instrument Se | rial No. 008656 | 1040 2 | e Rapios. NC |
| | | Konok | Rapios. NC |
| The preventive serial number | e maintenance procedures for the Intoxin 10,000 or higher) to be followed at least | eters, Model Intox EC/IR II and once every four months are: | Model Intox EC/IR II (Enhanced with |
| (1) | | nur at land \$1 1 | inch (psi) of pressure, or the alcoholistic centigrade; |
| (2) | Verify instrument displays time and | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, co | ellect breath sample: | |
| (7) | When "PLEASE BLOW" appears, co | Account to the second second | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm | preventive maintenance status of | 7"Paco": and |
| (10) | Verify that the ethanol gas canister simulator solution is being changed whichever occurs first. | is being observed but | Angel and the second |
| certify that on ere performed and Human Ser | the | , 20 the forgoing coordance with current regulation roperly. | preventive maintenance procedures ns of the N.C. Department of Health |

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 12/19/2022

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: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:00pm |
| AIR BLK | .00 | 5:00pm |
| ACCY CHK | .07 | 5:01pm |
| AIR BLK | .00 | 5:02pm |
| SUB TEST | .00 | 5:03pm |
| AIR BLK | .00 | 5:04pm |
| SUB TEST | .00 | 5:05pm |
| AIR BLK | .00 | 5:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 911 Test Date: 12/19/2022 Test Time: 5:07pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:07pm |
| FLO | Pass | 5:07pm |
| FC | Pass | 5:07pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 5:07pm 5:07pm 5:07pm 5:07pm 5:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:08pm |

Printer Tests

| rest | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 5:08pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 5:08pm 5:08pm |

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 | ARNETT Instrument Location DUNA | J POLICE |
|-----------|--|--|---|
| | Instrument Seri | ial No. 008/14 DEPA | RIMENT |
| | 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 | inch (psi) of pressure, or the alcoholic ree centigrade; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect 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 exp simulator solution is being changed every four months or after 12 whichever occurs first. | iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests, |
| V | certify that on were performed nd Human Serv | the day of day of 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 |
| - College | STATE | | 117 |
| | Com 150 | Signature of Certifying Official | Certificate Number |

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 12/06/2022

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 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

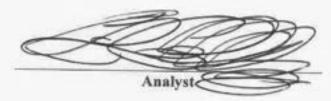
Lot Number: AG212402 Exp Date: 05/04/2024

| Test | g/210L | Time |
|--|--------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | | 5:34pm 5:35pm 5:36pm 5:37pm 5:38pm 5:39pm 5:40pm |
| ARREST PROPERTY | * W.W. | 5:41pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1634
Test Date: 12/06/2022 Test Time: 5:42pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 5:43pm 5:43pm |
| FC | Pass | 5:43pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:43pm |
| SRC | Pass | 5:43pm |
| DET | Pass | 5:43pm |
| BAR | Pass | 5:43pm |
| BT | Pass | 5:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:44pm |

Printer Tests

| rest | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 5:44pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|----------|
| COMP | Pass | 5:44pm |
| CAT | Dage | F · AAnm |

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)

| 1 | County H | ARNETT al No. <u>008 729</u> | Instrument Location | HARNET | TON CENTER |
|---|--|---|--|---|---|
| | The preventive serial number 1 | maintenance procedures for to 0,000 or higher) to be followed | he Intoximeters, Model I ed at least once every fou | ntox EC/IR II and Mod r months are: | del Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas can breath simulator thermom | | | (psi) of pressure, or the alcoholic tentigrade; |
| | (2) | Verify instrument displays | s time and date; | | |
| | (3) | Initiate breath test sequence | ce; | | |
| | (4) | Enter information as prom | ppted; | | |
| | (5) | Verify instrument accurac | y; | | |
| | (6) | When "PLEASE BLOW" | appears, collect breath sa | ample; | |
| | (7) | When "PLEASE BLOW" | appears, collect breath sa | ample; | |
| | (8) | Print test record; | | | |
| | (9) | Run diagnostic program a | nd confirm preventive m | aintenance status of "Pa | ass"; and |
| | (10) | Verify that the ethanol simulator solution is being whichever occurs first. | gas canister is being cl ng changed every four | nanged before expiration months or after 125 A | on date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| 3 | certify that on were performed and Human Ser | | above, in accordance wi | the forgoing preith current regulations of | eventive maintenance procedures of the N.C. Department of Health |
| | STATE | Credit | | | 117 |
| | CEAN VEEN | | Signature of Certifying | Official | Certificate Number |
| | | | Signature of Certifying | CHINCIAL | Certificate Number |

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 12/06/2022

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | .00 .07 .00 .00 | 3:28pm 3:28pm 3:29pm 3:30pm 3:31pm 3:32pm 3:33pm |
| AIR BLK | .00 | 3:34pm |

Reported AC: .00 g/210L

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2671 Test Date: 12/06/2022 Test Time: 3:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 3:37pm 3:37pm |
| FC | Pass | 3:37pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:37pm |
| SRC | Pass | 3:37pm |
| DET | Pass | 3:37pm |
| BAR | Pass | 3:37pm |
| BT | Pass | 3:37pm |

Blank Tests

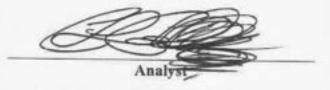
| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:37pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:37pm |
| | CRC Tests | |
| Test | Status | Time |

| | DEGLUS | 1.11116 |
|------|--------------|------------------|
| COMP | Pass Pass | 3:38pm 3:38pm |

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 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. |
| 4 | certify that on | the day of day of 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 signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 12/06/2022

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: 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 | 3:29pm |
| AIR BLK | | 3:30pm |
| ACCY CHK | .08 | 3:30pm |
| AIR BLK | .00 | 3:32pm |
| SUB TEST | .00 | 3:32pm |
| AIR BLK | .00 | 3:33pm |
| SUB TEST | .00 | 3:35pm |
| AIR BLK | .00 | 3:35pm |

Reported AC: .00 g/210L

gnature of Crescal Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 4151 Test Date: 12/06/2022 Test Time: 3:37pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR | Pass | 3:37pm |
| FLO FC | Pass Pass | 3:37pm 3:37pm |

Temperature Tests

| | Time |
|----------------------|------------------------------|
| Pass Pass Pass | 3:37pm 3:37pm 3:37pm |
| Pass | 3:37pm 3:37pm |
| | Pass Pass Pass Pass |

Blank Tests

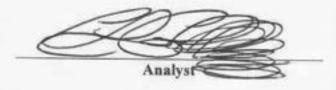
| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:38pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:38pm |
| | CRC Tests | |
| Test | Status | Time |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:38pm |
| CAL | Pass | 3:38pm |

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)

| 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 were performed | the day of day of |

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 12/08/2022

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 D Permit Number: 0037-7722 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 |
|----------|--------------------------|--|
| SUB TEST | .00 .08 .00 .00 | 10:33am 10:33am 10:34am 10:35am 10:36am 10:37am 10:38am 10:39am |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 2069 Test Date: 12/08/2022 Test Time: 10:40am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:40am |
| FLO | Pass | 10:40am |
| FC | Pass | 10:40am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 10:40am 10:40am 10:40am 10:40am 10:40am |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 10:41am | |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 10:41am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 10:41am 10:41am |

