# 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. 008890 Instrument Location Allega	rany Co. Jan	.'/
Instrument Seria	1 No. 00 8890S	parta, NC	
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II ar 0,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanc	ced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squa breath simulator thermometer shows 34 degrees, plus or minus .2 d	re inch (psi) of pressure, or the a egree centigrade;	lcoholic
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic 125 Alcoholic Breath Simulate	breath or tests
were performed	the	ing preventive maintenance pro ations of the N.C. Department of	ocedures f Health
ASSE GLIAM VICENT		= 1049	
10000	Signature of Certifying Official	Certificate Number	r

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 05/04/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Burnette, Anthony J
Permit Number: 0018-4401
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	1:18pm 1:19pm 1:20pm 1:21pm 1:21pm 1:22pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 879
Test Time: 1:25pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass Pass	1:25pm 1:25pm 1:26pm
	Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:27pm
CAL	Pass	1:27pm

Preventive Maintenance Status: Pass

Analyst



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

County A	he Instrument Location Ashe Ca. Jail
Instrument Seri	Instrument Location Ashe Co. Jail  al No. 00 8849  Jefferson, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the day of, 20 <u>2</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE GUARN VEGO.	C.U.O.
	Signature of Certifying Official Certificate Number



ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 05/04/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:31pm 4:32pm
ACCY CHK	.08	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Record Number: 1536

Test Date: 05/04/2022 Test Time: 4:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:38pm 4:38pm
FC	Pass	4:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:38pm
SRC	Pass	4:38pm
DET	Pass	4:38pm
BAR	Pass	4:38pm
BT	Pass	4:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:39pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:39pm
CAL	Pass	4:39pm

Preventive Maintenance Status: Pass

Analyst

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

	County SE	No. 008584 Instrument Location SAT MONDE UME G
	Instrument Serial	No. OOY3 87 //////
	The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
à	(5)	Verify instrument accuracy;
,	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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	he 2 V day of MAY, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
	THE STATE ON THE STATE OF THE S	467
1		Signature of Certifying Official Certificate Number

#### BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008584 Test Date: 05/28/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:11pm
AIR BLK	.00	2:12pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008584 Test Record Number: 2451 Test Date: 05/28/2022 Test Time: 2:25pm EDT

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	2:26pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
	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 Serial No	<u>se</u>
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 alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;	V
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;	ith
<ul><li>(3) Initiate breath test sequence;</li><li>(4) Enter information as prompted;</li></ul>	lic
(4) Enter information as prompted;	
(5) Verify instrument accuracy;	
(6) When "PLEASE BLOW" appears, collect breath sample;	
(7) When "PLEASE BLOW" appears, collect breath sample;	
(8) Print test record;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
I certify that on the	
THE STATE OF LOCAL PROPERTY OF THE STATE OF	
Signature of Certifying Official Certificate Number	

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008847 Test Date: 05/04/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Guard, Kelly G

Permit Number: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

rest Type. Breach Test

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

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.07	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .0

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008847 Test Record Number: 749
Test Date: 05/04/2022 Test Time: 1:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

#### Temperature Tests

Status	Time
Pass	1:08pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:08pm
CAL	Pass	1:08pm

Preventive Maintenance Status: Pass

Analyst

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

County	Bertie		Instrument Lo	cationB	tie G	5.0.	
Instrument	Serial No.	3897		022	County	Farm Rd, Win	dso
***************************************						1	1.
The preven	ntive maintenance p ber 10,000 or higher	rocedures for the Ir	ntoximeters, M least once eve	fodel Intox EC	/IR II and Mode are:	el Intox EC/IR II (Enhanced	with
(1)		ethanol gas canister llator thermometer	displays at le shows 34 degr	ast 51 pounds prees, plus or mi	per square inch ( nus .2 degree ce	(psi) of pressure, or the alco	holic
(2)	Verify instr	rument displays tim	e and date;				
(3)	Initiate brea	ath test sequence;					
(4)	Enter infor	mation as prompted	l;				
(5)	Verify instr	rument accuracy;					
(6)	When "PLI	EASE BLOW" appe	ears, collect bi	eath sample;			
(7)	When "PLI	EASE BLOW" appe	ears, collect b	eath sample;			
(8)	Print test re	cord;					
(9)	Run diagno	stic program and co	onfirm preven	tive maintenan	ce status of "Pas	ss"; and	
(10	simulator s	the ethanol gas colution is being coccurs first.	canister is be hanged every	ing changed b	pefore expiration or after 125 Al	n date, or the alcoholic b lcoholic Breath Simulator	reath tests,
I certify th were perfo and Huma		ay of	ve, in accorda	nce with curren	e forgoing prev nt regulations of	ventive maintenance proceed f the N.C. Department of H	dures lealth
CREAT PROPERTY OF THE	AH O AOOM CAROLINA	7/					
GE QUA	A VILENT		CO	:::::::::::::::::::::::::::::::::::::::		643	
		Sig	nature of Cert	ifying Official		Certificate Number	

