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

nstrument Seri	al No. 008853 1095. Maple St Graham, NC
Γhe 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 performed and Human Ser	the 19 day of 3, 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 STA	Sold Control of the C

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 01/19/2022

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: Barnes, Simon S

Permit Number: 0014-6221 Effective:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:39am
AIR BLK	.00	9:39am
ACCY CHK	.07	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 3706 Test Date: 01/19/2022 Test Time: 9:51am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:51am
FLO	Pass	9:51am
FC	Pass	9:52am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:52am
SRC	Pass	9:52am
DET	Pass	9:52am
BAR	Pass	9:52am
BT	Pass	9:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:53am
CAL	Pass	9:53am

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_AL	AMANCE Instrument Location ALAMANCE CO JAIL
Instrument Seria	al No. 008913 109 5. MAyle ST Graham, No.
	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	n the
AND STATE OF THE S	Share Steken Bayer 667
Maria	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 01/19/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:40am
AIR BLK	.00	9:40am
ACCY CHK	.07	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 4506 Test Date: 01/19/2022 Test Time: 9:50am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:51am
FLO	Pass	9:51am
FC	Pass	9:51am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:51am
SRC	Pass	9:51am
DET	Pass	9:51am
BAR	Pass	9:51am
BT	Pass	9:51am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:52am

Preventive Maintenance Status: Pass

Pass

9:52am

CAL

Analyst

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

County Bec	ufo/		Instrument Location Bello	oven PD
Instrument Seri	ial No.	3928	125 W	Main St. Belhaven
The preventive serial number 1	maintenance 0,000 or high	procedures for the ner) to be followed:	Intoximeters, Model Intox EC/IR I at least once every four months are:	I and Model Intox EC/IR II (Enhanced with
(1)	Verify th breath sin	e ethanol gas canist mulator thermomete	er displays at least 51 pounds per ser shows 34 degrees, plus or minus.	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify in	strument displays ti	me and date;	
(3)	Initiate b	reath test sequence;		
(4)	Enter infe	ormation as prompte	ed;	
(5)	Verify in	strument accuracy;		
(6)	When "P	LEASE BLOW" ap	pears, collect breath sample;	
(7)	When "P	LEASE BLOW" ap	pears, collect breath sample;	
(8)	Print test	record;		
(9)	Run diag	nostic program and	confirm preventive maintenance sta	atus of "Pass"; and
(10)	simulator	nat the ethanol gas solution is being or occurs first.	canister is being changed before changed every four months or at	e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	d on the instr	day ofaday of	ove, in accordance with emitting	rgoing preventive maintenance procedures gulations of the N.C. Department of Health
THE STATE OF THE S	SOME CAROLIN	Volt		64/3
		Si	gnature of Certifying Official	Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 01/06/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	12:55pm
AIR BLK	.00	12:56pm
ACCY CHK	.08	12:56pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 471 Test Date: 01/06/2022 Test Time: 1:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:05pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:05pm 1:05pm

Preventive Maintenance Status: Pass

Analyst

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

County 3	No. 008818  Instrument Location Bladen County  Defention Center
Instrument Serial	No. 008818 Detention Center
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 25 <sup>th</sup> day of January, 20 22 <sup>th</sup> e 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.
SAR CONTROL OF THE PARTY OF THE	Signature of Certifying Official Certificate Number
were performed	on the instrument indicated above, in accordance with current regulations of the N.C. Department of He

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

DHHS 4080 (04/20)

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Date: 01/25/2022

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:

07/31/2020-07/31/2022

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 1	Pass	2:12pm
AIR BLK	.00	2:12pm
ACCY CHK	.08	2:13pm
AIR BLK	.00	2:14pm
SUB TEST .	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	00 /	2:18pm
AIR BLK	00 /	2:18pm

Reported/%C:///.00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 1910 Test Date: 01/25/2022 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

Test	Status	Time
PRNT	Pass	2:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass '	2:21pm

Preventive Maintenance Status: Pass

Angryst

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

County Bla	No. 008894 Detention County
Instrument Serial	No. 008894 Detention Center
H 140- 0-1-2-1	
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	ne 25th Jan very 2022 the forgoing preventive maintenance procedures on the instrument indicated above in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Date: 01/25/2022

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: 07/31/2020-07/31/2022

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
		n ** E
DIAG	Pass	2:14pm
AIR BLK	.00	2:14pm
ACCY CHK	.08	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR/BLK/	.00 /	2:20pm

Reported AC2/.00/g/210L

Signature of Chamical Analyst

Court CVR

Analyst

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Record Number: 1342
Test Date: 01/25/2022 Test Time: 2:21pm EST

System Check: Passed

Baseline Tests

Test	Status	<b>9</b> 0	Time
IR	Pass		.2:21pm
FLO,	' Pass		2:21pm
FC	Pass		2:21pm

#### Temperature Tests

3

Test		Status	Time
FC1	18	Pass	2:21pm
SRC		Pass	2:21pm
DET		Pass	2:21pm
BAR		Pass	· 2:21pm
BT		Pass	2:21pm

#### . Blank Tests

Test	Status	Time
	€ 700 × 18	
ATR	Pass	2:22pm

#### Printer Tests

Test	Status	Time
		and the second
PRNT	Pass	2:22pm

#### CRC Tests

	**************************************	18
Test	Status	Time
COMP	Pass	2:22pm
CAT	Pacc	2 • 2222

Preventive Maintenance

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

County 13	runswick Instrument Location Oak Island
Instrument Seria	al No. 008648 Instrument Location Oak Island Police Department
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.
I certify that on were performed and Human Serv	the 18th day of 12th day of 15th day of 15
STATE ON	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 01/18/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:

07/31/2020-07/31/2022

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

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

g/210L	Time
Pass	12:37pm
.00	12:38pm
.08	12:38pm
.00	12:39pm
.00	12:40pm
.00	12:41pm
.00	12:42pm
.00	12:43pm
	Pass .00 .08 .00 .00 .00 .00 .00

Reported 10: 1.00 g/210L

Signature of themical Analyst

Court CVR

analyst

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1782
Test Date: 01/18/2022 Test Time: 12:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:45pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	12:45pm	
CAL	Pass	12:45pm	

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)

County	barrus Instrument Location Cabarrus County 80
Instrument Serial	CANCOLD NE
8-	
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the were performed of and Human Servi	ne day of
THE PERSON NAMED IN	



Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 01/14/2022

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:
04/20/2021-04/20/2023

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

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

Test	g/210L	Time
DIAG	Pass	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:45pm
ATR BLK	- 00	12:46pm

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

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 5944
Test Date: 01/14/2022 Test Time: 12:46pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time '
AIR	Pass	12:48pm

#### Printer Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

County	Instrument Location Cabamus County 80
Instrument Seri	al No. 008590
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.
	the day of day of 2027 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.
CONTRACTOR OF THE PARTY OF THE	

Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 01/14/2022

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:
04/20/2021-04/20/2023

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	Pass	12:42pm
AIR BLK	.00	12:42pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
ATR BLK	- 00	12:48pm

Meported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 3877
Test Date: 01/14/2022 Test Time: 12:56pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:57pm
SRC	Pass	12:57pm
DET	Pass	12:57pm
BAR	Pass	12:57pm
BT	Pass	12:57pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:58pm
CAL	Pass	12:58pm

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)

MO	DEL 1141 OA EC/114 II (Enhanced with serial humber 10,000 of higher)
County	Davius Instrument Location Cabamus County 80
Instrument Seri	al No. 008792 <u>Concord</u> , PC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on	the 14th day of January, 20 22 the forgoing preventive maintenance procedures

I certify that on the 19 day of 2000 day of 2000 day of 2000 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.



CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Date: 01/14/2022

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:

04/20/2021-04/20/2023

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:38pm
AIR BLK	.00	12:38pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:44pm
ATR BLK	0.0	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Record Number: 3384
Test Date: 01/14/2022 Test Time: 12:45pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:46pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	12:47pm

#### Printer Tests

Test	Status	·Time
		186
PRNT	Pass	12:47p

#### CRC Tests

Test	Status	Time
COMP	Pass	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance Status: Pass

Analyst

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

County	den Instrument Location Camben 6.5.0.
Instrument Seri	al No. 008940 ITN. Carolina Huy 343 Canden, N.C.
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the
STATE ON THE STATE ON THE STATE OF THE STATE	Se S
	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 01/14/2022

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:33am 11:34am
ACCY CHK AIR BLK	.08	11:34am
SUB TEST	.00	11:35am 11:36am
AIR BLK SUB TEST	.00	11:37am 11:39am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 1129
Test Date: 01/14/2022 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	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:42am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:42am 11:42am

Preventive Maintenance Status: Pass

Analyst



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

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

County	Instrument Location Catawba Co SO  INO. 008683  Newton, NC
Instrument Seria	1 No. 008683 Newton, NC
The preventive reserval 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 were performed and Human Serv	the 24 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.
CHAN VIEW CHAN VIEW	Signature of Certifying Official Certificate Number



CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008683 Test Date: 01/24/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2020-10/01/2022

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008683 Test Record Number: 974
Test Date: 01/24/2022 Test Time: 3:34pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

#### Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm
	CRC Tests	
Test	Status	Time

3:35pm

3:35pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

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

	County Co	No. 008946 Detention Center
	Instrument Serial	No. 008946 Detention Center
		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;
5.0	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on the were performed of and Human Service	e 26 day of January, 20 2 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
		Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008946 Test Date: 01/26/2022

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

Driver's License Number: NONE
Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023

Effective: 07/31/2020-07/31/2022

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

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

Test	g/210L	Time
DIAG	Pass	3:20pm
AIR BLK	.00	3:21pm
ACCY CHK	.08	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm
SUB /TEST	.00 /	73:25pm
AIR BLK	.00	/3:26pm

Reported AG4 / .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

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008946

Test Record Number: 1229

Test Date: 01/26/2022

Test Time: 3:27pm EST

System Check: Passed

#### Baseline Tests

Test		Status	Time
	i		
IR '		Pass	3:27pm
FLO		Pass	3:27pm
FC	1.0	Pass	3:27pm

#### Temperature Tests

	Status	Time
300	Pass	3:28pm
	Pass	3:28pm
74	Pass	3:28pm
0.00	Pass	3:28pm
<b>(</b> 0)	Pass	3:28pm
	/4 @#2	Pass Pass Pass Pass

#### .Blank.Tests

Test	Status	Time

AIR Pass 3:28pm

#### Printer Tests

Time Test Status

Pass PRNT . 3:28pm

CRC Tests

Test Status Time

COMP 3:28pm Pass

CAL Pass 3:28pm

Preventive Maintenance Status

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

County	RAVEN Instrument Location CRAVEN COUNTY
Instrument Seria	INO. 008917 DETENTION CENTER
-	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the <u>24</u> day of <u>TANUARY</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.
	M. Za Barre (048
	Signature of Certifying Official Certificate Number

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

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008917 Test Date: 01/24/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R Permit Number: 0014-6279

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

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:19pm
ACCY CHK	.07	12:19pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008917 Test Record Number: 944
Test Date: 01/24/2022 Test Time: 12:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	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

Status	Time
Pass	12:26pm
Pass	12:26pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

INO. 008901 Instrument Location Have lock Police Depertment
INO. 008901 Police Depertment
·
maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
the 19th day of Jenvey, 20 22the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008901 Test Date: 01/19/2022

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

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

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

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

Test	g/210L	Time
DIAG	Pass	5:40pm
AIR BLK	.00	5:40pm
ACCY CHK	.08	5:41pm
AIR BLK	.00	5:42pm
SUB TEST	.00	5:42pm
AIR BLK	.00	5:43pm
SUN TEST	.00 / /	5:45pm
AII. BLE	.00//	5:46pm

Reported Age 00 g/2

Signature of Mhemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008901 Test Record Number: 1495
Test Date: 01/19/2022 Test Time: 5:46pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:47pm
SRC	Pass	5:47pm
DET	Pass	5:47pm
BAR	Pass	5:47pm
BT	Pass	5:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:47pm
CAL	Pass	5:47pm

Preventive Maintenance Status: Pass

Analyst

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

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

County	raven Instrument Location MCAS Cherry Point
Instrument Seria	raven Instrument Location MCAS Cherry Point INO. 010819  PMo
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the 19 <sup>1</sup> day of Janua, 20 Z2he forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health fices, and the instrument is functioning properly.
STATE ON THE STATE ON THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 01/19/2022

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: Ryan, Robert F
Permit Number: 0084-5023

Effective: 07/31/2020-07/31/2022

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

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

Toct

rest	9/2101	rime
DIAG	Pass	6:45pm
AIR BLK	.00	6:45pm
ACCY CHK	.07	6:46pm
AIR BLK	.00	6:47pm
SUB TEST	.00	6:48pm
AIR BLK	.00	6:49pm
SUB TEST	.00 //	6:50pm
AIR BLK	0.00/	6:51pm
/ / /		

a/210T

Timo

Reported Age .00 g/210L

Signature of hemical Analyst

Court CVR

Analyst

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#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 710 Test Date: 01/19/2022 Test Time: 6:55pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:55pm
FLO	Pass	6:55pm
FC	Pass	6:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:56pm
SRC	Pass	6:56pm
DET	Pass	6:56pm
BAR	Pass	6:56pm
BT	Pass	6:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:56pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	6:56pm	

#### CRC Tests

Test	Status	Time
COMP	Pass	6:56pm
CAL	Pass	6:56pm

Preventive Maintenance

Status: Pass

Analyst

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

	Instrument Location NEW BERN  Instrument Location NEW BERN  POLICE DEPT
Instrument Ser	ial No. 008817 POLICE DEPT
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.
I certify that on were performed and Human Ser	the 24 day of January, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Ol. 13 648
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 01/24/2022

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:03pm
ACCY CHK	.07	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1748
Test Date: 01/24/2022 Test Time: 2:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:11pm

Preventive Maintenance Status: Pass

Pass

2:11pm

CAL

Analyst

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

County Car	ritude Instrument Location Carritack Co S.O.
Instrument Seri	ial No. 008947 407-A Maple Rd. Maple, N.
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.
I certify that on were performed and Human Ser	the
AND TO THE STATE OF THE STATE O	A CAROLINA C
QUAM VIDES	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 01/14/2022

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

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

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

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

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

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

g/210L	Time
Pass .00 .08	10:41am 10:42am 10:43am 10:44am
.00	10:45am
.00	10:45am
.00	10:47am
.00	10:48am
	.00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 2940 Test Date: 01/14/2022 Test Time: 10:49am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	10.51am

Pass 10:51am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County DOPLIA Instrument Location WALLACE Instrument Serial No. 008858 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are: Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic (1) breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; (2) Initiate breath test sequence; (3) (4) Enter information as prompted; (5) Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; (6) When "PLEASE BLOW" appears, collect breath sample; (7) (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath (10)simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. I certify that on the 19 day of JANUARY, 20 22 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.

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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 01/19/2022

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: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/09/2020-10/09/2022

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 1129
Test Date: 01/19/2022 Test Time: 12:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:16pm
CAL	Pass	12:16pm

Preventive Maintenance Status: Pass

Analyst

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

County	UPZIN Instrument Location DUPZIN COUNTY
Instrument Ser	ial No. 008864 DETENTION CENTER
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 19 day of JANUAZY, 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.
	al R. Bane 648
GUAN VO	Signature of Certifying Official Certificate Number

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

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Date: 01/19/2022

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: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:50pm
AIR BLK	.00 .	1:51pm
ACCY CHK	.08	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
ATR BLK	.00	1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 4313
Test Date: 01/19/2022 Test Time: 1:58pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:58pm
SRC	Pass	1:58pm
DET	Pass	1:58pm
BAR	Pass	1:58pm
BT	Pass	1:58pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:59pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:59pm
CAL	Pass	1:59pm

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 FR	Anklin	Instrument Location_	masuille F.D.
Instrument Se	rial No. <u>1008815</u>		Alt.USI
_		You	gsuille, NC
The preventiv serial number	e maintenance procedures for the In 10,000 or higher) to be followed at		
(1)		r displays at land 51	
(2)	Verify instrument displays tim		,
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted	ı;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appe	ears, collect breath sample;	
(7)	When "PLEASE BLOW" appe		
(8)	Print test record;		
(9)	Run diagnostic program and co	onfirm preventive maintenance	status of "Pass": and
(10)	Verify that the ethanol gas of	canister is being the state	fore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the day of	e, in accordance with current ning properly.	forgoing preventive maintenance procedures regulations of the N.C. Department of Health
STATE OF THE STATE			
TORRE 12 1776	SASO.		671
	Signa	ature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008815 Test Date: 01/25/2022

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:

09/15/2020-09/15/2022

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

### FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008815 Test Record Number: 1276
Test Date: 01/25/2022 Test Time: 1:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

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)