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 Se | rial No. 008639 BUQUEEN St., Kinslon, MC. |
|--|--|
| 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 o |
| SLATE | vices, and the instrument is functioning properly. |
| CHAN VEST | 1.13 |

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 12/08/2022

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 D Permit Number: 0037-7722 Effective: 02/01/2022-02/01/2024

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyet

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3723 Test Date: 12/08/2022 Test Time: 11:16am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:18am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:18am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:18am 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)

| Inst | rument Ser | rial No. 008912 Instrument Location Martin Co Short Office 305 E. Main St. Williamsto |
|-------|---------------------------------------|--|
| _ | | |
| The | preventive al 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. |
| were | ify that on performed luman Ser | the day of December, 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 . | THU A | Mat A General G80 |

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 12/09/2022

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: Chappell, Mark A Permit Number: 0020-6272 Effective: 09/01/2022-09/01/2024

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

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

| Test | g/210L | Time |
|--|---------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 | 10:27am 10:28am 10:29am 10:30am 10:31am |
| AIR BLK SUB TEST | .00 | 10:32am |
| AIR BLK | .00 | 10:33am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1904 Test Date: 12/09/2022 Test Time: 10:36am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------------|--|--|
| IR FLO FC | Pass Pass Pass | 10:36am 10:36am 10:36am |
| | THE STOTE OF THE S | THE RESIDENCE OF THE PARTY OF T |

Temperature Tests

| Test | Status | Time |
|------------|--------------|--------------------|
| FC1 SRC | Pass | 10:36am |
| DET | Pass Pass | 10:36am 10:36am |
| BAR | Pass | 10:36am |
| BT | Pass | 10:36am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:37am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:37am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:37am |

Preventive Maintenance Status: Pass

Pass

10:37am

CAL

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

Department of Health and Human Services Rev. 12/2007

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

| Instrument Se | erial No.008995 — Marien, N.C. |
|--|--|
| 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 alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| certify that on were performed and Human Ser | the Z day of |
| Alle Gran recent | B-21 |
| | Signature of Certifying Official Certificate Number |

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 12/28/2022

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: 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: AG131901 Exp Date: 11/15/2023

| Test | g/210L | Time |
|----------|-------------|---------|
| DIAG | Pass | 10:27am |
| AIR BLK | -00 | 10:28am |
| ACCY CHK | .07 | 10:28am |
| AIR BLK | .00 | 10:30am |
| SUB TEST | .00 | 10:30am |
| AIR BLK | - THE TOTAL | 10:31am |
| SUB TEST | .00 | 10:32am |
| AIR BLK | .00 | 10:33am |

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1655 Test Date: 12/28/2022 Test Time: 10:34am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|---------|
| IR FLO | Pass Pass | 10:34am |
| FC | Pass | 10:34am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 10:34am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:35am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:35am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|-------|
| COMP | Dago | 10.25 |

COMP Pass 10:35am CAL Pass 10:35am

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 Mc | THE PERSON OF TH |
|------------------------------|--|
| Instrument Ser | rial No.003892 Marian, N.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. |
| were performed | the 2 8 day of Occasion de Company and the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly. |
| STATE OF STATE OF | |
| STATES | |
| 8/3H | |
| Our son | 1 (5-1) |

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 12/28/2022

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: 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: AG132001 Exp Date: 11/16/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:29am |
| AIR BLK | .00 | 10:30am |
| ACCY CHK | .07 | 10:30am |
| AIR BLK | .00 | 10:31am |
| SUB TEST | .00 | 10:32am |
| AIR BLK | .00 | 10:33am |
| SUB TEST | .00 | 10:34am |
| AIR BLK | .00 | 10:35am |

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

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 1206 Test Date: 12/28/2022 Test Time: 10:37am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------------------|
| IR | Pass | 10:37am |
| FLO | Pass | 10:37am 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 | Pass | 10:38am |
| CAL | Pass | 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 | ecklenburg Instrument Location Mecklenburg Co & Charlotte, 40C |
|-------------------|--|
| The preventive | 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 | the 20th day of December , 20 32 the forgoing preventive maintenance procedures |

I certify that on the day of <u>CCCNDEN</u>, 20 32 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 12/20/2022

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: 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 | 11:27am |
| AIR BLK | | 11:27am |
| ACCY CHE | | 11:28am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:30am |
| AIR BLK | .00 | 11:31am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:33am |

Reported AC: , .00 g/210L

Signature of Chemical Analyst

DMV

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 SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 5327 Test Date: 12/20/2022 Test Time: 11:36am EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 11:36am |
| Pass | 11:36am |
| Pass | 11:36am |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:36am |
| SRC | Pass | 11:36am |
| DET | Pass | 11:36am |
| BAR | Pass | 11:36am |
| BT | Pass | 11:36am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:37am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:37am |

CRC Tests

| Test | Status | Time |
|------|--------------|---------|
| COMP | Pass Pass | 11:37am |

Preventive Maintenance Status: Pas

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

| MO | DEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher) |
|---|--|
| County | tcklenburg Instrument Location Mecklenburg Co So |
| Instrument Ser | ial No. 008698 |
| 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 alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that or were performe and Human Ser | the 20th day of December, 2022 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly. |
| AND DESCRIPTION OF THE PERSON | |



Boy All Months Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 12/20/2022

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

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

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

| Test | g/210L | Time |
|----------|---------|---------|
| DIAG | Pass | 11:24am |
| AIR BLK | .00 | 11:25am |
| ACCY CHK | .08 | 11:25am |
| AIR BLK | | 11:26am |
| SUB TEST | | 11:27am |
| AIR BLK | | 11:28am |
| SUB TEST | | 11:29am |
| ATR BLK | 220.020 | 11:30am |

Reported AC; 1.00 g/210L

Signature of Chemical Analyst

DMV

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 SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 12/20/2022 Test Record Number: 7040

Test Time: 11:36am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:36am 11:36am |
| FC | Pass | 11:36am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:36am |
| SRC | Pass | 11:36am |
| DET | Pass | 11:36am |
| BAR | Pass | 11:36am |
| BT | Pass | 11:36am |
| | | |

Blank Tests

| | tatus Time | |
|--------|------------|--|
| ATP Da | agg 11.37a | |

Printer Tests

| rest | Scacus | Time |
|------|--------|---------|
| PRNT | Pass | 11:37am |

CRC Tests

| Test | Status | Time |
|------|--------------|---------|
| COMP | Pass Pass | 11:37am |