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 05/17/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:41am
AIR BLK	.00	9:42am
ACCY CHK	.07	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1453 Test Date: 05/17/2022 Test Time: 9:50am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	9.52am	
A 1 17	PASS	9 · 5 / 3 m	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:52am
	~~~	

#### CRC Tests

Test	Status	Time
COMP	Pass	9:52am
CAL	Pass	9:52am

Preventive Maintenance Status: Pass

Analyst

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

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.

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

Signature of Certifying Official

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008575 Test Date: 05/07/2022

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: Todd, Shane C
Permit Number: 0035-4789
Effective:
06/08/2020-06/08/2022

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	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.08	10:23pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008575 Test Record Number: 1322
Test Date: 05/07/2022 Test Time: 10:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:30pm
FLO	Pass	10:30pm
FC	Pass	10:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:30pm
SRC	Pass	10:30pm
DET	Pass	10:30pm
BAR	Pass	10:30pm
BT	Pass	10:30pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:31pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:31pm	
CAL	Pass	10:31pm	

Preventive Maintenance Status: Pass

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Date: 05/07/2022

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: Todd, Shane C Permit Number: 0035-4789 Effective: 06/08/2020-06/08/2022

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

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

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:01pm

Reported AC: 00 g/

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

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Record Number: 2719
Test Date: 05/07/2022 Test Time: 10:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time

COMP Pass 0 10:05pm CAL Pass 10:05pm

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)

EL IIIION EC/III II (Emmaneed with serial number 10,000 or 20,000
unswick Instrument Location BAT Mobile Unit #5
No. 0686/6 Instrument Location BAT Mobile Unit #5
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:
Verify the ethanol gas canister displays at 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.
ne 28 day of, 2022the 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

### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Date: 05/28/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

rmit Number: 0035-4789 Effective:

10/06/2020-10/06/2022

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:34pm
AIR BLK	.00	10:35pm
ACCY CHK	.08	10:36pm
AIR BLK	.00	10:36pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Record Number: 2726
Test Date: 05/28/2022 Test Time: 10:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:44pm
FLO	Pass	10:44pm
FC	Pass	10:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
BT	Pass	10:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45pm 10:45pm

Preventive Mairtenance Status: Pass

Analyst

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

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 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

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008647 Test Date: 05/07/2022

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: Todd, Shane C

Permit Number: 0035-4789

Effective: 06/08/2020-06/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

-	rest		g/210L	Time
I	DIAC	3	Pass	9:51pm
1	AIR	BLK	.00	9:52pm
1	ACC	Y CHK	.08	9:53pm
1	AIR	BLK	.00	9:54pm
-	SUB	TEST	.00	9:54pm
Z	AIR	BLK	.00	9:55pm
5	SUB	TEST	.00	9:57pm
7	ATR	BLK	.00	9:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008647 Test Record Number: 2708
Test Date: 05/07/2022 Test Time: 9:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
BT	Pass	9:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
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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	Instrument Location BAT Mobile Unit #8  ial No. 008647  Oak Island P.D.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	the 28 day of, 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.



Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008647 Test Date: 05/28/2022 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/06/2020-10/06/2022

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:14pm
AIR BLK	.00	10:15pm
ACCY CHK	.08	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm

Q0 g/210L

of Chemical Analyst Signature

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008647 Test Record Number: 2717
Test Date: 05/28/2022 Test Time: 10:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:22pm
FLO	Pass	10:22pm
FC	Pass	10:23pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:24pm
CAL	Pass	10:24pm

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	Instrument Location BAT. Mobile Unit #5  al No. 008764  Oak Island P.D.
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 Service STATE of the STATE	the 28 day of, 2022the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5

Serial Number: 008704 Test Date: 05/28/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	11:27pm
AIR BLK	.00	11:28pm
ACCY CHK	. 08	11:29pm
AIR BLK	.00	11:30pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:34pm

Reported AC:) .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008704 Test Record Number: 786
Test Date: 05/28/2022 Test Time: 11:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Status	Time
Pass	11:36pm
	Status Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:36pm 11:36pm

Preventive Maintenance Status: Pass

Analyst

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

	ial No. 608707 Dak Island Model Inter EC/IR II (Enhanced with	
serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
were performed	the <u>98</u> day of <u>property</u> , 20 <u>32</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.	

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

Signature of Certifying Official

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707 Test Date: 05/28/2022

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:02pm
AIR BLK	.00	11:03pm
ACCY CHK	.08	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707 Test Record Number: 2740 Test Date: 05/28/2022 Test Time: 11:11pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:12pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	11:12pm 11:12pm

Preventive Maintenance Status: Pass

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Forensic Tests for Alcohol Branch

Analyst

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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)

breat	fy the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic
(2) Veri	h simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	fy instrument displays time and date;
(3) Initia	ate breath test sequence;
(4) Ente	r information as prompted;
(5) Veri	fy instrument accuracy;
(6) Whe	n "PLEASE BLOW" appears, collect breath sample;
(7) Whe	n "PLEASE BLOW" appears, collect breath sample;
(8) Print	test record;
(9) Run	diagnostic program and confirm preventive maintenance status of "Pass"; and
simu	before expiration date, or the alcoholic breath lator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, there occurs first.

Certificate Number

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

Signature of Certifying Official

#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826 Test Date: 05/07/2022

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: Todd, Shane C
Permit Number: 0035-4789
Effective:
06/08/2020-06/08/2022

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

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

Test	g/210L	Time
DIAG	Pass	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.08	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm

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
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### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826 Test Record Number: 8423 Test Date: 05/07/2022 Test Time: 10:23pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:24pm	
TIL	Labb	10.21pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:24pm
	CRC Tests	

Status	Time
Pass	10:24pm
Pass	10:24pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

County	No. 008874 Police Department
Instrument Serial	No. 008874 Police 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	ne 31 st day of May, 2027 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	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 SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 05/31/2022

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: Ryan, Robert F
Permit Number: 0084-5023
Effective:

02/01/2022-02/01/2024

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

Agency: DHHS
Test Type: Breath Test

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

Test q/ZIUL Time	Test	g/210L	Time
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DIAG	Pass	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.07	3:12pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:14pm
AIR BLK	.00	<b>3</b> :15pm
SUB TEST	.00	/ 3:17pm
AIR BLK	a 00	/ 3:17pm

Reported ACE 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 816
Test Date: 05/31/2022 Test Time: 3:21pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	3:22pm	
CAL	Pass	3:22pm	

Preventive Maintenance Status: Pass

Analyst

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

County Dong	Instrument Location Buncombe County Detention
Instrument Seria	No.008748 Asheville, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STATE OF A	CAROUND TO THE PARTY OF THE PAR
The state of the s	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Date: 05/20/2022

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: Loftis, Benjamin C Permit Number: 0024-4987

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

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:48am
ACCY CHK	.07	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Record Number: 1802 Test Date: 05/20/2022 Test Time: 11:55am EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass	11:55am
Pass	11:55am
Pass	11:56am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

### Blank Tests

Test	Status	Time
AIR	Pass	11:56am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	

Status	Time
Pass	11:56am
Pass	11:56am
	Pass

Preventive Maintenance Status: Pass

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

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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	Instrument Location Buncambe	County Octention
Instrument Ser	rial No. <u>008798</u> Ashe	ville, NC
-		
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test 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.	ation date, or the alcoholic breath S Alcoholic Breath Simulator tests,
were performed	the day of, 20 the forgoing of the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
SOLITING BY THE CAREAT OF THE	A CAROLINA C	
WAYN VIDE	Signature of Cluster and Control	668
	Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 05/20/2022

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

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

Test Type: Breath Test

Lot Number: AG202602 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.07	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court OVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 6078
Test Date: 05/20/2022 Test Time: 11:55am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:56am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:56am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:56am
CAL	Pass	11:56am

Preventive Maintenance Status: Pass

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

Analyst

Department of Health and Human Services
Rev. 12/2007

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

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

County Ca	barros Instrument Location Kamapoli's PD
Instrument Serial	No. 008589 Instrument Location Kamapolis PD  Kanapolis, NC
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the were performed of and Human Service	the 19 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 ces, and the instrument is functioning properly.
THE CHAM TOPS TO THE COLUMN TO	19 July - Sant 649
	Signature of Certifying Official Certificate Number

### KANNAPOLIS PD CABARRUS COUNTY 120

Serial Number: 008660 Test Date: 05/19/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	1:46pm 1:47pm 1:47pm 1:49pm 1:50pm 1:50pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### KANNAPOLIS PD CABARRUS COUNTY 120

Serial Number: 008660 Test Record Number: 4459 Test Date: 05/19/2022 Test Time: 1:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

### Temperature Tests

SRC Pass 1:54pm DET Pass 1:54pm BAR Pass 1:54pm	Test	Status	Time
SRC Pass 1:54pm DET Pass 1:54pm BAR Pass 1:54pm	FC1	Pass	1:54pm
BAR Pass 1:54pm	SRC		1:54pm
=	DET	Pass	1:54pm
BT Pass 1:54pm	BAR	Pass	1:54pm
	$\mathtt{BT}$	Pass	1:54pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:55pm
CAL	Pass	1:55pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive ma	Instrument Location BAT MOBILE UNIT  CONCORD  Aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 2000 or higher) to be followed at least once every four months are:  Verify the ethanol gas canister displays at 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;
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
i de la companya de	breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the 2s day of MAY, 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.
THE STATE OF THE S	M.C. 20 Signature of Certifying Official Certificate Number

#### CABARRUS COUNTY BAT MOBILE UNIT 1 120

Serial Number: 008939 Test Date: 05/20/2022

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:01pm 10:02pm 10:03pm 10:04pm 10:07pm 10:08pm 10:10pm
AIR BLK	.00	10:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

M.C. H

Department of Health and Human Services Rev. 12/2007

### CABARRUS COUNTY BAT MOBILE UNIT 1 120

Serial Number: 008939 Test Record Number: 1228
Test Date: 05/20/2022 Test Time: 10:13pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time	
AIR	Pass	10:14pm	

### Printer Tests

Test	Status	Time
PRNT Pass		10:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:14pm 10:14pm

Preventive Maintenance Status: Pass

M.C. Je

# 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	TAWOO Instrument Location COHOWOO CO SO
Instrument Serial	No. 8687 Newton, NC
	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.
	day of
STATE ON A	

Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 05/02/2022

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

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

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

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

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

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

Test	g/210L	Time
, Sa (		
DIAG	Pass	11:31am
AIR BLK	.00	11:32am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
	.00	11:38am
AIR BLK	.00	11.30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 3448
Test Date: 05/02/2022 Test Time: 11:39am EDT

System Check: Passed

### Baseline Tests

Test	S	tatus	Time
IR	P	ass	11:39am
FLO		ass	11:39am
FC	P	ass	11:39am

### Temperature Tests

Test		Status	3	Time
FC1		Pass		11:39am
SRC	1	Pass	g r	11:39am
DET	- 1	Pass		11:39am
BAR		Pass .	- 13	11:39am
BT		Pass		11:39am

### Blank Tests

Test	Status	Time	
AIR	Pass	11:40am	

#### Printer Tests

Test	Status	Time

PRNT Pass 11:40am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance Status: Pass

Analyst

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

County Oat	Instrument Location CATAWBA CO 80
Instrument Serial I	No. 008821 Newton, NC
The preventive ma	nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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	e day of
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official  Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 05/02/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.07	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821

Test Record Number: 2281

Test Date: 05/02/2022

Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time '
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

#### Blank Tests

Time Test Status

12:00pm Pass AIR

### Printer Tests

Status Time Test

12:00pm PRNT Pass ·

CRC Tests

Status Time. Test

12:00pm COMP Pass 12:00pm Pass CAL

Preventive Maintenance Status: Pass

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

. :	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
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.
W	certify that on vere performed nd Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
CREAT	STATE OF MAN STATE	Solution of the state of the st

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 05/17/2022

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1087 Test Date: 05/17/2022 Test Time: 11:09am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:10am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:10am 11:10am

Preventive Maintenance Status: Pass

Analyst

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

	County_Car	Instrument Location Currituck	Ca S.D Corolla
	Instrument Serial	No. 008949 1123 Qea	n Trail, Corolla,
	The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and 000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic
	(2)	Verify instrument displays time and date;	,
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
1	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 12 whichever occurs first.	ration data on the allele 1. 1. 1.
	I certify that on th	e 33 day of May , 2022 the forgoing	preventive maintenance procedures
	were performed o	n the instrument indicated above, in accordance with current regulation tees, and the instrument is functioning properly.	ns of the N.C. Department of Health
	STATE OF THE STATE OF THE OF T	CRO	
	PASSE QUAM VILENT	7	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.

DHHS 4080 (04/20)

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 05/23/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 642