Cou	unty_FR	Instrument L	ocation FRanklin	Co. LEC
Inst	rument Ser	rial No. <u>008933</u>	285 T. K LouisBurg,	Emp Rd
-			LouisBurg,	NC
The	preventive al number	e maintenance procedures for the Intoximeters, 10,000 or higher) to be followed at least once ex	Model Intox EC/IR II and Modery four months are:	lel Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at I breath simulator thermometer shows 34 deg	east 51 pounds per square inch grees, plus or minus .2 degree c	(psi) of pressure, or the alcoholic entigrade;
	(2)	Verify instrument displays time and date;		
	(3)	Initiate breath test sequence;		
	(4)	Enter information as prompted;		
	(5)	Verify instrument accuracy;		
	(6)	When "PLEASE BLOW" appears, collect b	reath sample;	
	(7)	When "PLEASE BLOW" appears, collect b	reath sample;	
	(8)	Print test record;		
	(9)	Run diagnostic program and confirm prever	ative maintenance status of "Pas	ss"; and
	(10)	Verify that the ethanol gas canister is be simulator solution is being changed every whichever occurs first.	eing changed before expiration	w data 11 1 1 1 1 1 1 1
		do not the instrument indicated above, in accordance, and the instrument is functioning properly	Dice Will current regulations of	ventive maintenance procedures f the N.C. Department of Health
THE GREATSEA	STATE ON STATE ON STATE OF STA	Solution in the instrument is functioning properly	<i>y</i> .	
-	QUAM VIDE	Signature of Cert		671

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

DHHS 4080 (04/20)

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Date: 01/19/2022

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:
09/15/2020-09/15/2022

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

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

Test	g/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:51pm
ACCY CHK	.07	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

#### FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Date: 01/19/2022

Test Record Number: 1322 Test Time: 3:58pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

#### Blank Tests

Test	Status	Time

AIR Pass 4:00pm

#### Printer Tests

Test	Status	Time

PRNT Pass 4:00pm

#### CRC Tests

Test Status Time

COMP Pass 4:00pm Pass 4:00pm

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)

nstrument Seria	al No. 00 8942 2	Louis Burg, NC
	2	-ouis Burg, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Into. 0,000 or higher) to be followed at least once every four m	x EC/IR II and Model Intox EC/IR II (Enhanced with norths are:
(1)	Verify the ethanol gas canister displays at least 51 por breath simulator thermometer shows 34 degrees, plus	unds per square inch (psi) of pressure, or the alcoholic or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sam	ple;
(7)	When "PLEASE BLOW" appears, collect breath sam	iple;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive main	ntenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being char simulator solution is being changed every four me whichever occurs first.	nged before expiration date, or the alcoholic breat onths or after 125 Alcoholic Breath Simulator tests
I certify that or were performe and Human Se	n the 19 day of John 19, 20 do not the instrument indicated above, in accordance with ervices, and the instrument is functioning properly.	22the forgoing preventive maintenance procedure a current regulations of the N.C. Department of Healt
STATE OF THE STATE	Toping Caroling	
We do will		(-)

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

DHHS 4080 (04/20)

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942 Test Date: 01/19/2022

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:
09/15/2020-09/15/2022

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

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

Test	g/210L	Time
DIAG	Pass	4:15pm
AIR BLK	.00	4:16pm
ACCY CHK	.07	4:16pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:21pm
AIR BLK	.00	4:22pm

Reported AC+ .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

#### FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942 Test Record Number: 2574

System Check: Passed

#### Baseline Tests

Status	Time
Pass	4:27pm
Pass	4:27pm
Pass	4:27pm
	Pass Pass

#### Temperature Tests

mq
pm
pm
pm
pm

#### Blank Tests

Test	Status	Time

AIR Pass 4:28pm

#### Printer Tests

Test	Status	Time

PRNT Pass 4:28pm

#### CRC Tests

Test	Status	Time

COMP Pass 4:28pm CAL Pass 4:28pm

Preventive Maintenance Status: Pass

Analyst

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

County G	Instrument Location Gates 6.50.
Instrument Ser	ial No. DO 8884 200 Court St, Gatoville, A
The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number	10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performe and Human Se	the day of day o
ONE STATE OF THE S	TORRING CAROLING TO THE PART OF THE PART O
APRIL 12 1776 QUAM VIOLED	Tou 0 643
	Signature of Certifying Official Certificate Number

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 01/10/2022

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 1034 Test Date: 01/10/2022 Test Time: 11:17am EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:17am
Pass	11:17am
Pass	11:17am
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18am

#### Printer Tests

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)

County Gran	Instrument Location Granville Co LEC
Instrument Seria	INO. 008635 525 New Commerce De
	Oxfors, 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.
were performe	the day of
STATE OF THE STATE	AROUNT CAROUNT
A STATE OF THE PARTY OF THE PAR	Signature of Certifying Official Certificate Number

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

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008635 Test Date: 01/07/2022

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: 09/01/2020-09/01/2022

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008635 Test Record Number: 1866
Test Date: 01/07/2022 Test Time: 3:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance Status: Pass

Analyst

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

		ial No. 008923 525 New Commerce De	
Tl se	ne preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	l with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	oholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
É	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath tests,
W	are nermormed	the	dures Iealth
EATC	O THE STATE OF		
Si	APRIL 12 TITLE AGE QUAM VIDES	Somm Stakes San 642	
-		Signature of Certifying Official Certificate Number	

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923 Test Date: 01/07/2022

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:

09/01/2020-09/01/2022

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

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

Test	g/210L	Time
DIAG	Pass	2:55pm
AIR BLK	.00	2:56pm
ACCY CHK	.07	2:56pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923 Test Record Number: 2819
Test Date: 01/07/2022 Test Time: 3:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:05pm 3:05pm
FC	Pass	3:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:06pm	

#### Printer Tests

Time
3:06pm

Test	Status	Time	
COMP	Pass	3:06pm	
CAL	Pass	3:06pm	

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location UNC - GREENS BORD
Instrument Ser	rial No. 008604 POLICE DEPARTMENT
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the 13 day of JANUACY, 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.
CAREAT ON THE CA	OF THE CARD AND ADDRESS OF THE CARD ADDRESS OF THE CAR
Sige QUAM VIDER	ALE 069
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 01/13/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm

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

Rev. 12/2007

## GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 01/13/2022

Test Record Number: 2038
Test Time: 3:07pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	3:07pm
	Pass	3:07pm
FC	Pass	3:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
BAR	Pass	3:07pm
BT	Pass	3:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:08pm

Preventive Maintenance Status: Pass

Pass

3:08pm

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)

Coun	ty	Instrument Location HIGH POINT JAIL
Instru	ıment Seria	No. 008655 HIGH POINT, NC
TI		
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 alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were r	fy that on the performed cuman Service	eday of
BI GREAT SA	STATE OF NOT THE STATE OF THE	
		Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 01/14/2022

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:
08/04/2020-08/04/2022

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

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

Test	g/210L	Time
DIAG	Pass	12:52pm
AIR BLK	.00	12:53pm
ACCY CHK	.07	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 3776
Test Date: 01/14/2022 Test Time: 1:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	1:05pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance Status: Pass

Analysi

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

County	SUILFORD Instrument Location GREENSBORD POLICE
Instrument Se	rial No. 008725 DEPARTMENT
P=====================================	
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
STATE OF MAN OF STATE OF MAN OF STATE OF MAN OF STATE OF	O THE CAROLLE STATE OF THE CAR
*ESSE QUAM VICENT	669
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 01/13/2022

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

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

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

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

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

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

g/210L	Time
Pass	2:19pm
.00	2:20pm
.08	2:20pm
.00	2:21pm
.00	2:22pm
.00	2:23pm
.00	2:24pm
-00	2:25pm
	Pass .00 .08 .00 .00

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4698 Test Date: 01/13/2022 Test Time: 2:26pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:27pm

Preventive Maintenance Status: Pass

Pass

2:27pm

CAL

Analyst

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

Instrument So	erial No. 00 8812
	erial No. 008812 129 W. Main St Gibsonulle, n
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,
certify that or ere performend Human Ser	the
OF THE STATE OF	A state of the coming property.
APRIL 12 VITES	
The state of the s	DIMM D foles DALLOS 662

#### GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Date: 01/03/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.08	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:21am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Analys

#### GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Record Number: 3586 Test Date: 01/03/2022 Test Time: 10:24am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:25am
FC	Pass	10:25am 10:25am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26am
CAL	Pass	10:26am

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	UILFORD Instrument Location HIGH POINT
Instrument Seri	al No. 008828 POLICE 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.
	the 14 <sup>TH</sup> day of JANUARY , 20 <sup>22</sup> the forgoing preventive maintenance procedures
were performed	the
STATE OF	CAROLINA CAR
QUAM VIVA	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 01/14/2022

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:
08/04/2020-08/04/2022

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

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

Test	g/210L	Time
DIAG	Pass	11:06am
AIR BLK	.00	11:07am
ACCY CHK	.08	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
AIR BLK	-00	11:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst S

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 3915
Test Date: 01/14/2022 Test Time: 11:15am EST

System Check: Passed

#### Baseline Tests

Time
11:15am
11:15am
11:15am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:16am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:16am
CAL	Pass	11:16am

Preventive Maintenance Status: Pass

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 Hor	nett Instrument Location Harnett County
Instrument Seria	No. 008728 Detention Center
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed and Human Servi	ne
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008728 Test Date: 01/11/2022

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
03/10/2021-03/10/2023

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

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

Test	g/210L	Time
DIAG	Pass	9:37am
AIR BLK	.00	9:38am
ACCY CHK	.07	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008728 Test Record Number: 383 Test Date: 01/11/2022 Test Time: 9:43am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:44am
FLO	Pass	9:44am
FC	Pass	9:44am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:44am
SRC	Pass	9:44am
DET	Pass	9:44am
BAR	Pass	9:44am
BT	Pass	9:44am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:45am 9:45am

Preventive Maintenance Status: Pass

Analyst

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

County <u>Tre</u>	dell Instrument Location Statesuille PD
Instrument Serial	No.008619 Statesuille, NC
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Service	e 13 day of 10 anuav , 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE ON NO. 1773 NO.	