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)

| С | ounty/10 | ore | Instrument L | | | rines | _ |
|-------|---------------------------------|---|--|--|-----------------------------|--|------------------|
| Ir | nstrument Seri | al No. 008730 | <u>) </u> | Police | Depo | rtment | |
| T | he preventive erial number 1 | maintenance procedures f 0,000 or higher) to be follo | or the Intoximeters, I | Model Intox EC/IR II a ery four months are: | nd Model Int | ox EC/IR II (Enhance | d with |
| | (1) | | | east 51 pounds per squa grees, plus or minus .2 d | | | oholic |
| | (2) | Verify instrument disp | lays time and date; | | | | |
| | (3) | Initiate breath test sequ | sence; | | | | |
| | (4) | Enter information as p | rompted; | | | | |
| | (5) | Verify instrument accu | racy; | | | | |
| | (6) | When "PLEASE BLO | W" appears, collect b | reath sample; | | | |
| | (7) | When "PLEASE BLO | W" appears, collect b | reath sample; | | | |
| | (8) | Print test record; | | | | | |
| | (9) | Run diagnostic program | m and confirm preven | ntive maintenance statu | s of "Pass"; a | ind | |
| | (10) | Verify that the ethan simulator solution is whichever occurs first. | being changed every | eing changed before of y four months or after | expiration da 125 Alcoho | ite, or the alcoholic olic Breath Simulator | breath tests, |
| W | ere performed | the day of on the instrument indicavices, and the instrument i | ted above, in accorda | ance with current regul | ing preventions of the | ve maintenance proce N.C. Department of I | edures Health |
| - | of SIATE OF | le l | | | | | |
| EAST. | The second | 12 | | | | | |
| 13 | /HI | | / | | | | |
| | THE GLAM VALUE | 1 AKA | Signature of Cer | | | 675 | |

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 12/12/2022

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

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

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

| Test | | g/210L | Time |
|-------|------|--------|---------|
| DIAG | | Pass | 11:00am |
| AIR E | BLK | .00 | 11:00am |
| ACCY | CHK | .07 | 11:01am |
| AIR E | BLK | .00 | 11:02am |
| SUB 7 | CEST | .00 | 11:02am |
| AIR E | BLK | .00 | 11:03am |
| SUB 7 | TEST | .00 | 11:05am |
| AIR E | BLK | .00 | 11:05am |
| | | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Record Number: 1359 Test Date: 12/12/2022 Test Time: 11:06am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR | Pass | 11:07am |
| FLO FC | Pass Pass | 11:07am 11:07am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:07am |
| SRC | Pass | 11:07am |
| DET | Pass | 11:07am |
| BAR | Pass | 11:07am |
| BT | Pass | 11:07am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:07am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:08am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Dage | 11.08am |

CAL Pass 11:08am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 6 | onslaw | Instrument Location BAT mobile Unit 7 |
|--|--|---|
| Instrument S | Serial No. 08600 | onslow so |
| The prevent four months | tive maintenance procedures for the In | ntoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic breath simulator thermometer show gree centigrade; |
| 2. | Verify instrument displays time | e and date; |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appe | ears, collect breath sample: |
| 7. | When "PLEASE BLOW" appe | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first. | ster is being changed before expiration date, or the alcoholic breath need every four months or after 125 Alcoholic Breath Simulator tests, |
| procedures v | were performed on the instrument in | dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly. |
| CREAT STATE OF THE CREAT OF THE COUNTY OF TH | M Care | 665 |
| | Signa | ature of Certifying Official Certificate Number |

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Date: 12/21/2022

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: 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: AG107501 Exp Date: 03/16/2023

| Test | g/210L | Time |
|--|---------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 | 8:58pm 8:59pm 8:59pm 9:00pm 9:01pm |
| AIR BLK SUB TEST | .00 | 9:01pm 9:02pm 9:04pm |
| AIR BLK | .00 | 9:05pm |

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Record Number: 2376
Test Date: 12/21/2022 Test Time: 9:08pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:09pm |
| FLO | Pass | 9:09pm |
| FC | Pass | 9:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:09pm |
| SRC | Pass | 9:09pm |
| DET | Pass | 9:09pm |
| BAR | Pass | 9:09pm |
| BT | Pass | 9:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:09pm |

Printer Tests

| TESL | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:09pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:10pm |
| CAL | Pass | 9:10pm |

Preventive Maintenance Status: Pass

Analyst

The ford

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

| | Instrument Location Pasquotank Co Public Safety Blogg, 200 E. Colonial Ave., Elizabeth City, 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. |
| pertify that on | simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |

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

Signature of Artifying Official

Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008851 Test Date: 12/22/2022

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: Chappell, Mark A Permit Number: 0020-6272 Effective: 09/01/2022-09/01/2024

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 | 10:01am |
| AIR BLK | .00 | 10:02am |
| ACCY CHK | .08 | 10:02am |
| AIR BLK | .00 | 10:03am |
| SUB TEST | .00 | 10:04am |
| AIR BLK | .00 | 10:05am |
| SUB TEST | .00 | 10:06am |
| AIR BLK | .00 | 10:07am |

Reported AC+ .00 g/210L

gnature of Gemical 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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008851 Test Record Number: 746 Test Date: 12/22/2022 Test Time: 10:10am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:11am |
| SRC | Pass | 10:11am |
| DET | Pass | 10:11am |
| BAR | Pass | 10:11am |
| BT | Pass | 10:11am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:11am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:11am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:12am |
| CAL | Pass | 10:12am |

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)

| 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 12 day of December 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 signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 12/12/2022

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: 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: AG131901 Exp Date: 11/15/2023

| n |
|---|
| n |
| n |
| n |
| n |
| n |
| n |
| n |
| 1 |

Analyst Signature

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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 3167 Test Date: 12/12/2022 Test Time: 9:25am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:26am |
| FLO | Pass | 9:26am |
| FC | Pass | 9:26am |

Temperature Tests

| Test | Status | Time | |
|------|--------|--------|--|
| FC1 | Pass | 9:26am | |
| SRC | Pass | 9:26am | |
| DET | Pass | 9:26am | |
| BAR | Pass | 9:26am | |
| BT | Pass | 9:26am | |

Blank Tests

| Test | Status | Time | |
|------|-------------|-----------|--|
| AIR | Pass | 9:26an | |
| CALE | E. 43 55 53 | 2 - 2 0 0 | |

Printer Tests

| Test | Status | Time | |
|------|--------|--------|--|
| DDME | Dage | 9:26am | |
| PRNT | Pass | 9:20am | |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 9:27am | |
| CAL | Pass | 9:27am | |

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. |
| I certify that or were performe and Human Ser | the 5th day of December, 20 ZZ-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 signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 12/05/2022

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: AG107501 Exp Date: 03/16/2023

| Test | g/210L | Time |
|-----------|--------|--------|
| DIAG | Pass | 8:16am |
| AIR BLK | .00 | 8:17am |
| ACCY CHK | .07 | 8:18am |
| AIR BLK | .00 | 8:19am |
| SUB TEST | .00 | 8:19am |
| AIR BLK | .00 | 8:20am |
| SUB ATEST | .00 | 8:22am |
| AIR BLK | .00// | 8:22am |
| 111 | 1 / / | |

Reported Ag .90 g/2101

Signature of Chamical Analyst

Court CVR

Angtest

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1337 Test Date: 12/05/2022 Test Time: 8:24am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:24am |
| FLO | Pass | 8:24am |
| FC | Pass | 8:24am |