Test Date: 05/23/2022 Test Time: 11:31am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:32am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

### Printer Tests

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

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 Dave County Dotention
Instrument Ser	ial No. 00 8783 1044 Driftwood Dr., Monto
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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
ONE STATE OF THE OWNER OWNER OF THE OWNER OWNE	ORTH CAROLING TO THE PARTY OF T
FARR 12 1776 QUAM VILERIA	7 (643
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 05/25/2022

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	12:00pm 12:01pm
AIR BLK	.08	12:02pm 12:03pm
SUB TEST AIR BLK	.00	12:04pm 12:05pm
SUB TEST AIR BLK	.00	12:06pm 12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1134
Test Date: 05/25/2022 Test Time: 12:08pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:10pm

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 Dove Co. Defending Con
Instrument Seri	ial No. 00 8804 1044 Driffwood Dr. Manter
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performed and Human Ser	the day of day of day, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 05/25/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	12:34pm
AIR BLK	.00	12:35pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2667 Test Date: 05/25/2022 Test Time: 12:41pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass Pass	12:42pm 12:42pm 12:42pm
	Pass Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

### Blank Tests

Status	Time
Pass	12:43pm
	Status Pass

### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:43pm 12:43pm

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	Instrument Location Kill Devil H	16 P.D.
	Instrument Serial	No. 008844 102 Town Ha	11 Dr. Kill Devil 1
			N
	The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Into or higher) to be followed at least once every four months are:	ntox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (ps. breath simulator thermometer shows 34 degrees, plus or minus .2 degree centi	i) of pressure, or the alcoholic grade;
	(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 d simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	late, or the alcoholic breath nolic Breath Simulator tests,
	I certify that on th were performed o and Human Service	day of	ive maintenance procedures e N.C. Department of Health
	THE STATE OF NO.	CARO	
	SSE QUAM VIDERIA	7	643
1		Signature of Certifying Official	Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 05/23/2022

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	1:03pm 1:04pm 1:05pm 1:06pm 1:06pm 1:07pm
SUB TEST AIR BLK	.00	1:09pm 1:10pm
	50 (350), (550)	T . T O DIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2774
Test Date: 05/23/2022 Test Time: 1:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:11pm 1:11pm
FC	Pass	1:11pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:12pm 1:12pm

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)

	re 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:	with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program 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.	
	n the	
THE STATE OF THE S	CAROU	
FISE QUAM VIDE	669	

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 05/18/2022

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: 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	3:19pm
AIR BLK	.00	3:20pm
ACCY CHK	.08	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3796
Test Date: 05/18/2022 Test Time: 3:27pm EDT

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	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

#### 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
CAL	Pass	3:28pm

Preventive Maintenance Status: Pass

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

1	Instrument Seria	INO. 00 8883 DEPARTI	115.15
1	instrument Sen	INO. 00 (DO)	WENT.
3			
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and No.,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 in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 125 whichever occurs first.	
7	were performed	the day of, 2022 the forgoing on the instrument indicated above, in accordance with current regulation ices, and the instrument is functioning properly.	preventive maintenance procedures as of the N.C. Department of Health
	THE STATE OF NO.		
	QUAM VIDE	AT about	10107

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 05/18/2022

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: 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: AG131901 Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.08	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2465 Test Date: 05/18/2022 Test Time: 2:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:49pm
SRC	Pass	2:49pm
DET	Pass	2:49pm
BAR	Pass	2:49pm
BT	Pass	2:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:50pm
CAL	Pass	2:50pm

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	DAVIDSON	Instrument Location_	BAT MOB	ILE U	NIT 1
Instrument Ser	rial No. 008939	-	HIGH 1	ROCK	LAKE
	e maintenance procedures for the 10,000 or higher) to be followe			odel Intox B	C/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 peter shows 34 degrees, plu	ounds per square inc s or minus .2 degree	ch (psi) of p centigrade;	ressure, or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accuracy	y;			
(6)	When "PLEASE BLOW"	appears, collect breath sa	nple;		
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(8)	Print test record;				
(9)	Run diagnostic program ar	nd confirm preventive ma	intenance status of "	Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	gas canister is being changed every four n	anged before expiration on this or after 125	tion date, d Alcoholic	or the alcoholic breath Breath Simulator tests,
were performe	n the 29 day of	above, in accordance wit nctioning properly.	22 the forgoing p h current regulations	oreventive notes of the N.C	. Department of Health
SOF QUAM VIDES		M.C. Hay	5		676
		Signature of Certifying	Official	Cer	tificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 1 280

Serial Number: 008939 Test Date: 05/29/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:52pm
AIR BLK	.00	3:53pm
ACCY CHK	.07	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3 · 5 9 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Hen

### DAVIDSON COUNTY BAT MOBILE UNIT 1 280

Serial Number: 008939 Test Record Number: 1240 Test Date: 05/29/2022 Test Time: 4:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4 · 0.1 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:02pm

Pass 4:02pm

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 Ed	secon	ube	Instrument L	ocation Edge	rombe (	To Magistrales
Instrument Seria	al No.	08603		Office	300 5.	Angionda Rd.
White the latest the second property in	and the second second					Terboro, No
The preventive serial number 10	maintenance 0,000 or high	procedures for the ner) to be followed a	Intoximeters, I	Model Intox EC/II	R II and Model I	ntox EC/IR II (Enhanced with
(1)	Verify the breath sir	e ethanol gas canist nulator thermomete	er displays at 1 r shows 34 deg	east 51 pounds pe grees, plus or minu	r square inch (ps is .2 degree centi	i) of pressure, or the alcoholic grade;
(2)	Verify in	strument displays ti	me and date;			
(3)	Initiate b	reath test sequence;				
(4)	Enter info	ormation as prompte	ed;			
(5)	Verify in	strument accuracy;				
(6)	When "P	LEASE BLOW" ap	pears, collect b	oreath sample;		
(7)	When "P	LEASE BLOW" ap	pears, collect b	oreath sample;		
(8)	Print test	record;				
(9)	Run diag	nostic program and	confirm preve	ntive maintenance	status of "Pass"	and
(10)	simulator	nat the ethanol gas solution is being er occurs first.	canister is be changed ever	eing changed be y four months or	fore expiration of after 125 Alco	date, or the alcoholic breath holic Breath Simulator tests,
	on the instr	day ofday ofday ofeument indicated ab	ove, in accord	ance with current	forgoing preven regulations of th	tive maintenance procedures ne N.C. Department of Health
STATE ON TO STATE ON THE STATE OF THE STATE	CAROLINA CAROLINA		1/			
TARE 12.1776						643
		S	ignature of Cei	tifying Official		Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 05/20/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 2057
Test Date: 05/20/2022 Test Time: 11:59am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:01pm 12:01pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive 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	County County	eronbe Instrument Location Edgecombe Co. Magistrate's
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  1 certify that on the day of day of 202 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	Instrument Serial	INO. DO 8666 3 Price, 300 S. Angronda Ro
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the day of	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:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the day of	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the day of	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the day of	(5)	Verify instrument accuracy;
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
and Human Services, and the instrument is functioning properly.	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
THE LE CHAM WITH A STATE OF THE	were performed	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
COAD IN COAD IN COAD	THE STATE OF AVERAGE AND SOUTH AND S	
Signature of Certifying Official Certificate Number	QUAM VILL	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 05/20/2022

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

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.08	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3460
Test Date: 05/20/2022 Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	-12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

#### Temperature Tests

Test	Status	. Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:19pm

Preventive Maintenance Status: Pass

Pass

12:19pm

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/	FORSYTH Instrument Location FORSYTH	
Instrument Ser	ial No. 008583 WINSTON	- SALEM, NC
	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:	lodel 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 expirs simulator solution is being changed every four months or after 125 whichever occurs first.	
were performe	the day of 2022 the forgoing plant on the instrument indicated above, in accordance with current regulation revices, and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
STATE OF THE STATE	CAROLL	
TO QUAM VIDEN	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 05/16/2022

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	9:48am
AIR BLK	-00	9:49am
ACCY CHK	.08	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 888 Test Date: 05/16/2022 Test Time: 9:57am EDT Test Record Number: 8884

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:57am
SRC	Pass	9:57am
DET	Pass	9:57am
BAR	Pass	9:57am
BT	Pass	9:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:58am
CAL	Pass	9:58am

Preventive Maintenance Status: Pass

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

serial number	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 o were performe and Human Se	n the
STATE OF STA	A CAROLI
AFFEC QUAM VIDE	669
100000	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 05/16/2022

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

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

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

Analyst's Name: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:

08/04/2020-08/04/2022

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

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

g/210L	Time
Pass	9:40am
.00	9:41am
.08	9:42am
.00	9:43am
.00	9:43am
.00	9:44am
.00	9:46am
.00	9:47am
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 5895

Test Date: 05/16/2022 Test Time: 9:47am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:49am

Preventive Maintenance Status: Pass

CAL

Pass

Analyst .

9:49am

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

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 05/16/2022

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:05am
AIR BLK	.00	10:06am
ACCY CHK	.08	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am

Reported AC: .00 g/210L

Court CUT

Court CVR

Analyst

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 4209
Test Date: 05/16/2022 Test Time: 10:14am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

#### Printer Tests

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

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	SAS1.1	Instrument Location_	BA1	MOBILE	UNIT	1
Instrument Ser	ial No	Instrument Location_	GA	STONIA		
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed a	Intoximeters, Model Ir at least once every four	ntox EC/IR months are	II and Model In	ntox EC/IR II (E	nhanced with
(1)	Verify the ethanol gas canisted breath simulator thermometer	er displays at least 51 pr shows 34 degrees, plu	oounds per us or minus	square inch (psi .2 degree centig	) of pressure, or grade;	the alcoholic
(2)	Verify instrument displays tin	me and date;				
(3)	Initiate breath test sequence;					
(4)	Enter information as prompte	ed;				
(5)	Verify instrument accuracy;					
(6)	When "PLEASE BLOW" ap	pears, collect breath sa	mple;			
(7)	When "PLEASE BLOW" ap	pears, collect breath sa	mple;			
(8)	Print test record;					
(9)	Run diagnostic program and	confirm preventive ma	intenance s	tatus of "Pass";	and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being ch changed every four r	anged beformonths or	ore expiration of after 125 Alcol	late, or the alcomolic Breath Sir	pholic breath nulator tests
were performe	n the 27 day of MF and on the instrument indicated aborevices, and the instrument is func	ove, in accordance wit	22 the fath current r	orgoing preven egulations of th	tive maintenanc e N.C. Departm	e procedures ent of Healtl
STATE OF STA	CARO	271			2	
ATTE QUAM VIDEN		C. Jely			674	
	Si	gnature of Certifying	Atticial		Certificate Nu	ımber

GASTON COUNTY BAT MOBILE UNIT 1 350

Serial Number: 008869 Test Date: 05/27/2022

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012 Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:01pm
AIR BLK	.00	9:02pm
ACCY CHK	.08	9:03pm
AIR BLK	.00	9:04pm
SUB TEST	.00	9:04pm
AIR BLK	.00	9:05pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. Fely
Analyst (2)

#### GASTON COUNTY BAT MOBILE UNIT 1 350

Serial Number: 008869 Test Record Number: 1307 Test Date: 05/27/2022 Test Time: 9:09pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:10pm
SRC	Pass	9:10pm
DET	Pass	9:10pm
BAR	Pass	9:10pm
BT	Pass	9:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:10pm

Pass 9:10pm

Preventive Maintenance Status: Pass

CAL

M.C. 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 S	Serial No. 008670 301 W. Greene St., Snow/
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r 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 of were perform and Human S	on the
STATE AND STATE OF THE STATE OF	

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 05/18/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2232 Test Date: 05/18/2022 Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

#### Printer Tests

rest	Status	Time
PRNT	Pass .	1:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:11pm 1:11pm

Preventive Maintenance Status: Pass

Analyst

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

County_	GUILFORD Instrument Location UNC-G POLICE
Instrumer	t Serial No. 008604 DEPARTMENT
-	
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ber 10,000 or higher) to be followed at least once every four months are:
(1	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2	Verify instrument displays time and date;
(3	Initiate breath test sequence;
(4	Enter information as prompted;
(5	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the were perfo and Human	t on the
CONTRACTOR OF THE PROPERTY OF	CAROLLE STATE OF THE STATE OF T
OSE QUAM	Gionatura of Contifering Corner 1
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 05/17/2022

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

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

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

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

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 Record Number: 2095 Test Date: 05/17/2022 Test Time: 10:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

#### Blank Tests

AIR Pass 10:36am	Test	Status	Time
	AIR	Pass	10:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:36am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:36am

10:36am

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	ULFORD IN	strument Location_	GREENS	30120	JAIL
	Instrument Seria	I No. <u>00 8638</u>	_	GREENSB	RO, N	<u></u>
	The preventive serial number 10	naintenance procedures for the Into	eximeters, Model In ast once every four	tox EC/IR II and Mode months are:	l Intox EC/IR I	I (Enhanced with
	(1)	Verify the ethanol gas canister dibreath simulator thermometer sho	isplays at least 51 p ows 34 degrees, plu	ounds per square inch ( s or minus .2 degree cer	psi) of pressure ntigrade;	e, or the alcoholic
	(2)	Verify instrument displays time a	and date;			
	(3)	Initiate breath test sequence;				
	(4)	Enter information as prompted;				
ķ	(5)	Verify instrument accuracy;				
	(6)	When "PLEASE BLOW" appear	s, collect breath sar	nple;		
	(7)	When "PLEASE BLOW" appear	s, collect breath san	nple;		
	(8)	Print test record;				
	(9)	Run diagnostic program and conf	irm preventive mai	ntenance status of "Pass	"; and	
	(10)	Verify that the ethanol gas car simulator solution is being char whichever occurs first.	nister is being cha nged every four m	nged before expiration onths or after 125 Alc	date, or the oholic Breath	alcoholic breath Simulator tests,
	were performed	ne 17 day of MA on the instrument indicated above, ces, and the instrument is functioni	in accordance with	the forgoing preve current regulations of	ntive mainten the N.C. Depar	ance procedures
100 mm	STATE OF ANY 20.17% AND 20.17% AN	CARO S	Buck		6	69
		Signati	ure of Certifying O	fficial	Certificate	Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 05/17/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 5336
Test Date: 05/17/2022 Test Time: 11:29am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:29am
FLO	Pass	11:29am