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 01/13/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

04/20/2021-04/20/2023

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:26am
AIR BLK	.00	11:26am
ACCY CHK	.07	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1859
Test Date: 01/13/2022 Test Time: 11:33am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	11:33am	
FLO	Pass	11:33am	
FC	Pass	11:33am	

#### Temperature Tests

me
:33am

#### Blank Tests

Test	Status	Time
ATR	Pass	11 · 34am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:34am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:34am
CAL	Pass	11:34am

Preventive Maintenance Status: Pass

. ....

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

Count	Tre	Instrument Location Tredell County SO
Instru	ment Serial	No. CO8809 Statesuille, MC
<del>}</del>		
The p serial	reventive m number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were	fy that on the performed of uman Servi	the 13th day of 100000000000000000000000000000000000
THE GRAY E.	WE STATE O' AND WAY BE TO THE STATE OF THE S	Signature of Certifying Official  Certificate Number

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 01/13/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

04/20/2021-04/20/2023

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

#### IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 4850
Test Date: 01/13/2022 Test Time: 12:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:16pm

Preventive Maintenance Status: Pass

Pass

12:16pm

CAL

Analyst

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

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

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 01/03/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

03/10/2021-03/10/2023

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	11:21am
AIR BLK	.00	11:21am
ACCY CHK	.07	11:22am
AIR BLK	.00 .	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	-00	11 • 27am

Report/ed AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 5648 Test Date: 01/03/2022

Test Time: 11:28am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	11:28am 11:28am 11:28am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

#### Blank Tests

Test	Status	Time

AIR Pass 11:29am

#### Printer Tests

Test	Status	Time
-000	Deacas	TTILL

PRNT Pass 11:29am

#### CRC Tests

Test Status Time

COMP Pass 11:29am CAL Pass 11:29am

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	al No. 008705 Instrument Location JONES COUNTY  DETENTION CENTER
Instrument Seri	al No. 008705 DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>24</u> day of <u>January</u> , 20 22 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	10. 2 3.
GIAN ASD	Signature of Certifying Official Certificate Number

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Date: 01/24/2022

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

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

#### JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Record Number: 1574 Test Date: 01/24/2022 Test Time: 10:13am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:13am
FLO	Pass	10:13am
FC	Pass	10:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:13am
SRC	Pass	10:13am
DET	Pass	10:13am
BAR	Pass	10:13am
BT	Pass	10:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:14am

#### CRC Tests

Test	Status	Time	
COMP	Pass	10:14am	
CAL	Pass	10:14am	

Preventive Maintenance Status: Pass

Analyst

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

County MC	Ecklenburg Instrument Location CMPD (EC
Instrument Seria	INO.008594 Charlotte, NC
The preventive reserval number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
and Human Serv	the <u>10</u> day of <u>100</u> day of <u>100</u> , 20 <u>72</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
THE PERSON NAMED IN	

STATE OF THE STATE

gnature of Certifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 01/20/2022

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:
04/20/2021-04/20/2023

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	10:47am
AIR BLK	.00	10:47am
ACCY CHK	.07	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC; 1.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 5081 Test Date: 01/20/2022 Test Time: 10:54am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

#### Temperature Tests

Test	Status	Time	
FC1	Pass	10:54am	
SRC	Pass	10:54am	
DET	Pass	10:54am	
BAR	Pass	10:54am	
BT	Pass	10:54am	

#### Blank Tests

Test	Status	Time
	•	
AIR	Pass	10:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:55am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:55am
CAL	Pass	10:55am

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 C	Ecklenburg Instrument Location Mecklenburg County 88
Instrument Seria	0.001
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t were performed and Human Serv	the day of day o
ON STATE ON A	

Signature of Certifying Official

Certificate Number

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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 01/20/2022

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:

04/20/2021-04/20/2023

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	11:37am
AIR BLK	.00	11:37am
ACCY CHK	.08	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: , 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

Analyst

## MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Test Date: 01/20/2022 Test

Test Record Number: 5087 Test Time: 11:43am EST

System Check: Passed

## Baseline Tests

Status	Time
Pass	11:43am
Pass	11:43am
Pass	11:43am
	Pass Pass

## 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	11:44am	

## Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:44am
CAL	Pass	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)

11102	DE IT (1074 DE/114 II (Enhanced with serial number 10,000 of migner)
County Co	CKlenburg Instrument Location Mccklenburg County 80  Charlotte, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 20th day of 100000000000000000000000000000000000
one STATE or	

CAMPA CAMPA

Signature of Certifying Official

Certificate Number

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

## MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 01/20/2022

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:

04/20/2021-04/20/2023

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test

	9.	
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

a/210L

Time

11:41am

11:42am

Reported AC1 .. 00 g/210L

SUB TEST .00 AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 01/20/2022

Test Record Number: 6895
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	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

## Blank Tests

Test		Status	Time
AIR	0	Pass	11:43am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	8
Test	Status	Time
COMP	Pass	11:43am

Preventive Maintenance Status: Pass

Pass

11:43am

CAL

Analyst

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

Instrument Serie	CKLENBURG al No. <u>008869</u>	_	CHARL	OTTE
The preventive serial number 1	maintenance procedures for 0,000 or higher) to be follow	the Intoximeters, Model In red at least once every four	tox EC/IR II and Moo months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas ca breath simulator thermon	nister displays at least 51 p neter shows 34 degrees, plu	ounds per square inch s or minus .2 degree	(psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument display	ys time and date;		
(3)	Initiate breath test sequer	nce;		
(4)	Enter information as pro	mpted;		
(5)	Verify instrument accura	cy;		
(6)	When "PLEASE BLOW	" appears, collect breath sar	mple;	
(7)	When "PLEASE BLOW	" appears, collect breath sai	mple;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive ma	intenance status of "P	ass"; and
(10)				on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the 19 day of 10	d above, in accordance with functioning properly.	22 the forgoing pr h current regulations	eventive maintenance procedures of the N.C. Department of Health
TISE QUAM VIDENT		1. C. Thy		6/6
		Signature of Certifying (	Official	Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008869 Test Date: 01/19/2022

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: Fleming, Marshall C
Permit Number: 0027-5012
Effective:
07/16/2021-07/16/2023

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

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

g/210L	Time
Pass	8:35pm
.00	8:37pm
.08	8:37pm
.00	8:38pm
.00	8:39pm
.00	8:40pm
.00	8:41pm
.00	8:42pm
	Pass .00 .08 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008869 Test Record Number: 1228
Test Date: 01/19/2022 Test Time: 8:44pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:45pm
FLO	Pass	8:45pm
FC	Pass	8:45pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:45pm
SRC	Pass	8:45pm
DET	Pass	8:45pm
BAR	Pass	8:45pm
BT	Pass	8:45pm

## Blank Tests

Test	Status	Time
AIR	Pass	8:45pm

## Printer Tests

Test	Status	Time
PRNT	Pass	8:45pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:46pm Pass 8:46pm

Preventive Maintenance Status: Pass

M.C. Analysi

# 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 CMPD (EC
Instrument Seri	ial No. 008929 Charlotte, NC
	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.
I certify that on were performed and Human Ser	the day of day o
STATE OF STATE OF THE STATE OF	

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

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008927 Test Date: 01/20/2022

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:

04/20/2021-04/20/2023

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	T,ime
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
ATR BLK	0.0	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

## MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008927 Test Record Number: 736 Test Date: 01/20/2022 Test Time: 11:06am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:07am

11:07am

Preventive Maintenance
Status: Pass

Pass

CAL

Analyst

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

County_MEC	KLENBYRG	Instrument Location_	BAT	MOBILE	7141	1
Instrument Seria	No. 008939	_	Сн	MOBILE		
	naintenance procedures for th ,000 or higher) to be followe			and Model Intox	EC/IR II (Enh	nanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 po eter shows 34 degrees, plus	ounds per squ s or minus .2	are inch (psi) of degree centigrade	pressure, or the;	e 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 sam	nple;			
(7)	When "PLEASE BLOW"	appears, collect breath sam	nple;			
(8)	Print test record;					
(9)	Run diagnostic program ar	nd confirm preventive main	ntenance stati	is of "Pass"; and		
(10)	Verify that the ethanol g simulator solution is being whichever occurs first.	gas canister is being changed every four mo	nged before onths or afte	expiration date, r 125 Alcoholic	or the alcoho Breath Simu	olic breath lator tests,
were performed	he 19 day of 747 day of 19	above, in accordance with	current regu	oing preventive a	maintenance p C. Department	procedures t of Health