Temperature Tests

| Test | Status | Time | |
|------|--------|--------|--|
| FC1 | Pass | 8:25am | |
| SRC | Pass | 8:25am | |
| DET | Pass | 8:25am | |
| BAR | Pass | 8:25am | |
| BT | Pass | 8:25am | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:25am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:25am |
| | | |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 8:25am | |
| CAL | Pass | 8:25am | |

Preventive Maintenance Status: Pass

knalyst

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)

| Instrument Se | rial No. 008921 110 N. Church St Hertford, No. |
|--|--|
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| certify that on were performed and Human Ser | the 12 ^{†1} day of December , 20 Z 2 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. |
| | m// 10 11 100 |

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 12/12/2022

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: Chappell, Mark A

Permit Number: 0020-6272

Effective:

09/01/2022-09/01/2024

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 | 9:59am |
| AIR BLK | .00 | 9:59am |
| ACCY CHK | .07 | 10:00am |
| | .00 | 10:01am |
| SUB TEST | .00 | 10:02am |
| AIR BLK | | 10:03am |
| SUB TEST | | 10:04am |
| AIR BLK | .00 | 10:05am |

Reported AC:

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1214 Test Date: 12/12/2022 Test Time: 10:06am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:06am |
| 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 | 10:07am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:07am |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Pass

Pass

10:08am

10:08am

Preventive Maintenance Status: Pass

COMP

CAL

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| (1) Verify the ethanol gas canister displays at least 51 pounds per sq breath simulator thermometer shows 34 degrees, plus or minus .2 (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance state of the simulator solution is being changed every four months or at whichever occurs first. | are inch (psi) of pressure, or the alcoholic degree centigrade; |
|--|--|
| (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states and the sample; (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. | |
| (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. | |
| (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. | |
| (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. | |
| (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states (10) (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. | |
| (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states. (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. | |
| (9) Run diagnostic program and confirm preventive maintenance states. (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. | |
| (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. | |
| simulator solution is being changed every four months or af whichever occurs first. | tus of "Pass"; and |
| 3 | expiration date, or the alcoholic breat er 125 Alcoholic Breath Simulator tests |
| I certify that on the | going preventive maintenance procedure ulations of the N.C. Department of Healt |

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 12/20/2022

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: Barnes, Simon S Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:46am |
| AIR BLK | .00 | 8:46am |
| ACCY CHE | .07 | 8:47am |
| AIR BLK | .00 | 8:48am |
| SUB TEST | .00 | 8:48am |
| AIR BLK | .00 | 8:49am |
| SUB TEST | .00 | 8:51am |
| AIR BLK | .00 | 8:51am |

Reported AC: ,00 g/240L

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1965 Test Date: 12/20/2022 Test Time: 8:56am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:56am |
| FLO | Pass | 8:56am |
| FC | Pass | 8:56am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:56am |
| SRC | Pass | 8:56am |
| DET | Pass | 8:56am |
| BAR | Pass | 8:56am |
| BT | Pass | 8:56am |

Blank Tests

| Test | Status | Time | |
|------|--------|----------|--|
| | | | |
| ATR | Dagg | 8 - 57am | |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 8:57am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 8:57am 8:57am |

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| Т | he preventive | e maintenance procedures for the Intoximeters, Model Intox EC/IR II an 10,000 or higher) to be followed at least once every four months are: | |
|--|---------------|--|--|
| se | rial number | 10,000 or higher) to be followed at least once every four months are: | d Model Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per squar breath simulator thermometer shows 34 degrees, plus or minus .2 de | re inch (psi) of pressure, or the alcoholic egree centigrade; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
|) | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect 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 ex- simulator solution is being changed every four months or after in whichever occurs first. | |
| | | the | g preventive maintenance procedures ions of the N.C. Department of Health |
| A STATE OF THE PARTY OF THE PAR | | Somm Stokes Faces | 662 |
| | | Signature of Certifying Official | Certificate Number |

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 12/20/2022

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

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

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

| Test | g/210L | Time |
|--|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | .00 .08 .00 .00 | 8:46am 8:47am 8:48am 8:48am 8:49am 8:50am 8:52am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Test Date: 12/20/2022 Test

Test Record Number: 1983 Test Time: 8:56am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:56am |
| FLO | Pass | 8:56am |
| FC | Pass | 8:57am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 8:57am 8:57am 8:57am 8:57am 8:57am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:57am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:57am |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:57am |
| CAL | Pass | 8:57am |

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County P/ | Instrument Location P. H. C. Det | ention Fenter |
|--|--|---|
| Instrument Seri | al No. 008588 BY New Ho | peld. (youn- |
| | | M |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model I 0,000 or higher) to be followed at least once every four months are: | ntox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (ps breath simulator thermometer shows 34 degrees, plus or minus .2 degree centi | |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass" | ; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alcowhichever occurs first. | date, or the alcoholic breath oholic Breath Simulator tests, |
| I certify that on were performed and Human Ser | the 21 st day of December, 2022 the forgoing preve d on the instrument indicated above, in accordance with current regulations of exices, and the instrument is functioning properly. | ntive maintenance procedures the N.C. Department of Health |
| STATE OF THE PROPERTY OF THE P | CAROLLE STATE OF THE STATE OF T | 643 |
| | Signature of Certifying Official | Certificate Number |

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008588 Test Date: 12/21/2022

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: Guard, Kelly D Permit Number: 0037-7722 Effective: 02/01/2022-02/01/2024

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

Agency: DHHS Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008588 Test Record Number: 1165 Test Date: 12/21/2022 Test Time: 11:43am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:44am |
| SRC | Pass | 11:44am |
| DET | Pass | 11:44am |
| BAR | Pass | 11:44am |
| BT | Pass | 11:44am |
| | | |

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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 |
|--|--|
| serial number 1 | 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 21 day of December, 20 2 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. |
| SIATE | Service Control of the Control of th |
| THE STATE OF | 7 7 0 643 |
| | Signature of Certifying Official Certificate Number |

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 12/21/2022

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: Guard, Kelly D Permit Number: 0037-7722 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 | 10:20am |
| AIR BLK | .00 | 10:22am |
| ACCY CHK | .08 | 10:22am |
| AIR BLK | .00 | 10:23am |
| SUB TEST | .00 | 10:24am |
| AIR BLK | .00 | 10:25am |
| SUB TEST | .00 | 10:26am |
| AIR BLK | .00 | 10:27am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Test Date: 12/21/2022 Test

Test Record Number: 1309 Test Time: 10:28am EST

Test Time: 10.20am Est

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------|--------------------|
| IR | Pass | 10:28am |
| FLO | Pass | 10:28am |
| FC | Pass | 10:29am |
| FLO FC | Pass | 10:28am 10:29am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:29am |
| SRC | Pass | 10:29am |
| DET | Pass | 10:29am |
| BAR | Pass | 10:29am |
| BT | Pass | 10:29am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| | | |
| AIR | Pass | 10:29am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:29am |

CRC Tests

| | 0110 10000 | |
|------|------------|---------|
| Test | Status | Time |
| COMP | Pass | 10:29am |
| CAL | Pass | 10:29am |