FC	Pass	11:29am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

# Blank Tests

Test	Status	Time
AIR	Pass	11:30am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:30am
CAL	Pass	11:30am

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)

		No. 008655 Instrument Location HIGH POINT JAIL
	Instrument Serial	No. 00 8633
		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;
r	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed of	day of
	STATE OAD	AND CAROLINA
	APAIL 12 1776	669
į	43.63	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 05/02/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG .	Pass	11:34am
AIR BLK	.00	11:35am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

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: 3813
Test Date: 05/02/2022 Test Time: 11:41am EDT

System Check: Passed

# Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DEŢ	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;43am
	CRC Tests	
Test	Status	Time
COMP	Pass	11.43am

Preventive Maintenance Status: Pass

Pass

11:43am

CAL

Analyst S

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

	County	GUILFORD Instrument Location GREENSBORD POLICE
	Instrument Seri	al No. 008725 DEPARTMENT
	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed	the day of, 20_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 of the state	TABLE COLOM VIDEN	
		Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 05/02/2022

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

Driver's License Number: NONE

Analyst's Name: 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

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.08	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

Count CID

Court CVR

# GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4718
Test Date: 05/02/2022 Test Time: 1:16pm EDT

System Check: Passed

# Baseline Tests

Test	'Status '	Time
IR	Pass	1:16pm
FLO	Pass .	1:16pm
FC	Pass	1:16pm

# Temperature Tests

Status	Time
Pass	1:16pm
Pass '	1:16pm
	Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:17pm 1:17pm
CAL	Pass	1:17pm

Preventive Maintenance Status: Pass

Amalyst

# 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 GREEN SPORO JAIL
Instrument Seri	al No. 008790 GREENSBORD, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
The state of the s	the day of , 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.
STATE OF STA	A CAROLINA C
TEG QUAM VIDEN	669

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 05/17/2022

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

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

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	12:13pm
AIR BLK	.00	12:14pm
ACCY CHK	.08	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	-00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 7623 Test Date: 05/17/2022 Test Time: 12:21pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
	?ass	12:21pm
FLO I	Pass	12:21pm
FC I	Pass	12:21pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:21pm
SRC	Pass	12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm

# Blank Tests

Test	Status	Time	
AIR	Pass	12:22pm	

# Printer Tests

Toot Status Timo

rest	Status	TIME
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:22p	
	m
CAL Pass 12:22pm	n

Preventive Maintenance Status: Pass

Analyst

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

C	ounty_6	ULFORD	Instrument Location_	GREENSBO	RO JAIL
Ir	nstrument Seria	INO. 00 8794	=	GREGNSBOR	o, NC
T	he preventive n	naintenance procedures for the	e Intoximeters, Model Int d at least once every four	tox EC/IR II and Model Intomonths are:	ox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canis breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per square inch (psi) o s or minus .2 degree centigra	of pressure, or the alcoholic ade;
	(2)	Verify instrument displays	time and date;		
	(3)	Initiate breath test sequence	e;		
	(4)	Enter information as promp	oted;		
	(5)	Verify instrument accuracy	7;		
	(6)	When "PLEASE BLOW" a	appears, collect breath sar	mple;	
	(7)	When "PLEASE BLOW" a	appears, collect breath sai	mple;	
	(8)	Print test record;			
	(9)			intenance status of "Pass"; a	
	(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	gas canister is being changed every four n	anged before expiration da nonths or after 125 Alcoho	te, or the alcoholic breath olic Breath Simulator tests,
1	certify that on were performed and Human Ser	theday of	above, in accordance wit	22 the forgoing prevention the current regulations of the	ve maintenance procedures N.C. Department of Health
	STATE OF	Sen CAR			
V				0	669
	CIE GRAW AIDER		Signature of Certifying	Official —	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 05/17/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	11:44am
AIR BLK	.00	11:45am
ACCY CHK	-07	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:50am
AIR BLK	- 00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 7654
Test Date: 05/17/2022 Test Time: 11:51am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:52am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:53am

Pass

11:53am

Preventive Maintenance Status: Pass

CAL

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

Rev. 12/2007

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

County	SUILFORD Instrument Location HIGH POINT
Instrument Seri	al No. 00 8828 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
THE STATE OF THE S	ACED 669
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 05/02/2022

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

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

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

Analyst's Name: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:

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

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

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

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:35am
ACCY CHK	.08	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Court CVR

Amailyst

# GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 4011
Test Date: 05/02/2022 Test Time: 10:42am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

### Blank Tests

Test	Status	Time
AIR	Pass	10:43am

# Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:43am 10:43am

Preventive Maintenance Status: Pass

Analyst

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

County 6	quiltord	Instrument Location_	BAT MOBILE UN	IT /
Instrument Ser	1411 FORD ial No. 008939		GREENSBORO	
The preventive serial number 1	maintenance procedures for th 0,000 or higher) to be followed	ne Intoximeters, Model Int I at least once every four i	ox EC/IR II and Model Intox EC/IR II nonths are:	I (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 po ter shows 34 degrees, plus	unds per square inch (psi) of pressure or minus .2 degree centigrade;	, or the alcoholic
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	oted;		
(5)	Verify instrument accuracy	·,		
(6)	When "PLEASE BLOW" a	appears, collect breath sam	ple;	
(7)	When "PLEASE BLOW" a	appears, collect breath sam	ple;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive mair	tenance status of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	as canister is being char g changed every four mo	ged before expiration date, or the anths or after 125 Alcoholic Breath	alcoholic breath Simulator tests,
L	vices, and the instrument is fun	ctioning properly.	2_ the forgoing preventive maintena current regulations of the N.C. Depar	rtment of Health
TO QUAM VIDEN		M.C. He	67	6

#### GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008939 Test Date: 05/12/2022

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: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:30pm
AIR BLK	.00	7:31pm
ACCY CHK	.08	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008939 Test Record Number: 1220 

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	7:38pm
FLO	Pass	7:38pm
FC	Pass	7:38pm

# Temperature Tests

Test Status	Time
FC1 Pass	7:38pm
	7:38pm
	7:38pm
	7:38pm
	7:38pm

### Blank Tests

Test	Status	Time
AIR	Pass	7:39pm

### Printer Tests

Status	Time
Pass	7:39pm
CRC Tests	
Status	Time
Pass Pass	7:39pm 7:39pm
	Pass CRC Tests Status Pass

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 //a	1.fay Instrument Location Halifax Co. 5.0.
Instrument Seria	al No. 008695 335 Ferrell LANC
	Hallshi, 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.
I certify that on were performed and Human Ser	the
THE STATE OF THE S	SA CONTRACTOR OF THE PROPERTY
W. Karan	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 05/03/2022

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:54pm 12:55pm 12:56pm 12:57pm 12:57pm 12:58pm
SUB TEST AIR BLK	.00	1:00pm 1:01pm

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

### HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 3385 Test Date: 05/03/2022 Test Time: 1:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:02pm
FLO	Pass	1:02pm
FC	Pass	1:02pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

### Printer Tests

Status

Time

Test

PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:03pm 1:03pm

Preventive Maintenance Status: Pass

Analyst

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

0		
The ser	e preventive ial 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.
we	re performed	the 23 day of 40, 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.
REAT SE	STATE OF	
101	(四十)	

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 05/23/2022

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1;54pm
AIR BLK	.00	1:55pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1571
Test Date: 05/23/2022 Test Time: 2:05pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:06pm

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance Status: Pass

Analyst

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

C	ounty Hor	nett Instrument Location Harnett County
In	nstrument Seria	INO. 008729 Detention Center
T	he preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
W	certify that on t ere performed nd Human Serv	the 3 day of, 20 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
GREATE	O IN STATE OF A	
	QUAM VILL	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 05/23/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.08	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2584
Test Date: 05/23/2022 Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

Status	Time .
Pass	12:52pm
Pass	12:52pm
Pass	12:52pm
	Pass Pass

### Temperature Tests

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

### Blank Tests

Test	Status	Time
- 10 m		
AIR	Pass	12:53pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Со	ounty Har	net Instrument Location Harnett County
Ins	strument Seria	No. 008730 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.
we		the 3 day of 4, 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.
AR GREAT SE	STATE ON THE STATE OF THE STATE	A CAROLLAND AND A CAROLLAND A CAROLLAN
	THE QUAM VIDER!	JK Ac 675
		Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 05/23/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:46pm
AIR BLK	.00	12:46pm
ACCY CHK	.07	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 4038
Test Date: 05/23/2022 Test Time: 12:53pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:53pm
FLO	Pass	12:53pm
FC	Pass	12:53pm

# Temperature Tests

Status	Time
Pass	12:54pm
	Pass Pass Pass

# Blank Tests

Test	Status	Time	
AIR	Pass	12:54pm	

# Printer Tests

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

Preventive Maintenance Status: Pass

**Analyst** 

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

Instrument Seri	al No.008600 Angier
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

HARNETT COUNTY BAT MOBILE UNIT 7 420

Serial Number: 008600 Test Date: 05/07/2022

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: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	10:44pm
AIR BLK	.00	10:45pm
ACCY CHK	.08	10:46pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:47pm
AIR BLK	.00	10:49pm
SUB TEST	.00	10:50pm
AIR BLK	.00	10.51pm

Signature of Chemical Analyst

Court CVR

Analyst

# HARNETT COUNTY BAT MOBILE UNIT 7 420

Serial Number: 008600 Test Record Number: 2234
Test Date: 05/07/2022 Test Time: 10:57pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:58pm
FLO	Pass	10:58pm
FC	Pass	10:58pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

### Blank Tests

Test	Status	Time	
AIR	Pass	10:59pm	

#### Printer Tests

rest	Status	Time
PRNT	Pass	10:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance Status: Pass

Analyst

M luce

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

County HE	ial No. 00 FG37  Instrument Location SAT MODEL WAS C  HAMPOND COUNTY
Instrument Seri	ial No. 008637 HATTOND COUNTY
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 20 day of MAY, 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.
A MAI STATE OF THE	JS
	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008637 Test Date: 05/20/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	7:46pm
AIR BLK	.00	7:47pm
ACCY CHK	.07	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HEKLLOKD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 05/20/2022 Teat Record Number: 3217
Teat Date: 7:54pm EDT

System Check: Passed

Baseline Tests

wdts:L	bass	FC
wdfs:L	bass	ELO
mq42:7	bass	RI
ЭшіТ	Status	Teat

Temperature Tests

	Blank Tests	
mq22:7 mq22:7 mq22:7 mq22:7	Pass Pass Pass Pass	FCI BAR BAR BT
9miT	Status	JasT

mq22:7	Pass	AIA
ЭшіТ	Status	TesT

Printer Tests

ma33.7	paed	тиаа	
ЭшіТ	Status	TesT	

117cc:/ 5cbil

CRC Tests

Test Status Time

Pass 7:55pm CAL COMP

Status: Pass Preventive Maintenance

**teylenA** 

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



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

County	HEATFORD	Instrument Location_	NATMORDE	and 6
Instrumer	nt Serial No. OO 8770	<u> </u>	HENTOND	(0-
The preve	entive maintenance procedu aber 10,000 or higher) to be	ares for the Intoximeters, Model In te followed at least once every four	ntox EC/IR II and Moon months are:	del Intox EC/IR II (Enhanced with
(1		l gas canister displays at least 51 phermometer shows 34 degrees, pl		n (psi) of pressure, or the alcoholic centigrade;
(2	) Verify instrument	displays time and date;		
(3	i) Initiate breath test	t sequence;		
(-	Enter information	as prompted;		
(:	Verify instrument	accuracy;		
((	When "PLEASE	BLOW" appears, collect breath sa	ample;	
(	When "PLEASE	BLOW" appears, collect breath sa	ample;	
(8	Print test record;			
(9	Run diagnostic p	rogram and confirm preventive ma	aintenance status of "P	ass"; and
(		n is being changed every four i		on date, or the alcoholic breath Alcoholic Breath Simulator tests,
were per		ndicated above, in accordance winent is functioning properly.	22 the forgoing pr th current regulations	eventive maintenance procedures of the N.C. Department of Health
CARATE CAREATE	TAIL CAR			663
MATTER		Signature of Certifying	Official	Certificate Number



#### HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008776 Test Date: 05/20/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.07	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:53pm
AIR BLK	.00	7:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HEKLEOKD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 05/20/2022 Test Time: 7:55pm EDT
Test Date: 05/20/2022

System Check: Passed

Baseline Tests

mass: L	Paga	FC
mq22:7	<b>b</b> saa	ELO
mq22:7	59aa	ЯІ
эшіТ	Status	TesT

Temperature Tests

	PTPOT VACE	
wdss:L	Lass	BT
mq22:7	Pass	AAB
mq23:7	bass	DEL
mq22:7	bass	SEC
mq23:7	Pass	ECT
Time	Status	TesT

Blank Tests

Test Status Time
Test Status Time
MIA

Printer Tests

Test Status Time
Test Status Time
TRAT

CRC Tests

Test Status Time COMP Pass 7:56pm

Preventive Maintenance Status: Pass

Pass

CAL

mq32:7

eviran



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

	County	VHOVE Instrument Location Ahoskie PD
	Instrument Serial	No. 008848 705 W. Main St, Ahoskie,
	The preventive maserial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 2000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
-	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on the were performed on and Human Service	day of
	ONE STATE OF LAND 20 17/25 AND	a functioning property.
	QUAM VIDE	Signature of Certifying Official Certificate Number
		Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 05/20/2022

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1691
Test Date: 05/20/2022 Test Time: 10:11am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Status	Time
Pass	10:12am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:12am 10:12am

Preventive Maintenance Status: Pass

Analyst

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

County_He	rtford Instr	rument Location/		Sboro P.D.
Instrument Se	rial No. 008906	//	5 E. BIL	ped St., Murfreesbo.
The preventive serial number	re maintenance procedures for the Intox 10,000 or higher) to be followed at least	imeters, Model Into	ox EC/IR II and Months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister dis breath simulator thermometer sho	plays at least 51 po ws 34 degrees, plus	unds per square i or minus .2 degr	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time at	nd date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears	s, collect breath sam	nple;	
(7)	When "PLEASE BLOW" appears	s, collect breath sam	nple;	
(8)	Print test record;			
(9)	Run diagnostic program and conf	irm preventive main	ntenance status o	f "Pass"; and
(10)	Verify that the ethanol gas car simulator solution is being char whichever occurs first.	nister is being char nged every four m	nged before exp onths or after 12	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
were perform	on the day of med on the instrument indicated above, Services, and the instrument is function	in accordance with	the forgoing current regulati	g preventive maintenance procedures ons of the N.C. Department of Health
THE STATE OF THE PROPERTY OF T	CAROLINA CAR			643
WANT OF THE PARTY	Signa	ture of Certifying C	Official	Certificate Number

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 05/06/2022

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: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	2:46pm
AIR BLK	.00	2:46pm
ACCY CHK	.08	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 846
Test Date: 05/06/2022 Test Time: 2:53pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	2:53pm
Pass	2:53pm
Pass	2:53pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
BT	Pass	2:53pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:54pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance Status: Pass