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

MECKLENBURG COUNTY BAT MOBILE UNIT 1
590

Serial Number: 008939 Test Date: 01/19/2022

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: Fleming, Marshall C
Permit Number: 0027-5012
Effective:
07/16/2021-07/16/2023

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

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

st	g/210L	Time
AG	Pass	8:34pm
R BLK	.00	8:35pm
CY CHK	.08	8:36pm
R BLK	.00	8:37pm
B TEST	.00	8:37pm
R BLK	.00	8:38pm
B TEST	.00	8:40pm
R BLK	.00	8:40pm
	AG R BLK CY CHK R BLK B TEST R BLK B TEST	AG Pass R BLK .00 CY CHK .08 R BLK .00 B TEST .00 R BLK .00

Reported AC: .00 g/210L

M.C. Assignature of Chemidal Analyst

Court CVR

M.C. The

## MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008939 Test Record Number: 1161 Test Date: 01/19/2022 Test Time: 8:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:44pm
FLO	Pass	8:44pm
FC	Pass	8:44pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:45pm
SRC	Pass	8:45pm
DET	Pass	8:45pm
BAR	Pass	8:45pm
BT	Pass	8:45pm

## Blank Tests

Test	Status	Time
AIR	Pass	8:45pm

## Printer Tests

Test	Status	Time
PRNT	Pass	8:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:45pm
CAL	Pass	8:45pm

Preventive Maintenance Status: Pass

M.C. Fly 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 Mort	tgomery Instrument Location Montgomer	y County
Instrument Seri	al No. 008657 Detention	Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	lel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree c	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	the day of day o	eventive maintenance procedures of the N.C. Department of Health
STATE OF THE STATE	CAROUNT CAROUN	
OF QUAM VIDEO	Signature of Certifying Official	Certificate Number
	Jaginimie of Colorying Official	Commence Pulmoer

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

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 01/24/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

03/10/2021-03/10/2023

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:51am
AIR BLK	.00	9:53am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:55am
ATR BLK	-00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 1883
Test Date: 01/24/2022 Test Time: 9:57am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:59am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:59am 9:59am

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)

Co	ounty Mor	tagmary Instrument Location Mantgomery County	
In	strument Serial	al No. 00 8709 Detention Center	
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (E 0,000 or higher) to be followed at least once every four months are:	nhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	the alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sin whichever occurs first.	
W		the day of day of 2022 the forgoing preventive maintenance on the instrument indicated above, in accordance with current regulations of the N.C. Department vices, and the instrument is functioning properly.	e procedures ent of Health
CREATE	O THE STATE OF AN 20.1793	OMIT CAROUND TO THE PARTY OF TH	
	STOR QUAM VIDENT	1/4	
		Signature of Certifying Official Certificate Nu	ımber

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

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 01/24/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Garner, Joel K Permit Number: 0036-5156 Effective: 03/10/2021-03/10/2023

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

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

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:53am
ACCY CHK	.07	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1323
Test Date: 01/24/2022 Test Time: 10:02am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:03am 10:03am
FC	Pass	10:03am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

## Blank Tests

Test	Status .	Time
AIR	Pass	10:04am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:04am

Preventive Maintenance Status: Pass

Analyst

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

County NA	Instrument Location Rocky Mount PD
Instrument Seri	ial No. 008741 #1 Governme, + PIAZA
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 25 day of 7, 20, 22 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
THE STATE OF THE TOTAL OF THE T	
The state of the s	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 01/25/2022

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: 09/15/2020-09/15/2022

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

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

Test	g/210L	Time
DIAG	Pass	10:16am
AIR BLK	.00	10:17am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2883 Test Date: 01/25/2022 Test Time: 10:23am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:23am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:23am
SRC	Pass	10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:24am	

## Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:24am
CAL	Pass	10:24am

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. O O 8580 Rucky Mur	(N)
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	odel 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 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	'Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 125 whichever occurs first.	
were performed	the	preventive maintenance procedures as of the N.C. Department of Health
The second second		

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

#### NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580 Test Date: 01/01/2022

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: Varnell, Bryon L Permit Number: 0036-1210 Effective: 09/10/2020-09/10/2022

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

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

Test	g/210L	Time
DIAG	Pass	7:34pm
AIR BLK	.00	7:35pm
ACCY CHK	.07	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580 Test Record Number: 2680 Test Date: 01/01/2022 Test Time: 7:42pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time	
IR	Pass	7:42pm	
FLO	Pass	7:42pm	
FC	Pass	7:42pm	

## Temperature Tests

Test	Status	Time
FC1	Pass	7:42pm
SRC	Pass	7:42pm
DET	Pass	7:42pm
BAR	Pass	7:42pm
BT	Pass	7:42pm

## Blank Tests

Test	Status	Time	
AIR	Pass	7:43pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	7:43pm
	ana m	

#### CRC Tests

Test	Status	Time	
COMP	Pass	7:43pm	
CAL	Pass	7:43pm	

Preventive Maintenance Status: Pass

Analyst

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

County NA	Sh Instrument Location Nasa	6 Detention Cota.
Instrument Ser	rial No. <u>008630</u> 222	S. Washingbox St
	Xlashi	ille, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC 10,000 or higher) to be followed at least once every four months	IR II and Model Intox EC/IR II (Enhanced with are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per breath simulator thermometer shows 34 degrees, plus or mi	per square inch (psi) of pressure, or the alcoholic nus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	e status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed b simulator solution is being changed every four months of whichever occurs first.	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the day of, 20 the d on the instrument indicated above, in accordance with current rvices, and the instrument is functioning properly.	forgoing preventive maintenance procedures t regulations of the N.C. Department of Health
STATE OF		1
S S S S S S S S S S S S S S S S S S S	CAROL	
ARIE 12 TE	EASING TO	671
	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Date: 01/03/2022

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

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

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

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

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

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

1	est		g/210L	1	Time
Γ	OIAC	3	Pass		4:15pm
7	AIR	BLK	.00		4:16pm
Z	ACC	Y CHK	.08		4:17pm
Z	AIR	BLK	.00		4:18pm
2	SUB	TEST	.00		4:18pm
Z	AIR	BLK	.00		4:19pm
2	SUB	TEST	.00		4:21pm
7	AIR	BLK	-00		4:22pm

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

## NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Record Number: 5277

System Check: Passed

Baseline Tests

Test	Status	Time .
IR	Pass	4:23pm
FLO	Pass	4:23pm
FC	Pass	4:23pm

## Temperature Tests

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

## Blank Tests

Test Status Time

AIR Pass 4:24pm

## Printer Tests

Test Status Time

PRNT Pass 4:24pm

CRC Tests

Test Status Time

COMP Pass 4:24pm CAL Pass 4:24pm

Preventive Maintenance Status: Pass

Analyst

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

County NA	Sh Instrument Location Rocky	Mount PD
Instrument Se	rial No. 008651  Instrument Location Rocky  Rocky	eroment Plaza
	Rocky	Mount, nc
The preventiv serial number	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:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square 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 "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	
d certify that on were performed and Human Ser	the day of Adda da	g preventive maintenance procedures ions of the N.C. Department of Health
William State	Signature of Certifying Official	Certificate Number
		Certificate Nulliber

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

DHHS 4080 (04/20)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008651 Test Date: 01/03/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Bryant Jr., Earl A Permit Number: 0017-9707

Effective:

09/15/2020-09/15/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

g/210L	Time
Pass	2:52pm
.00	2:53pm
.08	2:53pm
.00	2:54pm
.00	2:55pm
.00	2:56pm
.00	2:57pm
.00	2:58pm
	Pass .00 .08 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008651

Test Record Number: 1526 

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:59pm 2:59pm
FC	Pass	2:59pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

## Blank Tests

Test	Status	Time
AIR	Pass	3 · 00pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:00pm 3:00pm

Preventive Maintenance Status: Pass

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

County No	Instrument Location Rocky	Mount PD	
Instrument Seria	1 No. 008740 # 1 Go	Nount, NC	
	Rocky A	Mount, nc	
	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:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status	s of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before esimulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,	
I certify that on were performed and Human Ser	the	ing preventive maintenance procedures ations of the N.C. Department of Health	
STATE OF THE STATE	Self CAROLINA CONTRACTOR OF THE CAROLINA CONTRAC		
STAW NIDES	Signature of Certifying Official	Certificate Number	

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

DHHS 4080 (04/20)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 01/03/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:25pm
ACCY CHK	.07	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 796 Test Date: 01/03/2022 Test Time: 2:32pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