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County | +- | Instrument Location A do | n PD. |
|--|---|---|---|
| Instrument Seri | ial No. 009666 | 4144 W | lost Ave, Agdon, N.C. |
| The preventive serial number | maintenance procedures for the 10,000 or higher) to be followed a | Intoximeters, Model Intox EC/IR II t least once every four months are: | and Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas caniste breath simulator thermometer | er displays at least 51 pounds per sq r shows 34 degrees, plus or minus .2 | uare inch (psi) of pressure, or the alcoholic degree centigrade: |
| (2) | Verify instrument displays til | me and date; | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompte | ed; | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| (7) | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and | confirm preventive maintenance sta | itus of "Pass"; and |
| (10) | Verify that the ethanol gas simulator solution is being whichever occurs first. | canister is being changed before changed every four months or al | e expiration date, or the alcoholic breath fer 125 Alcoholic Breath Simulator tests, |
| I certify that on were performed and Human Ser | the day of day of do n the instrument indicated ab | ove, in accordance with cuttent to | rgoing preventive maintenance procedures gulations of the N.C. Department of Health |
| STATE OF THE STATE | SORTH CAROLING | | 1 100 |
| OCHM VED | - C | ignature of Certifying Official | Certificate Number |
| | S | Summer of Certifying Official | Comment Humber |

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 12/22/2022

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 D Permit Number: 0037-7722

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 | 9:29am |
| AIR BLK | .00 | 9:30am |
| ACCY CHK | .08 | 9:30am |
| AIR BLK | .00 | 9:31am |
| SUB TEST | .00 | 9:32am |
| AIR BLK | .00 | 9:33am |
| SUB TEST | .00 | 9:34am |
| AIR BLK | .00 | 9:35am |
| TITLE - | | |

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1466
Test Date: 12/22/2022 Test Time: 9:37am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:37am |
| FLO | Pass | 9:37am |
| FC | Pass | 9:37am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:37am |
| SRC | Pass | 9:37am |
| DET | Pass | 9:37am |
| BAR | Pass | 9:37am |
| BT | Pass | 9:37am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:38am |

Printer Tests

Test Status Time

| 1000 | Deadad | 22110 |
|------|-----------|--------|
| PRNT | Pass | 9:38am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:38am |

Pass

9:38am

Preventive Maintenance Status: Pass

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| | | 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; |
| 4 | (5) | Verify instrument accuracy; |
| / | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| we | re performed | the 15 day of December , 2022 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. |

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 12/15/2022

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: 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: AG107401 Exp Date: 03/15/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:30pm |
| AIR BLK | .00 | 1:30pm |
| ACCY CHE | .08 | 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 | 1:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 785 Test Date: 12/15/2022 Test Time: 1:37pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:37pm |
| FLO | Pass | 1:37pm |
| FC | Pass | 1:38pm |

Temperature Tests

| FC1 Pass 1:38pm | t |
|-----------------|---|
| SRC Pass 1:38pm | E |
| DET Pass 1:38pm | ï |
| BAR Pass 1:38pm | 1 |
| BT Pass 1:38pm | 1 |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 1:38pm | |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 1:38pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 1:39pm 1:39pm |

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| 5 | 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. |
| W | certify that on vere performed and Human Ser | the 15 day of December, 2012 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 Com Way | / N/I |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 12/15/2022

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: 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: AG132001 Exp Date: 11/16/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:41am |
| AIR BLK | .00 | 8:42am |
| ACCY CHK | .08 | 8:43am |
| AIR BLK | .00 | 8:44am |
| SUB TEST | .00 | 8:44am |
| AIR BLK | .00 | 8:45am |
| SUB TEST | .00 | 8:47am |
| AIR BLK | .00 | 8:48am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1327 Test Date: 12/15/2022 Test Time: 8:49am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:49am |
| FLO | Pass | 8:49am |
| FC | Pass | 8:49am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|------------|--------|
| AIR | Pass | 8:50am |
| P | rinter Tes | ts |

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 8:50am |
| | CRC Tests | |
| | | |

| Status | Time | |
|--------|--------|--|
| Pass | 8:50am | |
| Pass | 8:50am | |
| | | |

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| | | 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. |
| we | re performed | the |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 12/15/2022

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: 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: AG132001 Exp Date: 11/16/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:40am |
| AIR BLK | .00 | 8:40am |
| ACCY CHK | .07 | 8:41am |
| AIR BLK | .00 | 8:42am |
| SUB TEST | .00 | 8:42am |
| AIR BLK | .00 | 8:43am |
| SUB TEST | .00 | 8:45am |
| AIR BLK | .00 | 8:46am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2805 Test Date: 12/15/2022 Test Time: 8:47am EST

System Check: Passed

Baseline Tests

| Test | Status | Time | |
|------|--------|--------|--|
| IR | Pass | 8:47am | |
| FLO | Pass | 8:47am | |
| FC | Pass | 8:47am | |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:47am |
| SRC | Pass | 8:47am |
| DET | Pass | 8:47am |
| BAR | Pass | 8:47am |
| BT | Pass | 8:47am |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 8:48am | |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 8:48am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 8:48am 8:48am |

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| | al No. 008636 DEPARTMENT |
|----------------|---|
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 20 day of DECEMBER 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. |
| | |
| C F | 1/81 |

DHHS 4080 (04/20)

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 12/20/2022

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: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:
02/01/2022-02/01/2024

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:05am |
| | | 10:06am |
| ACCY CHK | .08 | 10:07am |
| AIR BLK | .00 | 10:08am |
| SUB TEST | .00 | 10:09am |
| AIR BLK | .00 | 10:09am |
| SUB TEST | .00 | 10:11am |
| AIR BLK | .00 | 10:12am |

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

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

Rev. 12/2007

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2416 Test Date: 12/20/2022 Test Time: 10:13am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|---------|
| IR FLO | Pass Pass | 10:14am |
| FC | Pass | 10:14am |

Temperature Tests

| Test | Status | Time |
|-------------------|----------------------|-------------------------------|
| FC1 | Pass | 10:14am |
| SRC | Pass | 10:14am |
| DET | Pass | 10:14am |
| BAR | Pass | 10:14am |
| BT | Pass | 10:14am |
| SRC DET BAR | Pass Pass Pass | 10:14am 10:14am 10:14am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 10:14am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:14am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 10:15am |
|------|------|---------|
| CAL | Pass | 10:15am |

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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 10,000 or higher) to be followed at least once every four months are: |
|---------------|--|
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before 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 20 day of DECENIAE12, 2022, the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly. |

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

DHHS 4080 (04/20)

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 12/20/2022

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: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:
02/01/2022-02/01/2024

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

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

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

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1407 Test Date: 12/20/2022 Test Time: 11:17am EST

System Check: Passed

Baseline Tents

| Test | Status | Time |
|------|--------|---------|
| 1R | Panu | 11:17am |
| FLO | Pann | 11:17am |
| FC | Pans | 11:17am |

Tomporature Testa

| Tont | Status | Timo |
|------|----------|---------|
| FC1 | Pann | 11:18am |
| SRC | Pass | 11:18am |
| DET | Petities | 11:18om |
| BAR | Paga | 11:18am |
| BT | Pann | 11:18am |