Analyst

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

	County Hy	de Instrument Location Hyde G	50,
	Instrument Seria	No. 008801 1233 Main	St., Swan Que
	The preventive reserval number 10	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:	del 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	(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 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	ss"; 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.	on date, or the alcoholic breath lcoholic Breath Simulator tests,
7	I certify that on the were performed of and Human Servi	ne day of, 2022 the forgoing pre- on the instrument indicated above, in accordance with current regulations of ces, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
A CONTRACTOR OF THE CONTRACTOR	THE STATE OF THE S	CARON	4.4.2
		Signature of Certifying Official	Certificate Number
			Continue Manie

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 05/04/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 640 Test Date: 05/04/2022 Test Time: 10:40am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass Pass Pass	10:40am 10:40am 10:40am
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Status	Time
Pass	10:41am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	County	EE Instrument Location LEE COUNTY
	Instrument Seria	INO.008645 DETENTION CENTER
	The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed	he day of day of he instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
- Consideration	STATE OF A	
	QUAM VIDE	Signature of Certifying Official Certificate Number

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 05/04/2022

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 02/01/2022-02/01/2024

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

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

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

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

Court CVR

Analyst

#### LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 2202 Test Date: 05/04/2022 Test Time: 1:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:29pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance Status: Pass

Anadyst

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

	County	rial No. 208867 Instrument Location DEPART	MENT
	he preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod	del Intox EC/IR II (Enhanced with
50	orial number	10,000 of higher) to be followed at least once every four months are:	
	(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	(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;	
F.	(6)	When "PLEASE BLOW" appears, collect 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	ss"; 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.	on date, or the alcoholic breath lcoholic Breath Simulator tests,
W	certify that on ere performed d Human Ser	the day of, 20 the forgoing pred on the instrument indicated above, in accordance with current regulations of twices, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
GREATON	STATE OF ANY 20 JUNE STATE OF	SAR CARRIED TO THE PARTY OF THE	//-
	The state of the s	Signature of Certifying Official	Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 05/04/2022

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

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:12pm

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

Court CVR

Analyse

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1294 Test Date: 05/04/2022 Test Time: 3:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status Time	
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm

#### Blank Tests

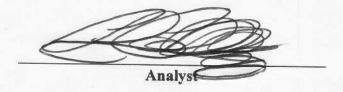
Test	Status	Time
AIR	Pass	3:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	

rest	Status	Time	
COMP	Pass	3:18pm	
CAL	Pass	3:18pm	

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)

14	rial No. 008624 205 E. King St., Kinsbn
The preventiv serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performed and Human Ser	theday of, 20the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
THE STATE OF THE S	

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 05/18/2022

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

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

Analyst's Name: 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	9:13am
AIR BLK	.00	9:13am
ACCY CHK	.08	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 2021
Test Date: 05/18/2022 Test Time: 9:20am EDT

System Check: Passed

Baseline Tests

Test		Status	Time
IR		Pass	9:20am
FLO	1	Pass	9:20am
FC		Pass	9:20am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:21am
SRC	Pass	9:21am
DET	Pass	9:21am
BAR	Pass	9:21am
BT	Pass	9:21am

#### Blank Tests

Test'	Status	Time	
ATR	Daga	0.21	
TIL	Pass	9:21am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:21am
	CRC Tests	

Test	Status		Time
COMP CAL	Pass Pass	*	9:21am 9:21am

Preventive Maintenance Status: Pass

Analyst

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

(	County Lev	Instrument Location Levoir (o	. S.O.
]	nstrument Seria	1No.008639 130 Queen S	T., Kinshon, NI
S	The preventive r serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 1,000 or higher) to be followed at least once every four months are:	I Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (per breath simulator thermometer shows 34 degrees, plus or minus .2 degree cer	psi) of pressure, or the alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
1	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
W	certify that on the ere performed on d Human Servi	the day of	ntive maintenance procedures the N.C. Department of Health
CREATE	O THE STATE OF NO.	CAROLINA CAR	
	QUAM VID.	Signature of Certifying Official	643
		Signature of Certifying Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 05/18/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3634
Test Date: 05/18/2022 Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FĻO	Pass	10:15am
FC	Pass	10:15am

#### Temperature Tests

Test	T.	Status	Time
FC1		Pass	10:16am
SRC		Pass	10:16am
DET		Pass	10:16am
BAR		Pass	10:16am
BT		Pass	10:16am

#### Blank Tests

Test	Status	Time
		4
AIR	Pass	10:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:16am 10:16am

Preventive Maintenance Status: Pass

Analyst

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

County C	Instrument Location Lincoln Co Courthouse
Instrument Serial 1	No. W8823 Jincolnton, MC
The preventive ma	nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 or and Human Service	the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthers, and the instrument is functioning properly.
TO STATE OF THE ST	Signature of Certifying Official  Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 05/02/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG107502

Exp Date: 03/16/2023

Test	g/210L	Time
------	--------	------

DIAG	Pass	2:08pm
AIR BLK	.00	2:09pm
ACCY CHK	.07	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:14pm
ATR BLK	.00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1746 Test Date: 05/02/2022 Test Time: 2:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

#### CRC Tests

2:16pm 2:16pm

Preventive Maintenance Status: Pass

Amalyst

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

Instrument Ser	ial No. <u>00448</u>	Marion, NC
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model 10,000 or higher) to be followed at least once every for	ntox EC/IR II and Model Intox EC/IR II (Enhanced with r months are:
(1)	Verify the ethanol gas canister displays at least 51 breath simulator thermometer shows 34 degrees, p	pounds per square inch (psi) of pressure, or the alcoholic us or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sa	ample;
(7)	When "PLEASE BLOW" appears, collect breath sa	imple;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive m	aintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed every four whichever occurs first.	anged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
vere performed	the day of, 20 do not the instrument indicated above, in accordance wire vices, and the instrument is functioning properly.	the forgoing preventive maintenance procedures th current regulations of the N.C. Department of Health
O THE STATE OF	Sent CAROLINA	
OF QUAM VIDER	FA XI	1040

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 05/25/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	8:55am
AIR BLK	.00	8:56am
ACCY CHK	.07	8:56am
AIR BLK	.00	8:57am
SUB TEST	.00	8:58am
AIR BLK	.00	8:59am
SUB TEST	.00	9:00am
AIR BLK	.00	9:01am

Reported AC: .00 g/210L

Signature of Chemical Malyst

Court CVR

Analys

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1633

Test Date: 05/25/2022 Test Time: 9:01am EDT

System Check: Passed

#### Baseline Tests

IR Pass 9:02ar FLO Pass 9:02ar	Test	Status Ti	me
	IR	Pass 9:	02am
The state of the s	FLO	Pass 9:	02am
FC Pass 9:02ar	FC	Pass 9:	02am

#### Temperature Tests

Status	Time
Pass	9:02am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:03am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:03am
	CRC Tests	
Test	Status	Time

2000	Scacas	1 IIIC
COMP	Pass	9:03am
CAL	Pass	9:03am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Se	rial No. 008897
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 alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
ere periorine	the day of, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
* ADPRIL 12 TITE  * ADDR QUAM VIDES	SCAROUND TO THE RESIDENCE OF THE PARTY OF TH
	Signature of Certifying Official Certificate Number

DHHS 4080 (04/20)

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 05/25/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	8:54am
AIR BLK	.00	8:55am
ACCY CHK	.07	8:55am
AIR BLK	.00	8:56am
SUB TEST	.00	8:57am
AIR BLK	.00	8:58am
SUB TEST	.00	8:59am
AIR BLK	.00	9:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 1107

Test Date: 05/25/2022 Test Time: 9:01am EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:01am
FLO	Pass	9:01am
FC	Pass	9:01am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:01am
SRC	Pass	9:01am
DET	Pass	9:01am
BAR	Pass	9:01am
BT	Pass	9:01am

#### Blank Tests

Test	Status	Time
ΔΤΡ	Daga	0.02

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:02am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:02am
CAL	Pass	9.02am

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 CC	Klenburg Instrument Location Cornelius PD		
Instrument Serial	No. ODRIO92 Comelius, NC		
The preventive maserial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	e day of day of, 20 12 the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Health res, and the instrument is functioning properly.		
THE STATE ON THE PROPERTY OF T			

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

Signature of Certifying Official

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 05/16/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:51am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
ATR BLK	.00	11:56am

Reported AC: 1 .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 3260 Test Date: 05/16/2022 Test Time: 11:57am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11: <b>5</b> 7am
FC	Pass	11: <b>5</b> 7am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

### Blank Tests

Test	Status	Time
AIR	Pass	11: <b>5</b> 8am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

### CRC Tests

COMP Pass 11:	:58am
CAL Pass 11:	:58am

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 Med	Klenburg Instrument Location CMPD LEC
Instrument Serial 1	No. 008/09/0 Charlotte, NC
-	
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on th were performed of and Human Service	e day of
O THE STATE OF A CONTROL OF THE STATE OF A CONTROL OF THE STATE OF A CONTROL OF THE STATE OF THE	Signature of Certifying Official  Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 05/19/2022

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:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:37pm 12:37pm 12:38pm 12:39pm 12:39pm 12:40pm 12:42pm
SUB TEST		12:43pm
ATR RIK	- 00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 8765
Test Date: 05/19/2022 Test Time: 12:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:44pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 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.
	n the

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

Signature of Certifying Official

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 05/04/2022

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

Driver's License Number: NONE
Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845 Effective:

02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.07	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2991 Test Date: 05/04/2022 Test Time: 11:17am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	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	Pass	11:18am	
CAL	Pass	11:18am	

Preventive Maintenance Status: 'Pass

Analyst

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

County C(	Instrument Location Pineville Police Departm No. 008703 Pineville, WC
	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 3 day of
STATE ON STATE ON OUR STATE OUR STATE ON OUR STATE ON OUR STATE ON OUR STATE ON OUR STATE OUR STATE ON OUR STATE OUR STATE ON OUR STATE OU	

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 05/03/2022

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: Helms, Bryce A Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:16am 11:16am 11:17am 11:18am <b>11:19am</b> 11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 6084 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:28am 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

Test	Status	Time
AIR	Pass	11:29am

### Printer Tests

	1944 V 195	2007 ·
	CRC Tests	
PRNT	Pass	11:29am
Test	Status	Time

Test	Status	Time
		11:29am 11:29am

Preventive Maintenance

Status: Pass

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

Rev. 12/2007

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

Instrument Ser	ial No. 008869 Instrument Location BAT MOBILE UNIT 1  CHARLOTTE
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on were performed and Human Ser	the 64 day of 74 day of 75 day of 75 day of 76

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008869 Test Date: 05/04/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:34pm
AIR BLK	.00	9:35pm
ACCY CHK	.08	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008869 Test Record Number: 1287 Test Date: 05/04/2022 Test Time: 9:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:43pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time 9:44pm
AIR	Pass	

### Printer Tests

Status	Time
Pass	9:44pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:44pm
CAL	Pass	9:44pm

Preventive Maintenance Status: Pass

M.C. For

# 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	ECKLENBURG Instrument Location BAT MOBILE UNIT 1  CHARLOTTE
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 25 day of MAY, 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.
O THE STATE OF THE	M.C. John G. Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

0

Serial Number: 008898 Test Date: 05/25/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.08	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898 Test Record Number: 1322
Test Date: 05/25/2022 Test Time: 9:33pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:33pm
FLO	Pass	9:33pm
FC	Pass	9:33pm

### Temperature Tests

Test Status Time	
FC1 Pass 9:33p	m
SRC Pass 9:33p	m
DET Pass 9:33p	m
BAR Pass 9:33p	m
BT Pass 9:33p	m

#### Blank Tests

Test	Status	Time
AIR	Pass	9:34pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on vere performed nd Human Ser	the <u>04</u> day of <u>MA9</u> , 20 <u>22</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

MECKLENBURG COUNTY BAT MOBILE UNIT 1
590

Serial Number: 008939 Test Date: 05/04/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BL		9:31pm
ACCY C		9:32pm
AIR BL		9:33pm
SUB TE		9:33pm
AIR BL		9:34pm
SUB TE	ST .00	9:36pm
AIR BL	K .00	9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. John Analysi

### MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008939 Test Record Number: 1210
Test Date: 05/04/2022 Test Time: 9:38pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

### Printer Tests

	Printer Test	S
Test	Status	Time
PRNT	Pass	9:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:40pm 9:40pm

Preventive Maintenance Status: Pass

M.C. Jes Analyst

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

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

County/	ASH Instrument Location NAT MONDE UNT C
Instrument Seri	al No. 608580 MASH COUNT
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
THE STATE OF MAN SEA TO ST	Signature of Certifying Official  Certificate Number

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580 Test Date: 05/19/2022

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: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.07	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
ATR BLK	0.0	9:33pm

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: 2714
Test Date: 05/19/2022 Test Time: 9:34pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:35pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:35pm
SRC	Pass	9:35pm
DET	Pass	9:35pm
BAR	Pass	9:35pm
BT	Pass	9:35pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:36pm
CAL	Pass	9:36pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. 008628 Depertment Location Depertment			
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the were performed and Human Servi	the day of day of, 20_2 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.		
STATION OF THE PROPERTY OF THE	Signature of Certifying Official Certificate Number		

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

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test	
NEW HANOVER COUNTY WILMINGTON PD 640	
Serial Number: 008628 Test Date: 05/11/2022	75
Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE	i ji
Analyst's Name: <i>Ryan, Robert F</i> Permit Number: 0084-5023 Effective: 02/01/2022-02/01/2024	1.2
Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test	
Lot Number: AG131901 Exp Date: 11/15/2023	锌
Test $g/210L$ Time	
DIAG Pass 12:12pm  AIR BLK .00 12:13pm  ACCY CHK .07 12:13pm  AIR BLK .00 12:14pm  SUB TEST .00 12:16pm  AIR BLK .00 12:16pm  SUB TEST .00 12:18pm	<sub>je</sub> zi.
Reported AC 10.00 g/210L  Signature of Chemical Analyst	14
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