## Temperature Tests

Status	Time
Pass	2:33pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	al No. 008617 Instrument Location New Hanover Courty  Detention Center
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:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 24th day of Linuxy, 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.
STATE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NEW HANOVER COUNTY DETENTION CENTER 640

> Serial Number: 008617 Test Date: 01/24/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

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

g/210L Test Time 3:25pm DIAG Pass .00 AIR BLK 3:26pm ACCY CHK .08 3:26pm .00 3:27pm AIR BLK 3:28pm SUB TEST .00 .00 3:29pm AIR BLK .00 3:30pm SUB TEST .00 3:31pm

90 g/210L Reported

AIR BLK

emical Analyst Signature of

Couft CVR

#### NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617

Test Record Number: 3992

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:33pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:34pm
CAL	Pass	3:34pm

Preventive Maintenance Status: Pass

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

County Ne	al No. 008626 Instrument Location New Homover County
Instrument Seri	al No
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 24th day of January, 20 22the forgoing preventive maintenance procedures on the instrument indicated above in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Sul Asa 670
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NEW HANOVER COUNTY DETENTION CENTER 640

> Serial Number: 008626 Test Date: 01/24/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Ryan, Robert F Permit Number: 0084-5023 Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

rest	g/210L	Time
DIAG	Pass	3:23pm
AIR BLK	.00	3:24pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:29pm
AIR BLK	.09/	3:30pm

Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Record Number: 8098 Test Date: 01/24/2022 Test Time: 3:31pm EST

System Check: Passed '

#### Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

#### Temperature Tests

	Status	Time.
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:32pm
		P

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm
	CRC Tests	8
Test	Status	Time

COMP Pass 3:32pm CAL Pass 3:32pm

Preventive Maintenance Status Pass

Analyst

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

	al No. 008661 Instrument Location Carolina Beach Police 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 day of Janvay, 20 27 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 01/18/2022

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

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

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

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

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

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

Test g/210L Time DIAG Pass 3:39pm .00 AIR BLK 3:40pm ACCY CHK .08 3:40pm .00 AIR BLK 3:41pm SUB TEST .00 3:42pm .00 AIR BLK 3:43pm SUB PEST .00 3:44pm AIR BLH .00 3:45pm

Reported Act .00 g/210L

Signature of Chemical Analyst

Court CVR

TO THE PERSON OF THE PERSON OF

Analyst

#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 2915

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:47pm
FLO	Pass	3:47pm
FC	Pass	3:47pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:47pm
SRC	Pass	3:47pm
DET	Pass	3:47pm
BAR	Pass	3:47pm
BT	Pass	3:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:48pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:48pm
CAL	Pass	3:48pm

Preventive Maintenance

Status: Pass

Analyst

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

Rev. 12/2007

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

County_ C	
Instrument Seri	ial No. 008578 3UB STATION
	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 31 day of JANUARY, 2032 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.
	al-R. Ben 1048
E-tonics (c)	Signature of Certifying Official Certificate Number

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

#### ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Date: 01/31/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Za Ban Analyst

#### ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Record Number: 3379
Test Date: 01/31/2022 Test Time: 12:40pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:41pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_OR	Instrument Location Che pol	H.11 PD
Instrument Ser	ial No. 008738 828 Chapel	MANTON Cuther King Elv 11-11, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance sta	tus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.	e expiration date, or the alcoholic breath fer 125 Alcoholic Breath Simulator tests,
were perform	on the 26 day of 300000000000000000000000000000000000	going preventive maintenance procedures gulations of the N.C. Department of Health
AN STATE OF THE PROPERTY OF TH	CAROUNT CAROUN	671
A MIN STAN A	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008738 Test Date: 01/26/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008738 Test Record Number: 1021 Test Date: 01/26/2022 Test Time: 3:01pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:02pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:03pm
CAT.	Pass	3:03pm

Preventive Maintenance Status: Pass

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

Analyst

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	CAVIBURO, NC
		CAVIBURU, NC
	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
-	were periormed	the
	AND CHAM VICE	Sun Stan Son 662
		Signature of Certifying Official Certificate Number

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

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Date: 01/03/2022

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

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:

09/01/2020-09/01/2022

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

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

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945

Test Record Number: 512 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	12:05pm
	Pass	12:05pm
FC	Pass	12:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm
		2.50

#### Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:06pm

Preventive Maintenance Status: Pass

Pass

12:06pm

CAL

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

AMLICO Instrument Location PAMLICO COUNTY
rial No. 008613 Instrument Location PAMLICO COUNTY  DETENTION CENTER
e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
in the <u>Ob</u> day of <u>JANUARY</u> , 20 <u>82</u> the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health cruices, 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)

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008613 Test Date: 01/06/2022

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: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/09/2020-10/09/2022

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

Test Type: Breath Test

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

/040- -:

Test	g/210L	Time
DIAG	Pass	7:21pm
AIR BLE	00.	7:22pm
ACCY CH	K .08	7:23pm
AIR BLE	< .00	7:23pm
SUB TES	OO. TE	7:24pm
AIR BLE	₹ .00	7:25pm
SUB TES	OO. T	7:26pm
ATR BLE	ζ _00	7:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008613 Test Record Number: 1283
Test Date: 01/06/2022 Test Time: 7:27pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:28pm
FLO	Pass	7:28pm
FC	Pass	7:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:28pm
SRC	Pass	7:28pm
DET	Pass	7:28pm
BAR	Pass	7:28pm
BT	Pass	7:28pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:29pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:29pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	7:29pm
CAL	Pass	7:29pm

Preventive Maintenance Status: Pass

Analyst

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

Cou	inty Per	quimans	Instrument Locat	ion Perguinan	s 6.	5.0
Inst	rument Seri	al No. 008847		110 N. Church	4 St.,	Hertford,
The	preventive al number 1	maintenance procedures for the	: Intoximeters, Mod at least once every	el Intox EC/IR II and Mode four months are:	el Intox EC/II	R II (Enhanced with
	(1)	Verify the ethanol gas canis breath simulator thermomet	ter displays at least er shows 34 degrees	51 pounds per square inch (s, plus or minus .2 degree ce	(psi) of press	ure, or the alcoholic
	(2)	Verify instrument displays t				
	(3)	Initiate breath test sequence	;			
	(4)	Enter information as promp	ted;			
1	(5)	Verify instrument accuracy;				
	(6)	When "PLEASE BLOW" ap	opears, collect breat	h sample;		
	(7)	When "PLEASE BLOW" ap	opears, collect breat	h sample;		
	(8)	Print test record;				
	(9)	Run diagnostic program and	confirm preventive	maintenance status of "Pas	ss"; and	
	(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.	s canister is being changed every fo	changed before expiration ur months or after 125 Al	n date, or the	ne alcoholic breath ath Simulator tests,
were	tify that on performed Human Serv	he day of on the instrument indicated al ices, and the instrument is fund	ove, in accordance	with current regulations of	ventive mains	tenance procedures
THE GREAT SEA	STATE OF MAN 20, UTS	ATH CAROUNA			604	1 3
		S	ignature of Certifyi	ng Official	Certific	ate Number

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008847 Test Date: 01/14/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHE	.07	2:36pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008847 Test Record Number: 738
Test Date: 01/14/2022 Test Time: 2:43pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:43pm 2:43pm
FC	Pass	2:43pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:44pm

Pass

2:44pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

Cour	nty Po	Instrument Location Polk Co.	unty Jail
Instr	rument Seri	al No. 00883Z	olumbus, NC
seria	preventive il 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:	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	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 "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	epiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were	performed	the day of, 20 the forgoing on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	tions of the N.C. Department of Health
THE GREAT SEA	STATE OF STA	CAROLLE CAROLL	
S. Commission of the Commissio	STSE QUAM VILLER		668
		Signature of Certifying Official	Certificate Number

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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 01/19/2022

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

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

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

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
09/17/2020-09/17/2022

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

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

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:19pm
ACCY CH	K .07	1:20pm
AIR BLK	.00	1:21pm
SUB TES	T .00	1:22pm
AIR BLK	.00	1:23pm
SUB TES	T .00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1698
Test Date: 01/19/2022 Test Time: 1:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:26pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:27pm

Preventive Maintenance Status: Pass

Pass

1:27pm

CAL

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

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	Instrument Location Polk County Jeil
Instrument Ser	ial No. 008881 Calumbus, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 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 periorined	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
SE GUAN VIEW	TO AND THE PROPERTY OF THE PRO
	Signature of Certifying Official Certificate Number

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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Date: 01/19/2022

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: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 09/17/2020-09/17/2022

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

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

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Record Number: 1008
Test Date: 01/19/2022 Test Time: 1:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:16pm 1:16pm

Preventive Maintenance Status: Pass

Analyst

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

(	County Rong	Jalph Instrument Location Randolph County
Ι	nstrument Seria	al No.008721 Detention Center
T	The preventive erial 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;
1	(5)	Verify instrument accuracy;
-	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
We	ertify that on the ere performed of d Human Servi	the day of day o
LE GREAT SO	STATE ON STATE ON STATE OF STA	CAROLIN CAROLI
9	FER QUAM VILLER	ALA 675
		Signature of Certifying Official Certificate Number