Blank Toots

| Tost | Status | Timo | |
|------|--------|---------|--|
| AIR | Page | 11:18am | |

Printer Tonts

| Tent | Statum | Timo |
|------|-----------|---------|
| PRNT | Papa | 11:18am |
| | CRC Tenta | |
| Tent | Status | Time |
| COMP | Page | 11:18am |
| CAL | Pann | 11:18am |

Preventive Maintenance Statum: Page

Abulyat

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County | STOKES | Instrument Location | | POLICE |
|---------------------------------|---|--|---------------------------------------|--|
| Instrument Ser | ial No. 008718 | - | DEPAR | TMENT |
| The preventive serial number | maintenance procedures for t 10,000 or higher) to be followe | he Intoximeters, Model Into ed at least once every four m | x EC/IR II and Mo | del Intox EC/IR II (Enhanced with |
| (1) | | nister displays at least 51 por eter shows 34 degrees, plus | | h (psi) of pressure, or the alcoholi centigrade; |
| (2) | Verify instrument display | s time and date; | | |
| (3) | Initiate breath test sequen | ce; | | |
| (4) | Enter information as prom | pted; | | |
| (5) | Verify instrument accurac | y: | | |
| (6) | When "PLEASE BLOW" | appears, collect breath samp | ole; | |
| (7) | When "PLEASE BLOW" | appears, collect breath samp | ole; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program a | nd confirm preventive maint | tenance status of "P | ass"; and |
| (10) | | | | on date, or the alcoholic breath Alcoholic Breath Simulator tests |
| | n the 9 day of DEC | above, in accordance with o | 2 the forgoing procurrent regulations | eventive maintenance procedures of the N.C. Department of Health |
| | | Signaturaçof Certifying Off | Sicial | Certificate Number |

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

DHHS 4080 (04/20)

STOKES COUNTY KING P D 840

Serial Number: 008718 Test Date: 12/09/2022

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 State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:
02/01/2022-02/01/2024

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

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

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

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

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

Abalyst

Department of Health and Human Services Rev. 12/2007

STOKES COUNTY KING P D 840

Serial Number: 008718 Test Record Number: 2242 Test Date: 12/09/2022 Test Time: 12:24pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:25pm 12:25pm |
| FC | Pass | 12:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:25pm |
| SRC | Pass | 12:25pm |
| DET | Pass | 12:25pm |
| BAR | Pass | 12:25pm |
| BT | Pass | 12:25pm |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 12:26pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:26pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:26pm |
| CAL | Pass | 12:26pm |

Preventive Maintenance Status: Pass

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

Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| Instrument Seri | ial No. 008723 Bryson City, NC |
|-----------------------------------|---|
| 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 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 performed | the 26 day of |
| | Signature of Certifying Official Certificate Number |

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 12/20/2022

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:02pm |
| AIR BLK | .00 | 12:03pm |
| ACCY CHK | .08 | 12:03pm |
| AIR BLK | .00 | 12:04pm |
| SUB TEST | .00 | 12:05pm |
| AIR BLK | .00 | 12:06pm |
| SUB TEST | .00 | 12:07pm |
| ATR BLK | .00 | 12:08pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Orif R. Cuth

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 864
Test Date: 12/20/2022 Test Time: 12:09pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:09pm 12:09pm |
| FC | Pass | 12:09pm |

Temperature Tests

| 7 | rest | Status | Time |
|---|------|--------|---------|
| I | PC1 | Pass | 12:09pm |
| 5 | SRC | Pass | 12:09pm |
| I | DET | Pass | 12:09pm |
| I | BAR | Pass | 12:09pm |
| I | BT | Pass | 12:09pm |
| | | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:10pm |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 12:10pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 12:10pm 12:10pm |

Preventive Maintenance Status: Pass

Daif R. Lith

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

| | ial No. 008727 Bryson City, NC | |
|--|--|---------------|
| The preventive serial number l | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 0,000 or higher) to be followed at least once every four months are: | with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | nolic |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brisimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. | eath ests, |
| | | |
| were performed | the 20 day of 10ccenbre, 2022 the forgoing preventive maintenance proced on the instrument indicated above, in accordance with current regulations of the N.C. Department of He vices, and the instrument is functioning properly. | ures |
| STA STATE OF | | |
| EAST-S | | |
| | | |
| Sam year | 5 P. 1 R 1-11 125 | |
| These of the latest of the lat | Signature of Certifying Official Certificate Number | _ |

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 12/20/2022

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: Cutler, Daniel R Permit Number: 0084-3310 Effective: 02/01/2022-02/01/2024

> Officer's Name: 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 | 12:01pm |
| AIR BLK | .00 | 12:02pm |
| ACCY CHK | .08 | 12:03pm |
| AIR BLK | .00 | 12:04pm |
| SUB TEST | .00 | 12:04pm |
| AIR BLK | .00 | 12:05pm |
| SUB TEST | .00 | 12:07pm |
| AIR BLK | .00 | 12:07pm |

Reported AC: .00 g/210L

Court CVR

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

Rev. 12/2007

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1540 Test Date: 12/20/2022 Test Time: 12:08pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:09pm 12:09pm |
| FC | Pass | 12:09pm |

Temperature Tests

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

Blank Tests

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

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:10pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:10pm |

CAL Pass 12:10pm

Preventive Maintenance Status: Pass

Daif R. Guth

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 | IN-111 CORP. CO. |
|--|--|--|
| serial number | 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 de | e 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 | of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after I whichever occurs first. | piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests, |
| were berrormer | the 20 day of Dreem her , 2022 the forgoing on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly. | g preventive maintenance procedures ons of the N.C. Department of Health |
| Service Services | 3 P.1017L | 120 |
| Separate Sep | Signature of Certifying Official | Certificate Number |

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 12/20/2022

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: Cutler, Daniel R Permit Number: 0084-3310 Effective: 02/01/2022-02/01/2024

> Officer's Name: 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 | 11:22am |
| AIR BLK | .00 | 11:23am |
| ACCY CHK | .07 | 11:23am |
| AIR BLK | .00 | 11:25am |
| SUB TEST | .00 | 11:25am |
| AIR BLK | .00 | 11:26am |
| SUB TEST | .00 | 11:28am |
| AIR BLK | .00 | 11:29am |

Reported AC: .00 g/210L

Court CVR

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1415 Test Date: 12/20/2022 Test Time: 11:29am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:29am |
| FLO | Pass | 11:29am |
| FC | Pass | 11:30am |