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#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 5904
Test Date: 05/11/2022 Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

### Temperature Tests in

Test	Status	Time	
FC1	Pass	12:22pm	
SRC	Pass	12:22pm	
DET	Pass	12:22pm	
BAR	Pass	12:22pm	
BT	Pass	12:22pm	

### Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	j.A
Test	Status	Time
COMP CAL	Pass Pass	12:23pm 12:23pm

Preventive Maintenance :

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

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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 New	Hanover Instrument Location Carolina Beach
	Instrument Serial	No. 008661 Police Department
		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;
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 th were performed o and Human Service	e 17th day of May, 20 22the 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.
	SAME ON THE PROPERTY OF THE PR	QM 1/2 670
1		Signature of Certifying Official Certificate Number

#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 2974 Test Date: 05/17/2022 Test Time: 2:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:08pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	

CRC	TESCS

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status; Pass

Analyst

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

Rev. 12/2007

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 05/17/2022

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

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLR	.00 //	2:06pm

Reported A99/00 g/2101

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

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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)

Instrument Ser	rial No. 008600 wilmington
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ere performed	the 28 day of 7, 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.

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Date: 05/28/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	11:00pm
AIR BLK	.00	11:01pm
ACCY CHK	.08	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Zy Carel Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Record Number: 2249
Test Date: 05/28/2022 Test Time: 11:13pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:13pm
FLO	Pass	11:13pm
FC	Pass	11:14pm

### Temperature Tests

Test	Status	Time
FC1	Pass	11:14pm
SRC	Pass	11:14pm
DET	Pass	11:14pm
BAR	Pass	11:14pm
BT	Pass	11:14pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:14pm 11:14pm

Preventive Maintenance Status: Pass

Analyst

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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)

Instrument Se	rial No. 008600 wilming fon
The preventiverial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ere performed	the 27 day of
	22 and

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Date: 05/27/2022

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:45pm 10:46pm 10:47pm 10:48pm 10:48pm 10:49pm
SUB TEST AIR BLK	.00	10:51pm 10:52pm
	-	JZPIII

Signature of Chemical Analyst

Court CVR

Analyst

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### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600

Test Record Number: 2241 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:59pm 10:59pm
FC	Pass	10:59pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:59pm 10:59pm 10:59pm 10:59pm 10:59pm
		TO.335III

### Blank Tests

Test	Status	Time
AIR	Pass	11:00pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:00pm
CAL	Pass	11:00pm

Preventive Maintenance Status: Pass

Analyst

27 Oras

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

Instrument Se	erial No. 008698  Instrument Location BAT mobile unit 7  wilmingfon
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on ere performed nd Human Ser	the <u>27</u> day of <u>May</u> , 20 <u>22</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF	
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SE QUAM VILLE	man cos

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Date: 05/27/2022

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:47pm 10:48pm
ACCY CHK	.08	10:49pm
AIR BLK SUB TEST	.00	10:50pm 10:50pm
AIR BLK	.00	10:51pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm

Reported AC: 600 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Record Number: 1843
Test Date: 05/27/2022 Test Time: 10:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:57pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:57pm 10:57pm 10:57pm 10:57pm 10:57pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:58pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:58pm 10:58pm

Preventive Maintenance Status: Pass

Analyst

22 au

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

Instrument Se	rial No. 008698	wilmington	
The preventiv	e maintenance procedures for the Intoximeters 10,000 or higher) to be followed at least once	, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced every four months are:	with
(1)	Verify the ethanol gas canister displays a breath simulator thermometer shows 34 c	t least 51 pounds per square inch (psi) of pressure, or the alcohegrees, plus or minus .2 degree centigrade;	nolic
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect	breath sample;	
(7)	When "PLEASE BLOW" appears, collect	breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm prev	entive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is	being changed before expiration date, or the alcoholic bre ry four months or after 125 Alcoholic Breath Simulator te	eath ests,
vere performed	vices, and the instrument is functioning prope	, 20 22 the forgoing preventive maintenance procedulance with current regulations of the N.C. Department of Heavily.	ires alth
The QUAM VIDENT	In and	Ge 5	
	Signature of Ce	rtifying Official Certificate Number	

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Date: 05/28/2022

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: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	11:12pm 11:13pm 11:13pm 11:14pm 11:17pm 11:18pm 11:19pm 11:20pm
AIK BLK	.00	11:20pm

Reported AC:

g/210L

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Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Record Number: 1850
Test Date: 05/28/2022 Test Time: 11:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:21pm
FLO	Pass	11:21pm
FC	Pass	11:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:22pm
SRC	Pass	11:22pm
DET	Pass	11:22pm
BAR	Pass	11:22pm
BT	Pass	11:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:22pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:23pm
CAL	Pass	11:23pm

Preventive Maintenance Status: Pass

Analyst

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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)

Instru	ment Serial N	No. 008698 Instrument Location BAT Mobile Unit 7
The preservation	reventive ma number 10,0	intenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 00 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 p	erformed on	day of
100000	QUAM VIDE	21 and 665

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Date: 05/21/2022

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

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	7:53pm
AIR BLK	.00	7:54pm
ACCY CHK	.08	7:54pm
AIR BLK	.00	7:55pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:58pm
AIR BLK	.00	7:59pm

Reported AC: 00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

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### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Record Number: 1832
Test Date: 05/21/2022 Test Time: 8:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:01pm 8:01pm
FC	Pass	8:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:01pm
SRC	Pass	8:01pm
DET	Pass	8:01pm
BAR	Pass	8:01pm
BT	Pass	8:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:02pm

8:02pm

Preventive Maintenance Status: Pass

CAL Pass

M Our

Analyst

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

Instrument Se	rial No <b>008788</b>	vilmington
The preventive serial number	e maintenance procedures for the Intoximeters, Model In 10,000 or higher) to be followed at least once every four	ntox EC/IR II and Model Intox EC/IR II (Enhanced with months are:
(1)	Verify the ethanol gas canister displays at least 51 phreath simulator thermometer shows 34 degrees, phreath simulator thermometer shows 34 degrees, phreath simulator thermometer shows 34 degrees, phreather the simulator the simulator thermometer shows 34 degrees, phreather the simulator	pounds per square inch (psi) of pressure, or the alcoholic as or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sar	mple;
(7)	When "PLEASE BLOW" appears, collect breath sar	mple;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive mai	ntenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being cha	nged before expiration date, or the alcoholic breath onths or after 125 Alcoholic Breath Simulator tests,
certify that on ere performed and Human Ser	the <b>27</b> day of <b>10</b> , 20 <b>2</b> day of <b>10</b> , 20 <b>2</b> do not the instrument indicated above, in accordance with vices, and the instrument is functioning properly.	the forgoing preventive maintenance procedures current regulations of the N.C. Department of Health
O WE STATE OF	O CAROLINA C	
AFAIL 12 STE	mark	C 55
	Signature of Certifying O	fficial Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008788 Test Date: 05/27/2022

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: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	10:55pm
AIR BLK	.00	10:56pm
ACCY CHK	.08	10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	10:59pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:01pm
AIR BLK	.00	11:02pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

22/100

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Record Number: 1785
Test Date: 05/27/2022 Test Time: 11:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:07pm
FLO	Pass	11:07pm
FC	Pass	11:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:07pm
SRC	Pass	11:07pm
DET	Pass	11:07pm
BAR	Pass	11:07pm
BT	Pass	11:07pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:07pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:08pm 11:08pm

Preventive Maintenance Status: Pass

Analyst

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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)

procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit r) to be followed at least once every four months are:
ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi plator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
rument displays time and date;
ath test sequence;
mation as prompted;
ument accuracy;
EASE BLOW" appears, collect breath sample;
ASE BLOW" appears, collect breath sample;
cord;
stic program and confirm preventive maintenance status of "Pass"; and
the ethanol gas canister is being changed before expiration date, or the alcoholic breath olution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ccurs first.
, 20 22 the forgoing preventive maintenance procedures tent indicated above, in accordance with current regulations of the N.C. Department of Health astrument is functioning properly.

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Date: 05/21/2022

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	7:51pm
AIR BLK	.00	7:52pm
ACCY CHK	.08	7:52pm
AIR BLK	.00	7:53pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm
SUB TEST	.00	7:57pm
AIR BLK	.00	7:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Record Number: 1780
Test Date: 05/21/2022 Test Time: 7:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:00pm
FLO	Pass	mq00:8
FC	Pass	8:00pm

#### Temperature Tests

Status	Time
Pass	8:00pm
Pass	8:00pm
Pass	mq00:8
Pass	8:00pm
Pass	8:00pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:01pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:01pm 8:01pm

Preventive Maintenance Status: Pass

Analyst

29 Bu

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

Instrument Ser	rial No. 008788 wilmington
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
vere performed	the down the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.
AGE QUAM VIDER	m con 665
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7

Serial Number: 008788 Test Date: 05/28/2022

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

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

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

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:29pm
ACCY CHK	.08	11:30pm 11:31pm
AIR BLK SUB TEST	.00	11:32pm 11:32pm
AIR BLK	.00	11:33pm
SUB TEST AIR BLK	.00	11:35pm 11:35pm

Reported AC: /.00 g/210L

ignature of Chemical Analyst

Court CVR

Il fee

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Record Number: 1789
Test Date: 05/28/2022 Test Time: 11:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:37pm
FC	Pass	11:37pm 11:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:37pm
SRC	Pass	11:37pm
DET	Pass	11:37pm
BAR	Pass	11:37pm
BT	Pass	11:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:38pm 11:38pm

Preventive Maintenance Status: Pass

Analyst

27 how

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

Instrument Ser	ial No. 008698  Instrument Location BAT Mobile Unit 7  North Topsail Beach
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 13 day of 7, 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.

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Date: 05/13/2022

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: Anderson, Mark G

Permit Number: 0013-1517

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.08	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8:53pm

Reported AC:

70 g/210T.

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Record Number: 1826 Test Date: 05/13/2022 Test Time: 8:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:54pm
FLO	Pass	8:54pm
FC	Pass	8:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:54pm
SRC	Pass	8:54pm
DET	Pass	8:54pm
BAR	Pass	8:54pm
BT	Pass	8:54pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:55pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:55pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	8:55pm	
CAL	Pass	8:55pm	

Preventive Maintenance Status: Pass

Pollow 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 Se	rial No. 008788 Snewds Ferry
The preventive	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.
re performed	the 36 day of

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Date: 05/30/2022

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	1:23pm
AIR BLK	.00	1:24pm
ACCY CHK	.07	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1 · 29pm

Reported AC: ,00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

Mick

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Record Number: 1793
Test Date: 05/30/2022 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:31pm 1:31pm
FC	Pass	1:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

Analyst

mour

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

	Instru	ment Location BAT	mobile Unit 7
Instrument Se	rial No. 008788	North T	opsail Beach
The preventive serial number	e maintenance procedures for the Intoxim 10,000 or higher) to be followed at least of	neters, Model Intox EC/IR in particular and interest in the control of the contro	II and Model Intox EC/IR II (Enhanced with:
(1)	Verify the ethanol gas canister display breath simulator thermometer shows	ays at least 51 pounds per s 34 degrees, plus or minus	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify instrument displays time and		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, co	ollect breath sample;	
(7)	When "PLEASE BLOW" appears, co		
(8)	Print test record;		
(9)	Run diagnostic program and confirm	preventive maintenance sta	utus of "Pass"; and
(10)	Verify that the ethanol gas canister	r is being changed before	e expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
were performed	the day ofday ofday ofday ofday of		going preventive maintenance procedures ulations of the N.C. Department of Health
The Carties of the Ca			
ACOM STATE	Market	of Contifuing C.C.	465
	Signature o	of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Date: 05/13/2022

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: Anderson, Mark G
Permit Number: 0013-1517
Effective:
02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	8:48pm
AIR BLK	.00	8:49pm
ACCY CHK	.08	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:54pm

Reported AC:

.90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Record Number: 1777
Test Date: 05/13/2022 Test Time: 9:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
BT	Pass	9:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9 • 0 2 mm

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:02pm
	CRC Tests	
Toat	~.	ALC: N. W.

Test	Status	Time
COMP CAL	Pass Pass	9:02pm 9:02pm
		J. 02 Pill

Preventive Maintenance Status: Pass

Analyst

Marco

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

Instrument Serial No. ONSLOW DETENTION CENTRY  Instrument Serial No. ONSLOW DETENTION CENTRY  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhances 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 alcobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the O2 day of May 2022 the forgoing preventive maintenance procedure performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of the contraction of the new procedure of the new
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 being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program 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.
<ul> <li>(3) Initiate breath test sequence;</li> <li>(4) Enter information as prompted;</li> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> <li>(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.</li> </ul>
<ul> <li>(4) Enter information as prompted;</li> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> <li>(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.</li> </ul>
<ul> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> <li>(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.</li> </ul>
<ul> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> <li>(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.</li> </ul>
<ul> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> <li>(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.</li> </ul>
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.
(9) Run diagnostic program 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.