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

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008721 Test Date: 01/25/2022

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:

03/10/2021-03/10/2023

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
TESL		1.1 MG

DIAG	Pass	11:40am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:45am
AIR BLK	-00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008721 Test Record Number: 1419
Test Date: 01/25/2022 Test Time: 11:46am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:48am

#### Printer Tests

Test	Status	Time
Test	blatus	111116
PRNT	Pass	'11:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:48am

Pass 11:48am

Preventive Maintenance Status: Pass

CAL

Analyst

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

	County Kob	Instrument Location Robeson County
	Instrument Seri	al No. 008805 Detention Center
	-	
	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
1	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on t were performed and Human Serv	he 31 day of
	STATE ON STA	CAROUN CA
	# SSP QUAM VIDER	A/Au (275
		Signature of Certifying Official Certificate Number

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

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 01/31/2022

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

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

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
03/10/2021-03/10/2023

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	11:28am
AIR BLK	.00	11:28am
ACCY CHK	.07	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 4818 Test Date: 01/31/2022 Test Time: 11:35am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
BT	Pass	11:35am

#### 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	11:36am

CAL Pass 11:36am

Preventive Maintenance Status: Pass

Analyst

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

	County	Instrument Location St. Pauls Police
	Instrument Seria	1No.008814 Department
		· · · · · · · · · · · · · · · · · · ·
	The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed o	day of
	A STATE OF MAN STATE OF MAN SO THE STATE OF TH	
	White and the second	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 01/06/2022

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: Garner, Joel K
Permit Number: 0036-5156
Effective:
03/10/2021-03/10/2023

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

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

Test	g/210L	Time
DIAG	Pass	1:32pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Record Number: 787
Test Date: 01/06/2022 Test Time: 1:41pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
BT	Pass	1:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:42pm
CAL	Pass	1:42pm

Preventive Maintenance Status: Pass

Analyst

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

County Ro	beson Instrument Location Robeson County
Instrument Seri	al No.008836 Detention Center
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 3/ day of
APPLE 25 TATE OF THE STATE OF T	AV A
***************************************	Signature of Certifying Official Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 01/31/2022

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
03/10/2021-03/10/2023

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 6228
Test Date: 01/31/2022 Test Time: 12:15pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:15pm 12:15pm
FC	Pass	12:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:16pm 12:16pm

Preventive Maintenance Status: Pass

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

	County Rol	Deson Instrument Location Red Springs
	Instrument Seria	No. 00 8857 Police Department
9-		
	The preventive partial 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;
1	(5)	Verify instrument accuracy;
1	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 3/ day of
	OF THE STATE OF A	
AT		
13	ALL V	
	FEST QUAM VILERY	1 A Law 670
}		Signature of Certifying Official Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 01/31/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

03/10/2021-03/10/2023

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:28am
AIR BLK	.00	9:28am
ACCY CHK	.08	9:29am
AIR BLK	.00	9:31am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 664 Test Date: 01/31/2022 Test Time: 9:36am 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
PRNT	Pass	9:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

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 20	OCKINGHAM	Instrument Location Rocking	NGHAM COUNTY JAIL
Instrument Se	erial No. <u>008796</u>	_ WEN	TWORTH, NC
The preventive serial number	ve maintenance procedures for the 10,000 or higher) to be followed	ne Intoximeters, Model Intox EC/IR d at least once every four months are	II and Model Intox EC/IR II (Enhanced with:
(1)	Verify the ethanol gas canis breath simulator thermomet	ster displays at least 51 pounds per ster shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic .2 degree centigrade;
(2)	Verify instrument displays		
(3)	Initiate breath test sequence	9;	
(4)	Enter information as promp	eted;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" ap	ppears, collect breath sample;	
(7)	When "PLEASE BLOW" ap	ppears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and	I confirm preventive maintenance sta	itus of "Pass"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before changed every four months or af	e expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
and Human Ser	day of AMO do not the instrument indicated abovices, and the instrument is func		going preventive maintenance procedures ulations of the N.C. Department of Health
OUAM VIDE	Si	gnature of Certifying Official	Certificate Number
		S Of Colonying Official	Ceruncate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 01/12/2022

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: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

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

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:37pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm

Reported AC: .00 g/210L

ignature 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 ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 3247 Test Date: 01/12/2022 Test Time: 1:46pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	1:47pm	

#### CRC Tests

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

Preventive Maintenance Status: Pass

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

County_R	Instrument Location MADISON POLICE
Instrument Ser	rial No. 008802 DEPARTMENT
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on twere performed and Human Serv	the
STATE OF ANY 20, 100 ANY 20, 1	CAROUS CONTRACTOR OF THE PROPERTY OF THE PROPE
SE QUAM VIDER	669
	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 01/12/2022

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: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

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

Test	g/210L	Time
DIAG	Pass	3:29pm
AIR BLK	.00	3:30pm
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

## ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 944
Test Date: 01/12/2022 Test Time: 3:39pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:40pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

Analyst

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

County_R	thereford Instrument Location Forest City Police Dept.
Instrument Seri	al No.008889 Forest City, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the day of, 20 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.
O IN STATE OF THE	AND
QUAM VID	Signature of Certifying Official Certificate Number
	STATISTIC PARTITION

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 01/19/2022

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: Loftis, Benjamin C Permit Number: 0024-4987

Effective:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:26pm
ACCY CH	K .08	2:26pm
AIR BLK	.00	2:28pm
SUB TES	T .00	2:28pm
AIR BLK	.00	2:29pm
SUB TES	т .00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemidal 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

## RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 996
Test Date: 01/19/2022 Test Time: 2:32pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

#### Temperature Tests

Status	Time
Pass	2:32pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance Status: Pass

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

Ins	trument Seria	al No. 008914 Rutherford ton, NC
	4:	maintanana anno dense for the Interior tors. Medal Inter EC/ID II and Medal Inter EC/ID II (Enlarged with
		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 day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
REALS	THE STATE OF LINE STATE OF LIN	ASTERNAL CARE
	Firm 1 1/200	

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Date: 01/19/2022

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: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:20pm
ACCY CHK	.08	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:25pm
ATR BLK	.00	3:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2382
Test Date: 01/19/2022 Test Time: 3:27pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:27pm
FLO	Pass	3:27pm
FC	Pass	3:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:28pm

Preventive Maintenance Status: Pass

CAL

Pass 3:28pm

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 Su Instrument Serial	Instrument Location Elkin Police  No. 008926  Department  Department
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	the 14 day of January, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
SEAL OF STATE OF THE SEAL OF T	Junthy Habo 672 Signalure of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 01/14/2022

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: Hanks, Timothy S

Permit Number: 0063-3175

Effective:

10/14/2020-10/14/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.08	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 01/14/2022 Test Record Number: 1017 Test Time: 3:47pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:47pm
FLO	Pass	3:47pm
FC	Pass	3:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3 · 48pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	3:48pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:48pm
CAL	Pass	3:48pm

Preventive Maintenance Status: Pass

Analyst

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

County SU	Instrument Location Mount A Police De	risy
Instrument Serial	No. 008943 Police De	partment
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model ,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cen	osi) of pressure, or the alcoholic tigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
were performed of	the 14 day of January, 20 22 the forgoing prevon the instrument indicated above, in accordance with current regulations of ices, and the instrument is functioning properly.	entive maintenance procedures the N.C. Department of Health
STATE ON STA	ATT CAN	
THE COMM VIDE	Tenthy Harbo	672
	Signature of Certifying Official	Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 01/14/2022

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: Hanks, Timothy S

Permit Number: 0063-3175

Effective:

10/14/2020-10/14/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.07	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 2356 Test Date: 01/14/2022 Test Time: 1:11pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:12pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:12pm

Preventive Maintenance Status: Pass

Pass

1:12pm

CAL

Analyst

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

County	Instrument Location Tyrre 1 6. S.O.
Instrument Seri	al No. 008902 412 Main St., Columbia, N
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
O THE STATE OF THE	TO AROUND TO AROUND THE PROPERTY OF THE PROPER
TOP OLIAM VIDER	Kein 0 643
	Signature of Certifying Official Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 01/11/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.07	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 1011 Test Date: 01/11/2022 Test Time: 11:27am EST

System Check: Passed

#### Baseline Tests

	ne
IR Pass 11:	28am
FLO Pass 11:	28am
FC Pass 11:	28am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

#### Blank Tests

	Status	Time	
AIR	Pass	11:29am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:29am