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

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:30am |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 11:30am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | 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)

| I | nstrument Ser | al No. 0085 77 | 3301 HAMMOND RN | |
|-------|---------------------------------|--|--|---------------|
| _ | | | 2301 HAMMOND RS Raleigh, NC | |
| T | he preventive erial number 1 | maintenance procedures for the Intoximeters, Model Ir 0,000 or higher) to be followed at least once every four | ntox FC/IR II and Model Intox EC/IR II (Exhaust | with |
| | (1) | Verify the ethanol gas canister displays at least 51 p breath simulator thermometer shows 34 degrees, play | pounds per square inch (psi) of pressure, or the alcoh lus or minus .2 degree centigrade; | olic |
| | (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 sa | imple; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sa | imple; | |
| | (8) | Print test record; | | |
| | (9) | Run diagnostic program and confirm preventive ma | nintenance status of "Pass"; and | |
| | (10) | Verify that the ethanol gas canister is being chasimulator solution is being changed every four number whichever occurs first. | nanged before expiration date, or the alcoholic bro months or after 125 Alcoholic Breath Simulator to | eath ests, |
| | | - 7 | | |
| W | ere performed | the | the forgoing preventive maintenance proceds th current regulations of the N.C. Department of He | ares alth |
| a | STATE | vices, and the instrument is functioning properly. | | |
| 1 | | | | |
| CREAT | [] | F S | | |
| 1 | | 3 A16 | / // | |
| | down on | DOMIN O FORES WAS | cens 662 | |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 12/05/2022

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, Simon S Permit Number: 0014-6221 Effective: 02/01/2022-02/01/2024

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

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

| Test | g/210L | Time |
|--|--------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | .00 | 5:36pm 5:36pm 5:37pm 5:38pm |
| SUB TEST | .00 | 5:39pm |
| AIR BLK | | 5:40pm |
| SUB TEST AIR BLK | .00 | 5:41pm 5:42pm |

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 6813 Test Date: 12/05/2022 Test Time: 5:43pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:43pm |
| FLO | Pass | 5:43pm |
| FC | Pass | 5:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:44pm |
| SRC | Pass | 5:44pm |
| DET | Pass | 5:44pm |
| BAR | Pass | 5:44pm |
| BT | Pass | 5:44pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:44pm |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 5:44pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 5:44pm 5:44pm |

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 Wa | 6.6 | Instrument Location | WARE | FOREST | PD |
|------------------------------|---|---|--------------------------------|---|------------------------------|
| Instrument Ser | ial No. 002700 | | 225 | 5 Tayl | R 54 |
| | | | Wake | 5 TAYLO | , NC |
| The preventive serial number | maintenance procedures for 10,000 or higher) to be follow | the Intoximeters, Model In ed at least once every four | ntox EC/IR I | I and Model Into | x EC/IR II (Enhanced wit |
| (1) | Verify the ethanol gas can breath simulator thermom | nister displays at least 51 peter shows 34 degrees, pl | pounds per so us or minus . | quare inch (psi) o 2 degree centigra | of pressure, or the alcoholi |
| (2) | Verify instrument display | s time and date; | | | |
| (3) | Initiate breath test sequen | ce; | | | |
| (4) | Enter information as pron | npted; | | | |
| (5) | Verify instrument accurac | y; | | | |
| (6) | When "PLEASE BLOW" | appears, collect breath sa | mple; | | |
| (7) | When "PLEASE BLOW" | appears, collect breath sa | mple; | | |
| (8) | Print test record; | | | | |
| (9) | Run diagnostic program a | nd confirm preventive ma | intenance sta | tus of "Pass"; an | d |
| (10) | Verify that the ethanol p simulator solution is being whichever occurs first. | gas canister is being cha | inged before | expiration date | or the alcoholic broat |
| tere berrounde | theday ofen on the instrument indicated vices, and the instrument is fu | above, in accordance with | the for h current reg | going preventive ulations of the N | maintenance procedures |
| Com to | _ 0/12 | Day 1/ | / | | 171 |

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 12/21/2022

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: 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 | | 2:37pm |
| AIR BLK | | 2:38pm |
| ACCY CHK | | 2:38pm |
| AIR BLK | .00 | 2:39pm |
| SUB TEST | | 2:40pm |
| AIR BLK | .00 | 2:41pm |
| SUB TEST | 100000000000000000000000000000000000000 | 2:42pm |
| AIR BLK | .00 | 2:43pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 2148
Test Date: 12/21/2022 Test Time: 2:44pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2:45pm | |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 2:45pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 2:45pm 2:45pm |

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)

| Ir | nstrument Se | RALEIGH, NC |
|------|--|---|
| - | - | Rollingh, NC |
| T | he preventive erial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least 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 breatt simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| Too | wit de | |
| | | the |
| and | and the latest and th | vices, and the instrument is functioning properly. |
| 13 | ON STATE OF | |
| BEAT | 对自 | |
| 13 | | |
| | San Age | Somm 8 folkers Dans 662 |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 12/05/2022

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

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

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

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

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

| Test | g/210L | Time |
|---|----------------------------------|--|
| AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 5:41pm 5:42pm 5:43pm 5:44pm 5:44pm 5:45pm |
| SUB TEST | .00 | 5:47pm |
| AIR BLK | .00 | 5:48pm |

Reported AC: ,00 g/249L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 12/05/2022

Test Record Number: 5517 Test Time: 5:48pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 5:48pm 5:48pm |
| FC | Pass | 5:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:49pm |
| SRC | Pass | 5:49pm |
| DET | Pass | 5:49pm |
| BAR | Pass | 5:49pm |
| BT | Pass | 5:49pm |

Blank Tests

| Test | Status | Time | |
|------|---|------|--|
| | 000000000000000000000000000000000000000 | | |

AIR Pass 5:49pm

Printer Tests

| Test | Status | Time | |
|------|--------|--|--|
| | | S. STATES OF STA | |
| PRNT | Page | 5 - 4 9 mm | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:49pm |
| CAL | Pass | 5:49pm |

Preventive Maintenance Status: Pass

Analyst

mon

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

| In | strument Seri | al No. 008778 | | 3301 Haw | aucen Pa |
|-------|--------------------------------|---|---|---|---|
| | | | | Raleigh N | MONES RO |
| Th | ne preventive rial number 1 | maintenance procedures for the 0,000 or higher) to be followed a | Intoximeters, Mod at least once every | el Intox EC/IR II and M | lodel Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canists breath simulator thermomete | er displays at least er shows 34 degrees | 51 pounds per square ir , plus or minus .2 degre | ach (psi) of pressure, or the alcoholi- e centigrade; |
| | (2) | Verify instrument displays ti | me and date; | | |
| | (3) | Initiate breath test sequence; | | | |
| | (4) | Enter information as prompto | ed; | | |
| | (5) | Verify instrument accuracy; | | | |
| | (6) | When *PLEASE BLOW* ap | pears, collect breat | h sample; | |
| | (7) | When "PLEASE BLOW" ap | pears, collect breat | h sample; | |
| | (8) | Print test record; | | | |
| | (9) | Run diagnostic program and | confirm preventive | maintenance status of | "Pass"; and |
| | (10) | | | | ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests |
| W | eré performed | | ove, in accordance | | preventive maintenance procedure as of the N.C. Department of Healt |
| GREAT | | S S S S S S S S S S S S S S S S S S S | 11 E | | |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 12/06/2022

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

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

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

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

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

| Test | g/210L | Time |
|--|---|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 | 2:17pm 2:17pm 2:18pm 2:20pm 2:20pm 2:21pm 2:23pm 2:24pm |
| THE RESERVE | * W.W. | For * 100 12 10 12 10 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