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.
Lagrify that on the 62 day of MAY .2022 the forgoing preventive maintenance proce
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of I and Human Services, and the instrument is functioning properly.
Signature of Certifying Official  Certificate Number

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

DHHS 4080 (04/20)

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008901 Test Date: 05/02/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:39pm
AIR BLK	.00	5:39pm
ACCY CHK	.08	5:40pm
AIR BLK	.00	5:41pm
SUB TEST	.00	5:42pm
AIR BLK	.00	5:43pm
SUB TEST	.00	5:44pm
AIR BLK	.00	5:45pm

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

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008901 Test Record Number: 1510 Test Date: 05/02/2022 Test Time: 5:45pm EDT

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	5:46pm
SRC	Pass	5:46pm
DET	Pass	5:46pm
BAR	Pass	5:46pm
BT	Pass	5:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:46pm
	CRC Tests	
Test	Status	Time

5:46pm

5:46pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

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

County <u></u>	NSLOW Instrument Location MCAS NEW RIVER
Instrument Seria	Instrument Location MCAS NEW RIVEIR  Al No. 008919
	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 t were performed and Human Serv	he 17 day of 184, 20 22 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STAIL OF STA	Constitute of Certifying Official Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 05/17/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	5:07pm
AIR BLK	.00	5:07pm
ACCY CHK	.07	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olun kg Burs
Analyst

### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 809
Test Date: 05/17/2022 Test Time: 5:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:17pm
FLO	Pass	5:17pm
FC	Pass	5:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:17pm
SRC	Pass	5:17pm
DET	Pass	5:17pm
BAR	Pass	5:17pm
BT	Pass	5:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:18pm 5:18pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location CAMP LETEUNE
Instrument Seria	Instrument Location CAMP LETEUNE  ANO. 008920  Instrument Location 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 the were performed of and Human Servi	the day of, 20, 20
STAPE OF THE PROPERTY OF THE P	Signature of Certifying Official Certificate Number

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 05/17/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

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

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 2022 Test Date: 05/17/2022 Test Time: 1:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	1:28pm	
FLO	Pass	1:28pm	
FC	Pass	1:28pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	1:29pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	1:29pm	

Preventive Maintenance Status: Pass

Pass

1:29pm

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)

he preventive rial 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.
certify that on	the 17 day of 14, 2022 the forgoing preventive maintenance procedures if on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 05/17/2022

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:12am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:18am
ATR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2153 Test Date: 05/17/2022 Test Time: 11:19am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:21am

#### Printer Tests

Test

CAL

PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	11 · 21 am

Status

Time

11:21am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County 🔿	13LOW Instrument Location ONSLOW COUNTY
Instrument Seri	Instrument Location ONSLOW COUNTY  Instrument Location ONSLOW COUNTY  DETENTION CENTER
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 12 day of 13, 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.
SUATE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

## ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 05/17/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:29pm
AIR BLK	.00	3:30pm
ACCY CHK	.07	3:30pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 3911
Test Date: 05/17/2022 Test Time: 3:36pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:38pm	

#### Printer Tests

TITHECT TESES			
Test	Status	Time	
PRNT	Pass	3:38pm	
CRC Tests			
Test	Status	Time	
COMP CAL	Pass Pass	3:38pm 3:38pm	

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 ONS.	<i>م</i>	Instrument Location	ONSLOW	COUNTY TION CENTER
Instrument Serial No	008982		DE TENT	TION CENTER
The preventive maintena serial number 10,000 or	ince procedures for the higher) to be followed	e Intoximeters, Model I at least once every fou	ntox EC/IR II and Model r months are:	Intox EC/IR II (Enhanced with
(1) Verify breath	y the ethanol gas canis 1 simulator thermomet	ster displays at least 51 er shows 34 degrees, p	pounds per square inch (p lus or minus .2 degree cent	si) of pressure, or the alcoholic tigrade;
(2) Verify	y instrument displays t	ime and date;		
(3) Initiat	e breath test sequence	;		
(4) Enter	information as prompt	ted;		
(5) Verify	v instrument accuracy;			
(6) When	"PLEASE BLOW" ap	opears, collect breath sa	ample;	
(7) When	"PLEASE BLOW" ap	opears, collect breath sa	ample;	
(8) Print t	est record;			
(9) Run di	iagnostic program and	confirm preventive ma	aintenance status of "Pass'	"; and
simula	that the ethanol gas tor solution is being ever occurs first.	s canister is being ch changed every four	anged before expiration months or after 125 Alco	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that on the were performed on the in and Human Services, and	day of strument indicated ab	, 20 ove, in accordance wi	22 the forgoing preve th current regulations of t	ntive maintenance procedures the N.C. Department of Health
	00	7 1		
QUAM VECO		gnature of Certifying	Official	Certificate Number

## ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 05/17/2022

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:38pm
AIR BLK	.00	3:39pm
ACCY CHK	.08	3:40pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 6713 Test Date: 05/17/2022 Test Time: 3:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
FLO	Pass	3:45pm
FC	Pass	3:45pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR .	Pass	3:45pm
BT	Pass	3:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

Analyst

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

	The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic gree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status o	f "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1: whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
3	were performe	the day of day o	g preventive maintenance procedures ons of the N.C. Department of Health
	THE STATE OF	To the state of th	(112

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 05/16/2022

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: 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	2:18pm
AIR BLK	.00	2:18pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1430 Test Date: 05/16/2022 Test Time: 2:25pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:26pm 2:26pm

Preventive Maintenance Status: Pass

Analyst

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	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:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic between the confirmation of the program of	(2)	Verify instrument displays time and date;
<ul> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> <li>(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic between the company of the company of</li></ul>	(3)	Initiate breath test sequence;
<ul> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> <li>(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic between the sample;</li> </ul>	(4)	Enter information as prompted;
<ul> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> <li>(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic between the confirmal preventive maintenance status of "Pass"; and</li> </ul>	(5)	Verify instrument accuracy;
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic by	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic by	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic by	(8)	Print test record;
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic t	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the day of, 20_22_ the forgoing preventive maintenance processor were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of I and Human Services, and the instrument is functioning properly.	were performed	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 05/16/2022

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

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

Analyst's Name: 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	3:32pm
AIR BLK	.00	3:32pm
ACCY CHK	.08	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analysis

Court CVR

## RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1506
Test Date: 05/16/2022 Test Time: 3:39pm EDT

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

Abalyst

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

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status o	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 12 whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Se	the day of, 20 the forgoing d on the instrument indicated above, in accordance with current regulation revices, and the instrument is functioning properly.	g preventive maintenance procedures ons of the N.C. Department of Health
STATE OF THE STATE	A SEPTIMENT OF THE PROPERTY OF	
QUAM VICE		667
		and the first

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 05/24/2022

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: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

	Test	g/210L	Time
88	DIAG	Pass	2:00pm
8	AIR BLK	.00	2:01pm
1039	ACCY CHK	.08	2:02pm
3	AIR BLK	.00	2:03pm
	SUB TEST	.00	2:04pm
30	AIR BLK	.00	2:05pm
	SUB TEST	.00	2:06pm
	AIR BLK	.00	2:0,7pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1303 Test Date: 05/24/2022 Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

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

## Printer Tests

Toot Status Mims

TEST	Status	TIME
PRNT	Pass	2:10pm
	CRC Tests	5

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst

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

se	he preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 ere performed d Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
13	STATE OF	
GREAT		CAROL
Y		

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 05/24/2022

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: Galloway, Charles L Permit Number: 0023-9771 Effective: 02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BL	K00	2:09pm
ACCY C	HK .07	2:10pm
AIR BL	K .00	2:11pm
SUB TE	ST .00	2:12pm
AIR BL	K .00	2:13pm
SUB TE	ST .00	2:15pm
AIR BL	K .00	2:16pm

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

Court CVR

Analyst

## RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 

Test Record Number: 2717

System Check: Passed

## Baseline Tests

Test	Status.	Time
IR FLO	Pass Pass	2:18pm 2:18pm
FC	Pass	2:18pm

## Temperature Tests

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

## Blank Tests

Test	13	Status	Time
AIR		Pass	2:19pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:19pm

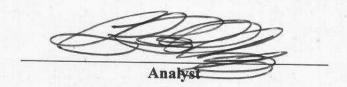
Preventive Maintenance Status: Pass

Pass

CAL

2:19pm

2:19pm



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

The preventive	Instrument Location BAT Mobile Unit #5  Al No. 68647  Robeson County Sheriffs of 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	he day of 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.
AFRIL IZ TITLE  AFRIL IZ TITLE	Signature of Certifying Official Certificate Number

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

Signature of Certifying Official

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 05/06/2022

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: Todd, Shane C

Permit Number: 0035-4789

Effective:

06/08/2020-06/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Record Number: 2705
Test Date: 05/06/2022 Test Time: 10:05pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm

## CRC Tests

Test	Status	Time
COMP	Pass	10:07pm
CAL	Pass	10:07pm

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)

	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

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 05/26/2022

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

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

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

Test		g/210L	Time
DIAG		Pass	9:45am
AIR	BLK	.00	9:45am
ACCY	CHK	.08	9:46am
AIR	BLK	.00	9:48am
SUB	TEST	.00	9:49am
AIR	BLK	.00	9:49am
SUB	TEST	.00	9:52am
AIR	BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 684
Test Date: 05/26/2022 Test Time: 9:54am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:54am
FLO	Pass	9:54am
FC	Pass	9:54am

## Temperature Tests

Status	Time
Pass	9:54am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	9:55am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:55am
	CRC Tests	
Test	Status	Time

COMP Pass 9:55am Pass 9:55am

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_Ro	CKINGHAM	Instrument Location	EDEN	POLICE
22	Instrument Seria	al No. 008636		DEPAR	TMENT
13					
	The preventive serial number 10	maintenance procedures for the 0,000 or higher) to be followe	ne Intoximeters, Model Into: d at least once every four m	x EC/IR II and Model onths are:	Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 pour eter shows 34 degrees, plus of	ands per square inch (j or minus .2 degree cer	osi) of pressure, or the alcoholic stigrade;
	(2)	Verify instrument displays	time and date;		
	(3)	Initiate breath test sequence	e;		
	(4)	Enter information as promp	pted;		
	(5)	Verify instrument accuracy	V;		
	(6)	When "PLEASE BLOW" a	appears, collect breath samp	le;	
	(7)	When "PLEASE BLOW" a	appears, collect breath samp	le;	
	(8)	Print test record;			
	(9)	Run diagnostic program an	d confirm preventive mainte	enance status of "Pass	"; and
	(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being chang g changed every four mor	ed before expiration of the or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
ν	vere performed	heday of on the instrument indicated a ices, and the instrument is fur	above, in accordance with c	the forgoing preve urrent regulations of	ntive maintenance procedures the N.C. Department of Health
CDEA.	THE STATE OF A STATE O	CAROUN		0	/ / 0
	OLAM VICE	St	Signature of Certifying Office	cial	Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 05/20/2022

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

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

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

Analyst's Name: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:
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	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.08	11:27am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
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

This form is used when performing Preventive Maintenance procedures

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

## ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2327 Test Date: 05/20/2022 Test Time: 11:35am EDT

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
ATR	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

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the a	County Ro	OCKINGHAM Instrument Location REIDSVILLE POLICE
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II 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, breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath swhichever occurs first.  I certify that on the	Instrument Seria	INO.008784 DEPARTMENT
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, breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.		
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath swhichever occurs first.  I certify that on the		
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath swhichever occurs first.  I certify that on the	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath swhichever occurs first.  I certify that on the	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath 3 whichever occurs first.  I certify that on the	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath swhichever occurs first.  I certify that on the	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath swhichever occurs first.  I certify that on the	(5)	Verify instrument accuracy;
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath swhichever occurs first.  I certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath Swhichever occurs first.  I certify that on the	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath swhichever occurs first.  I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Depart	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
O THE STATE OF LOCAL PROPERTY	were performed	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
ALTO QUAM VIDEO	THE STATE OF A STATE O	LL Q 669

## ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 05/20/2022

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

Analyst's Name: Oligmueller Jr., Leo A
Permit Number: 0035-3799
Effective:
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	10:23am
AIR BLK	.00	10:24am
ACCY CHK	.08	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

## ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1345 Test Date: 05/20/2022 Test Time: 10:32am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

## Blank Tests

Test	Status	Time
AIR	Pass	10:33am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:33am
CAL	Pass	10:33am

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	NOWAN	Instrument Location	SALISBURY	104105
Instrument Seri	al No. <u>08835</u>	-	DEPARTME	NT
	maintenance procedures for 0,000 or higher) to be follow		tox EC/IR II and Model Intomonths are:	CEC/IR II (Enhanced with
(1)			ounds per square inch (psi) o s or minus .2 degree centigra	
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pror	mpted;		
(5)	Verify instrument accura	ey;		
(6)	When "PLEASE BLOW"	' appears, collect breath sar	nple;	
(7)	When "PLEASE BLOW"	'appears, collect breath sar	mple;	
(8)	Print test record;			
(9)	Run diagnostic program a	and confirm preventive mai	intenance status of "Pass"; an	d