Preventive Maintenance Status: Pass

Pass

11:29am

CAL

Analyst

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

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

County	Instrument Location OX NAW PD
Instrument Serial	No.008598 Waxhaw, NC
£	
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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.
I certify that on th were performed o and Human Service	the instrument indicated above, inaccordance with current regulations of the N.C. Department of Health res, and the instrument is functioning properly.
STATE ON THE STATE OF THE STATE	Signature of Certifying Official  Certificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 01/19/2022

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: Helms, Bryce A Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:12am 10:13am 10:13am 10:14am
AIR BLK SUB TEST	.00	10:15am
AIR BLK SUB TEST	.00	10:16am 10:17am
AIR BLK	.00	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 907 Test Date: 01/19/2022 Test Time: 10:19am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:20am
CAL	Pass	10:20am

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)

T- Consider to Anna		
Instru	ment Seri	al No. 008870 156 Church ST
-		al No. 008870 156 Chuch 37 Henduson Ne
The p	reventive 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 certi were 1 and H	fy that on performed uman Serv	the day of
4	THE STATE OF A	A .
13/3		
100	COM VIDE	Duras Drikey son (do)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 01/07/2022

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:
09/01/2020-09/01/2022

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	Pass	4:10pm
AIR BLK	.00	4:10pm
ACCY CHK	.08	4:11pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:13pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:16pm
AIR BLK	.00	4:17pm

Reported AC; ,00 g/210L

Signature of Chemical Analyst

Court CVR

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 3334
Test Date: 01/07/2022 Test Time: 4:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:18pm 4:18pm
FC	Pass	4:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:18pm
SRC	Pass	4:18pm
DET	Pass	4:18pm
BAR	Pass	4:18pm
BT	Pass	4:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:19nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:19pm
	CRC Tests	

rest	Status	Time
COMP	Pass	4:19pm
CAL	Pass	4:19pm

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)

Instru		
Instrument Se	rial No. 008937 156 Chu	ch ST
	Henderson	NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 10,000 or higher) to be followed at least once every four months are:	
(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	h (psi) of pressure, or the alcoholic centigrade:
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ass": and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
certify that or ere performed Human Ser	the day of	eventive maintenance procedures of the N.C. Department of Health
AND COLORS	Smm Ala Bay	662
	Signature of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 01/07/2022

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:

09/01/2020-09/01/2022

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 .00 .08 .00 .00	4:03pm 4:04pm 4:05pm 4:06pm 4:06pm 4:07pm 4:09pm
AIR BLK	.00	4:10pm

Reported AG: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 3092 Test Date: 01/07/2022 Test Time: 4:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:11pm 4:11pm
FC	Pass	4:11pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:11pm
SRC	Pass	4:11pm
DET	Pass	4:11pm
BAR	Pass	4:11pm
BT	Pass	4:11pm
		V-100

## Blank Tests

Test	Status	Time
AIR	Pass	4:12pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:12pm 4:12pm

Preventive Maintenance Status: Pass

Analyst

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

County	JAKE Instrument Location RALEISH F	D NORTHEAST DIST
Instrument Ser	ial No. 008623 5228 Greens	Darry 20 Raleigh
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and I 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholice centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 12 whichever occurs first.	ration data on the alast 1's 1
I certify that on were performed and Human Ser	the day of	preventive maintenance procedures ns of the N.C. Department of Health
ORDER 12 THE ORDER	Som She sand	662
	Signature of Certifying Official	Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 01/06/2022

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

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

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

g/210L	Time
Pass	2:26pm
.00	2:27pm
.07	2:27pm
.00	2:28pm
.00	2:29pm
.00	2:30pm
.00	2:31pm
.00	2:32pm
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4353
Test Date: 01/06/2022 Test Time: 2:37pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:37pm
FLO	Pass	2:37pm
FC	Pass	2:37pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

## Printer Tests

Status	Time
Pass	2:38pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:38pm
CAL	Pass	2:38pm

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	ake Instrument Location Wake Forest PD
Instrument Seri	al No. 008700 225 5 Taylor St. Wake Forest, NC
	Wake FOREST, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced vo.,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.
were performe	the day of day o
TOTAL ELECTION	
AN AGE STAWN ANDERS	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700: Test Date: 01/06/2022

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:
09/15/2020-09/15/2022

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	2:49pm
AIR BLK	.00	2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 1955 Test Date: 01/06/2022 Test Time: 2:56pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:57pm 2:57pm

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_//	lake Instrument Location Knis	4 Dale PD
Instrument Se	rial No. <u>0088 38</u> <u>879</u>	Steeple Square CT
	Km	SHOPLEINC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/I 10,000 or higher) to be followed at least once every four months a	R II and Model Intox EC/IR II (Enhanced with are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per breath simulator thermometer shows 34 degrees, plus or minu	er square inch (psi) of pressure, or the alcoholic us .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed bet simulator solution is being changed every four months or whichever occurs first.	fore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Se	the day of day of day of do n the instrument indicated above, in accordance with current rvices, and the instrument is functioning properly.	forgoing preventive maintenance procedures regulations of the N.C. Department of Health
THE STATE OF THE S		
Manager	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Date: 01/05/2022

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

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

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

g/210L	Time
Pass	3:51pm
.00	3:52pm
.07	3:53pm
.00	3:54pm
.00	3:54pm
.00	3:55pm
.00	3:57pm
.00	3:58pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Record Number: 2220 Test Date: 01/05/2022 Test Time: 4:08pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:08pm
FLO	Pass	4:08pm
FC	Pass	4:08pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:08pm
SRC	Pass	4:08pm
DET	Pass	4:08pm
BAR	Pass	4:08pm
BT	Pass	4:08pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	4:09pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:09pm
CAL	Pass	4:09pm

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 Vas	Shington Instrument Location Washington Co. S.O.
	Instrument Serial	No. 008829 100 Adams St., Plymonth, 1
	The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on were performed and Human Serv	the day of, 20_7 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	THE STATE OF MAN 20. 170 MAN 2	Town 643
1		Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 01/26/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Guard, Kelly G

Permit Number: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test q/210L Time

1000	3/	
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

ell

Signature of Chemical Analyst

Court CVR

Analyst

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 1102
Test Date: 01/26/2022 Test Time: 10:22am EST

System Check: Passed

## Baseline Tests

Test	Status	Time	
IR	Pass	10:22am	
FLO	Pass	10:22am	
FC	Pass	10:23am	

## Temperature Tests

Test	Status	Time
FC1	Pass	10:23am
SRC	Pass	10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

## Blank Tests

Test	Status	Time
AIR	Pass	10:23am

### Printer Tests

Test	Status	Time	
PRNT	Pass	10:23am	

### CRC Tests

Test	Status	Time	
COMP	Pass	10:24am	
CAL	Pass	10:24am	

Preventive Maintenance Status: Pass

Analyst



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

County Wate	Instrument Location Watauga Co. Ja. 1
	instrument Location Watarya Co. Ja. 1  o. 008715  Boone, NC
	ntenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0 or higher) to be followed at least once every four months are:
	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3) I	nitiate breath test sequence;
(4) I	Enter information as prompted;
(5) V	Verify instrument accuracy;
(6) V	When "PLEASE BLOW" appears, collect breath sample;
(7) V	When "PLEASE BLOW" appears, collect breath sample;
(8) F	Print test record;
(9) F	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
S	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath imulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed on and Human Services	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health s, and the instrument is functioning properly.
STATE OF STA	
Washington, and the same of th	Signature of Certifying Official Certificate Number



WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 01/11/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:32am 11:33am
AIR BLK	.00	11:34am 11:35am
SUB TEST AIR BLK	.00 .00	11:36am 11:37am
SUB TEST AIR BLK	.00	11:38am 11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance proc

## WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2607 Test Date: 01/11/2022 Test Time: 11:40am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:41am 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

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

Analyst

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

County Va a	Instrument Location Yadkin Co. Jail  al No. 008854  Vadkin Ville, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0.000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of
O PAR GAMM WEEK	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 01/06/2022

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:10pm 2:10pm 2:11pm 2:12pm 2:13pm 2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm

1010-

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

Analyst

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 768
Test Date: 01/06/2022 Test Time: 2:17pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:17pm 2:17pm 2:17pm 2:17pm
BT	Pass	2:17pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

2:18pm

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

County Vad	Instrument Location Yadkin Co Jaij  INO. 008944  VadKin Ville, NZ
Instrument Serial	1No. 008944 VaofK:nVille, NC
<u> </u>	
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed and Human Serv	the
THE QUAM YEAR	1
	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 01/06/2022

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:27pm 2:27pm 2:28pm 2:29pm 2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## YADKIN COUNTY YADKIN CO JAIL 980

Test Record Number: 1742 Serial Number: 008944

Test Time: 2:34pm EST Test Date: 01/06/2022

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

## Temperature Tests

Test	Status	Time
	_	2.1
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

### Blank Tests

Test	Status	Time	
AIR	Pass	2:35pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:35pm 2:35pm

Preventive Maintenance Status: Pass

Analyst