I man Officer

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

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 7166 Test Date: 12/06/2022 Test Time: 2:24pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:25pm |
| FLO | Pass | 2:25pm |
| FC | Pass | 2:25pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 2:25pm 2:25pm 2:25pm 2:25pm 2:25pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2:25pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:25pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:26pm |

Preventive Maintenance Status: Pass

Pass

2:26pm

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 Seri | ial No. 008738 | | 128 Ro | Claselane |
|-----------------------------------|--|---|--|---|
| | | | Warrante | , NC |
| The preventive serial number 1 | maintenance procedures for 10,000 or higher) to be follow | the Intoximeters, Modwed at least once every | del Intox EC/IR II and M four months are: | Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas c breath simulator thermo | anister displays at leas meter shows 34 degree | 51 pounds per square i s, plus or minus .2 degre | nch (psi) of pressure, or the alcoholic ee centigrade; |
| (2) | Verify instrument displa | ys time and date; | | |
| (3) | Initiate breath test seque | ence; | | |
| (4) | Enter information as pro | ompted; | | |
| (5) | Verify instrument accum | всу; | | |
| (6) | When "PLEASE BLOW | " appears, collect brea | th sample; | |
| (7) | When "PLEASE BLOW | " appears, collect brea | th sample; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program | and confirm preventiv | e maintenance status of | "Pass"; and |
| (10) | Verify that the ethanol simulator solution is be whichever occurs first. | gas canister is being eing changed every fo | g changed before expiritually control our months or after 12 | ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| were performed | day of Day of do n the instrument indicate rvices, and the instrument is | d above, in accordance | , 20_22 the forgoing e with current regulation | preventive maintenance procedures ns of the N.C. Department of Health |
| S/HI | 2A | Buyeth | ing Official | 671 |

WARREN COUNTY WARREN CO JAIL 920

Serial Number: 008738 Test Date: 12/06/2022

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: 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: AG212402 Exp Date: 05/04/2024

| 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 | 10:09am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

WARREN COUNTY WARREN CO JAIL 920

Serial Number: 008738 Test Record Number: 1085 Test Date: 12/06/2022 Test Time: 10:10am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:11am |
| SRC | Pass | 10:11am |
| DET | Pass | 10:11am |
| BAR | Pass | 10:11am |
| BT | Pass | 10:11am |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 10:11am | |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 10:11am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 10:12am 10:12am |

Preventive Maintenance Status: Pass

Analyst



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

| The prev serial nu | entive ma mber 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; |
| 0 | 2) | Verify instrument displays time and date; |
| (| 3) | Initiate breath test sequence; |
| (| 4) | Enter information as prompted; |
| (| 5) | Verify instrument accuracy; |
| (| 6) | When "PLEASE BLOW" appears, collect breath sample; |
| (| 7) | When "PLEASE BLOW" appears, collect breath sample; |
| (| 8) | Print test record; |
| (| 9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (| 10) | Verify that the ethanol gas canister is being changed before 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 o | the day of |



WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 12/01/2022

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: yy

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 | 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 | 12:46pm |
| AIR BLK | .00 | 12:47pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2699
Test Date: 12/01/2022 Test Time: 12:48pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR | Pass | 12:48pm |
| FLO FC | Pass Pass | 12:48pm 12:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:48pm |
| SRC | Pass | 12:48pm |
| DET | Pass | 12:48pm |
| BAR | Pass | 12:48pm |
| BT | Pass | 12:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|------------|
| AIR | Pagg | 12 - 49 nm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:49pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:49pm |

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)

| The preventive | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with |
|-----------------|---|
| serial number 1 | 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 22 day of December . 20 22 the forgoing preventive maintenance procedures from the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 12/22/2022

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: AG225701 Exp Date: 09/14/2024

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:14pm |
| AIR BLK | .00 | 3:14pm |
| ACCY CHK | .07 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:17pm |
| AIR BLK | .00 | 3:18pm |
| SUB TEST | .00 | 3:19pm |
| AIR BLK | .00 | 3:20pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 2948
Test Date: 12/22/2022 Test Time: 3:21pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:21pm |
| FLO | Pass | 3:21pm |
| FC | Pass | 3:21pm |
| | | |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:21pm |
| SRC | Pass | 3:21pm |
| DET | Pass | 3:21pm |
| BAR | Pass | 3:21pm |
| BT | Pass | 3:21pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:22pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:22pm |
| | CRC Tests | |
| Test | Status | Time |

| rest | Status | TIME |
|------|--------|--------|
| COMP | Pass | 3:22pm |
| CAL | Pass | 3:22pm |

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)

| | ounty \// // nstrument Seria | Instrument Location Wilkes Co. Detention Wilkesboro, VC |
|---------------------------------|------------------------------|--|
| | | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| V | were performed | the 16 day of December, 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. |
| National Property of the Parket | SIAM | 100 Marie S 649 |
| į | TORTH ST. | Signature of Certifying Official Certificate Number |

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 12/16/2022

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

| g/210L | Time |
|--------|----------------------------------|
| Pass | 11:05am |
| .00 | 11:05am |
| .08 | 11:06am |
| .00 | 11:07am |
| .00 | 11:07am |
| .00 | 11:08am |
| .00 | 11:10am |
| .00 | 11:11am |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2742 Test Date: 12/16/2022 Test Time: 11:11am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:12am |
| FLO | Pass | 11:12am |
| FC | Pass | 11:12am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:12am |
| SRC | Pass | 11:12am |
| DET | Pass | 11:12am |
| BAR | Pass | 11:12am |
| BT | Pass | 11:12am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:13am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:13am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:13am |
| CAL | Pass | 11:13am |

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. |
| vere performed | the <u>16</u> day of <u>December</u> , 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. |

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 12/16/2022

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 | Pass | 11:05am |
| AIR BLK | .00 | 11:06am |
| ACCY CHK | .08 | 11:06am |
| AIR BLK | .00 | 11:07am |
| SUB TEST | .00 | 11:08am |
| AIR BLK | .00 | 11:09am |
| SUB TEST | .00 | 11:10am |
| ATR BLK | .00 | 11:11am |

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 872 Test Date: 12/16/2022 Test Time: 11:12am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:12am |
| FLO | Pass | 11:12am |
| FC | Pass | 11:12am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:12am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:13am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:13am |
| | CRC Test: | s |

| Test | Status | Time |
|------|--------------|--------------------|
| COMP | Pass Pass | 11:13am 11:13am |

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 M 0,000 or higher) to be followed at least once every four months are: | Todel Intox EC/IR II (Enhanced with |
|--------|--|-------------------------------------|
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degre | |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of | "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first. | |
| | the | |
| S SAME | | |
| | | 643 |

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 12/09/2022

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 D Permit Number: 0037-7722 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

| g/210L | Time |
|--------------------------|--|
| .00 .07 .00 .00 | 10:50am 10:50am 10:51am 10:52am 10:53am 10:53am 10:55am 10:56am |
| | Pass .00 .07 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 3131 Test Date: 12/09/2022 Test Time: 10:57am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:57am |
| FLO | Pass | 10:57am |
| FC | Pass | 10:57am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 10:58am 10:58am 10:58am 10:58am 10:58am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:58am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:58am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:58am 10:58am |

Preventive Maintenance Status: Pass

Analyst