(10)	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being chaing changed every four n	anged before expiration date nonths or after 125 Alcohol	, or the alcoholic breath ic Breath Simulator tests
were performed	theday ofAdo on the instrument indicated rvices, and the instrument is f	l above, in accordance with	the forgoing preventive the current regulations of the N	e maintenance procedure N.C. Department of Health
THE STATE OF WAY 20, 1775	16			
	CAR			
APRIL 12 1776		0	-0	669
GO QUAM VIDEO		Signature of Certifying C	Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 05/16/2022

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

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst S

## ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2836 Test Date: 05/16/2022 Test Time: 12:01pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass	12:01pm
FC FC	Pass Pass	12:01pm 12:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance Status: Pass

Analyst S

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

County	ROWAN Instrument Location SALISBURY POLICE
Instrument S	Serial No. 00 8868 DEPARTMENT
_	
The prevent serial number	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 perforn	on the day of day of , 2022 the forgoing preventive maintenance procedures ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
THE STATE OF THE S	CAROLINA CAR
STE QUAM VIE	LICO 669
	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 05/16/2022

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

Analyst's Name: 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: AG202603 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.08	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

# ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3435 Test Date: 05/16/2022 Test Time: 11:55am EDT

System Check: Passed

## Baseline Tests

Status	Time
Pass	11:55am
Pass	11:55am
Pass	11:55am
	Pass Pass

# Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

## Blank Tests

Test	Status	Time
AIR	Pass	11:56am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	5

Test	Status	Time
COMP	Pass	11:56am
CAL	Pass	11:56am

Preventive Maintenance Status: Pass

Analyst

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

County 5	Ampson Instrument Location BAT Mobile #5
Instrument Seri	Instrument Location BAT Mobile #5  Sampson County Shoriffs Office
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 21 day of May, 20 27the 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.
O IN STATE OF THE	Signature of Certifying Official  Certificate Number
	Signature of Certifying Official Certificate Number

## SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008575 Test Date: 05/21/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/06/2020-10/06/2022

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

Agency: DHHS

Test Type: Breath Test

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

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

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

## SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008575 Test Record Number: 1329
Test Date: 05/21/2022 Test Time: 9:39pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test Status Time	3
FC1 Pass 9:39	pm
SRC Pass 9:39	pm
DET Pass 9:39	pm
BAR Pass 9:39	pm
BT Pass 9:39	pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:40pm	

# Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm

## CRC Tests

	rest	Status	Time
CAL Pass 9:40p	COMP	Pass	9:40pm
	CAL	Pass	9:40pm

Ctatus Mina

Preventive Maintenance Status: Pass

Analyst

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 21 day of 2022 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

## SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008707 Test Date: 05/21/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:49pm
AIR BLK	.00	9:51pm
ACCY CHK	.08	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm

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

# SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008707 Test Record Number: 2738
Test Date: 05/21/2022 Test Time: 9:57pm EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:58pm
CAL	Pass	9:58pm

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)

County_5	Ampson Instrument Location BAT Modile #5
	ial No. 008826  Instrument Location BAT Modifie #5  Newton Grove P.D.
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the
STE QUAM VIDE	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

# SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008826 Test Date: 05/05/2022

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: Todd, Shane C
Permit Number: 0035-4789
Effective:
06/08/2020-06/08/2022

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

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

Test	g/210L	Time
DIAG	Pass	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.08	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

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

# SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008826 Test Record Number: 8420 Test Date: 05/05/2022 Test Time: 8:41pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:41pm
FLO	Pass	8:41pm
FC	Pass	8:41pm

# Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
BT	Pass	8:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:42pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

8:42pm

8:42pm

Analyst

COMP

CAL

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

County St	anly Instrument Location Locust PD
Instrument Seri	al No. 008706 Locust, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of day o
STATE ON STATE ON STATE OF STA	Laura Harring 1074

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 05/10/2022

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:27pm
AIR BLK	.00	12:28pm
ACCY CHK	.08	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
ATP BLK	00	12.33mm

Reported AC: .00 g/210L

Wille Victoria

Signature of Chemical Analyst

Court CVR

#### STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3626 Test Date: 05/10/2022 Test Time: 12:34pm EDT

System Check: Passed

## Baseline Tests

Test Status T:	
IR Pass 12	2:34pm
FLO Pass 12	2:34pm
FC Pass 12	2:34pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

# Blank Tests

Test	Status	Time	
AIR	Pass	12:35pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CDC Marks	

## CRC Tests

Test	Status	Time
COMP	Pass	12:35pm
CAL	Pass	12:35pm

Preventive Maintenance

Status; Pags

nalvst

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

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

County Seria	anly Instrument Location Stanly County 80 INO. 008842 Memarie WC
The preventive reservation 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 day of day of day of day of day of day of e, in accordance with current regulations of the N.C. Department of Health day of the instrument is functioning properly.
STATE ON THE STATE OF THE STATE	By All 674

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 05/10/2022

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

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

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

Test	g/210L	Time
		1 10
DIAG	Pass	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2571
Test Date: 05/10/2022 Test Time: 1:26pm EDT

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	1:27pm
SRC	Pass	1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
BT	Pass	1:27pm

## Blank Tests

Test	Status	Time
AIR	Pass .	1:27pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

# CRC Tests

Test	Status	Time
COMP	Pass	1:27pm
CAL	Pass	1:27pm

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 Swain Co. Jail
Instrument S	Gerial No. 008723 Bryson City, NC
The prevent serial number	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with a 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were periorii	on the <u>26</u> day of <u></u>
ONE STATE CREATER TO THE CREATER TO	
SE QUAM VII	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 05/26/2022

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 852
Test Date: 05/26/2022 Test Time: 11:14am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	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 CAL	Pass Pass	11:16am 11:16am

Preventive Maintenance Status: Pass

Analyst

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

County	wain Instrument Location Swain	
Instrument Se	rial No. 008727 Bryson	n City, NC
1		
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squar breath simulator thermometer shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic 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.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were periorine	the <u>Z6</u> day of <u></u>	g preventive maintenance procedures ions of the N.C. Department of Health
OFFILIZION SEE QUAM VIEW	ARION P. A.	635
Whater	Signature of Certifying Official	Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 05/26/2022

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: Cutler, Daniel R Permit Number: 0084-3310

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS Test Type: Breath Test

Lot Number: AG202602 Exp Date: 01/26/2024

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1483 Test Date: 05/26/2022 Test Time: 11:13am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	11:14am

# Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Sw	al No. 008782 Instrument Location Cherok	er Tribal Deten
Instrument Ser	al No. <u>608782</u> Cherok	ce, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp. simulator solution is being changed every four months or after 12 whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Serv	the 27 day of	preventive maintenance procedures ons of the N.C. Department of Health
* SE QUAM VISUA	Dil R. Cuth	635
	Signature of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 05/27/2022

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:54am 10:54am 10:55am 10:56am 10:56am 10:57am
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1344
Test Date: 05/27/2022 Test Time: 11:00am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:01am 11:01am 11:01am 11:01am

# Blank Tests

Test	Status	Time
AIR	Pass	11:01am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:01am 11:01am

Preventive Maintenance Status: Pass

Analyst

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

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

County	ion Instrument Location Union County 80
Instrument Seria	Monne, NE
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 the were performed of and Human Servi	ne day of Moud, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATEON	A Alanna ( a )

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 05/09/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK	.00	12:58pm
ACCY CHK	.07	12:58pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
ATR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

# UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876

Test Record Number: 6424

Test Date: 05/09/2022

Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:05pm
SRC	Pass	1:05pm
DET	Pass	1:05pm
BAR	Pass	1:05pm
BT	Pass	1:05pm

# Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

#### Printer Tests

Test	Status	Time

PRNT Pass 1:06pm

# CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

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)

Co	ounty_VA	Instrument Location SAT MURIE WIT 6  AND COSC 37  ICAM LAICE
In	strument Seria	al No. 008637 // // // // // // // // // // // // //
Th	ne preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
we	ere performed	the 29 day of MAY, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A.E. GREAT GR	THE STATE OF THE S	11 - 663
	Second Albert	Signature of Certifying Official Certificate Number

#### VANCE COUNTY BAT MOBILE UNIT 6 900

Serial Number: 008637 Test Date: 05/29/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:26pm
AIR BLK	.00	3:27pm
ACCY CHK	.07	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## VANCE COUNTY BAT MOBILE UNIT 6 900

Serial Number: 008637 Test Record Number: 3222 Test Date: 05/29/2022 Test Time: 3:33pm EDT

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	3:34pm	

## Printer Tests

Test Status Time

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

Pass

3:34pm

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	ayne Instrument Location Wayne Co. Dotention Cont
]	Instrument Seria	207 E. Chestnut St, Golds Lo.
	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;
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.
W	certify that on the ere performed of ad Human Servi	the
G GREAT CO	THE STATE OF AND 20 UP AND	The Course
		Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 05/27/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

09/28/2020-09/28/2022

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 5083
Test Date: 05/27/2022 Test Time: 10:12am EDT

System Check: Passed

Baseline Tests

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

# Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:14am 10:14am

Preventive Maintenance Status: Pass

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

County	Instrument Location Seymour Johnson AFB
Instrument	1010 VEV MONT GAN 1301 ST
	Goldsboro, N.C.
The prevent serial numb	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with the strength of the followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 were perforn and Human S	on the day of
STATE OF STA	O TO THE CARD THE CAR
SGE QUAM VIO	643
	Signature of Certifying Official Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 05/27/2022

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

1 3 H Co. 5 To 20

J 4 3 6.

### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 396 

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:19am
FLO	Pass	11:19am
FC	Pass	11:20am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:20am	

### Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	11.20am

Preventive Maintenance Status: Pass

CAL

Pass

Pass

11:20am

11:20am

Analyst

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

ne preventive rial 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.
ertify that on re performed d Human Serv	the
STATE	S Property.

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 05/27/2022

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

9/2101	Time
Pass	10:16am 10:17am
.00	10:18am 10:19am
.00	10:20am 10:21am
.00	10:22am 10:23am
	.00 .08 .00 .00

Reported AC: .(

00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1874
Test Date: 05/27/2022 Test Time: 10:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	10:24am 10:25am
rC	Pass	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	10:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:25am 10:25am

Preventive Maintenance Status: Pass

Analyst

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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 31 day of 10, 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.

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

Signature of Certifying Official

Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 05/31/2022

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: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	1:20pm 1:21pm 1:22pm 1:23pm 1:23pm 1:24pm 1:26pm 1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2662 Test Date: 05/31/2022 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass	1:29pm 1:29pm 1:29pm
	Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
Test	Status	Time

		TIME
COMP	Pass	1:30pm
CAL	Pass	1:30pm

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 Will	
Instrument Serial	No. OOB865 Wilkesboro INC
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the 3/ day of
THE STATE OF NO. 12 JUNE 20. 1272 AND 12 JUNE 20. 1	Olas San Line
COVM AND	Signature of Certifying Official Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 05/31/2022

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: Burnette, Anthony J Permit Number: 0018-4401 Effective: 02/01/2022-02/01/2024

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 859
Test Date: 05/31/2022 Test Time: 1:29pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:31pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:31pm
CAL	Pass	1:31pm

Preventive Maintenance Status: Pass

Analyst



(	County_WI	Instrument Location SAT MODIC UND C  INO. 008776  UISON
1	nstrument Seria	INO. 008776 UDSON
		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 alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
)	(5)	Verify instrument accuracy;
,	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
V	vere performed	the 24 day of MAY, 2021 the forgoing preventive maintenance procedument indicated above, in accordance with current regulations of the N.C. Department of Heatices, and the instrument is functioning properly.
	STAPE ON STAPE ON STAPE OF STA	SUC 443
À		Signature of Certifying Official Certificate Number

### WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008776 Test Date: 05/26/2022

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective:

02/01/2022-02/01/2024

Driver's License Number: NONE

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	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.07	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008776 Test Record Number: 3776 Test Date: 05/26/2022 Test Time: 8:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

#### Blank Tests:

Test	Status	Time
AIR	Pass	8:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:25pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:25pm
CAL	Pass	8:25pm

Preventive Maintenance Status: Pass

Analyst

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

	County	Instrument Location Wilson Co. Defoution Cont
	Instrument Seri	100 E. Groen St., Wilson, 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.
	were performed	he
ALL STREET	STATE OF AN ACCOUNT.	CAROLL CA
	* GSE QUAM VIDER!*	76 (643
		Signature of Certifying Official Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008851 Test Date: 05/19/2022

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008851 Test Record Number: 700 Test Date: 05/19/2022 Test Time: 10:27am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:27am
FC	Pass	10:27am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
BT	Pass	10:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

Printer Tests

Test	Status	Time

am

CRC Tests

Test Status Time

COMP Pass 10:28am CAL Pass 10:28am

Preventive Maintenance Status: Pass

Analyst