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

Co		Instrument Location Alexander Co Jail Taylorsville, 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.
W	ere performed	the <u>30 day of September</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.

ALEXANDER COUNTY ALEXANDER COUNTY SO

Serial Number: 008813 Test Date: 09/22/2022

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

Analyst's Name: 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	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
ATR BLK	.00	12:22pm

Reported AC: .00 g/210L

nathre 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

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Record Number: 2214
Test Date: 09/22/2022 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
ATR	Pagg	12.24mm

Printer Tests

Test	Status	Time
DRNT	Pass	12.24pm

CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

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 AV	
Instrument Seria	No. 008664 Newland, ~C
	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 13 day of September, 2022 the forgoing preventive maintenance procedure 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 WE STATE OF THE	CAROL CAROL
N 4 541 2 2 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10	Signature of Certifying Official Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 09/13/2022

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: 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

	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:31pm 1:31pm 1:32pm 1:33pm 1:33pm 1:34pm 1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1140
Test Date: 09/13/2022 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:39pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:39pm

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 Serial	No. 008724 Instrument Location Barner Elk PD Sonner Elk, NC
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	the 2 day of September, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 09/02/2022

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: Burnette, Anthony J Permit Number: 0018-4401

Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:29pm
AIR BLK	.00	5:30pm
ACCY CHK	.07	5:30pm
AIR BLK	.00	5:31pm
SUB TEST	.00	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Test Record Number: 732 Serial Number: 008724

System Check: Passed

Baseline Tests

Test	Time
FLO	5:38pm 5:38pm 5:39pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	5:39pm 5:39pm 5:39pm 5:39pm
\mathtt{BT}	Pass	5:39pm

Blank Tests

Test	Status	Time
ATR	Pass	5:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm
	CDC Tosts	

Test	Status	Time
COMP	Pass	5:39pm
CAL	Pass	5:39pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 008647 Bouch
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 4 day of September 20 Z 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.
NA STATE OF THE PROPERTY OF TH	Total Control of the

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008647 Test Date: 09/04/2022

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: Todd, Shane C Permit Number: 0035-4789

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.08	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090
Serial Number: 008647 Test Record Number: 2763
Test Date: 09/04/2022 Test Time: 2:55pm EDT
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

CRC Tests

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance Status: Pass

Adeatyst

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	Brunswick Instrument Location BAT Mob, le Unith
	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.
and Human Ser	the day of September, 20 Zthe forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF	



Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707 Test Date: 09/04/2022

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: Todd, Shane C Permit Number: 0035-4789 Effective: 02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	4:48pm
AIR BLK	.00	4:49pm
ACCY CHK	.08	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
AIR BLK	-00	4:51pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm

Reported AS: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707 Test Record Number: 2755
Test Date: 09/04/2022 Test Time: 4:56pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	4:56pm
Pass	4:56pm
Pass	4:56pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	4:57pm
SRC	Pass	4:57pm
DET	Pass	4:57pm
BAR	Pass	4:57pm
BT	Pass	4:57pm

Blank Tests

Test	Status	Time	
ΔTP	Dace	4 · 57nm	

Printer Tests

rest	Status	Time
PRNT	Pass	4:57pm
	CONTRACTOR OF THE PARTY OF THE	

CRC Tests

Status	Time
Pass	4:57pm
Pass	4:57pm
	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 BR	UNSWICK Instrument Location BRUNSWICK COUNTY
Instrument Seria	Instrument Location BRUNSWICK COUNTY DETENTION CENTER
The preventive reserval number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>09</u> day of <u>SEPTEMBER</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 rices, and the instrument is functioning properly.
STATE ON	00 2 3
STAM ADDI	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 09/09/2022

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: BARNES, ALVIN R
Permit Number: 0014-6279

Effective:

02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
ATR BLK	0.0	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 5188
Test Date: 09/09/2022 Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

Printer Tests

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

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_Be	al No. 008602 Instrument Location BRUNSWICK COUNTY DETENTION CENTER		
Instrument Seria	al No. 008602 DETENTION CENTER		
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
were performed	the <u>O9</u> day of <u>SEPTEMBEL</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	Alu Ry Bano 648 Strature of Certifying Official Certificate Number		
	Signature of Certifying Official Certificate Number		

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 09/09/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 5085 Test Date: 09/09/2022 Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO ·	Pass	12:34pm
FC .	Pass	12:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
вт	Pass	12:34pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:35pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	12:35pm	
CAL	Pass	12:35pm	

Preventive Maintenance Status: Pass

alm of Barrer Analyst

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

County_B	LUNSWICK Instrument Location OAK IS.	LAND POLICE DEPT
Instrument Ser	ial No	
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 10,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incorporate simulator thermometer shows 34 degrees, plus or minus .2 degree	ch (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the <u>09</u> day of <u>SEPTEMBER</u> , 20 <u>22</u> the forgoing pd on the instrument indicated above, in accordance with current regulations rvices, and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
GIAM VEGO	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 09/09/2022

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: 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	11:08am
AIR BLK	.00	11:09am
ACCY CHK	.07	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

1010-

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY OAK ISLAND PD 090

Test Record Number: 1824 Serial Number: 008648 Test Time: 11:15am EDT Test Date: 09/09/2022

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
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

CAL

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

Status Time

11:16am

Preventive Maintenance Status: Pass

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 BR	UNSWICK Instrument Location LELAND POLICE DEPT
	al No. 008787
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the <u>09</u> day of <u>SEPTEMBER</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	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 LELAND PD 090

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:30am
AIR BLK	.00	9:32am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Record Number: 1023 Test Date: 09/09/2022 Test Time: 9:36am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:37am

Preventive Maintenance Status: Pass

Pass

9:37am

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 BR	al No. 008874
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>09</u> day of <u>3EPTEMSER</u> , 20 <u>22</u> 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.
The same of	T 00 0 2 (110

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: 09/09/2022

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: 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: AG107401 Exp Date: 03/15/2023

7	esi	Ė	g/210L	Time
Ι	OIA	3	Pass	3:43pm
Z	AIR	BLK	.00	3:44pm
7	ACC'	Y CHK	.07	3:44pm
7	AIR	BLK	.00	3:46pm
5	SUB	TEST	.00	3:46pm
7	AIR	BLK	.00	3:47pm
		TEST	.00	3:49pm
		BLK	0.0	3.50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 841
Test Date: 09/09/2022 Test Time: 3:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
FC	Pass	3:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:52pm
CAL	Pass	3:52pm

Preventive Maintenance Status: Pass

nalyst

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

County B	Instrum	nent Location	County Octention
Instrument Se	erial No. <u>008748</u>	nent Location	reville, NC
The preventiv	we maintenance procedures for the Intoxime 10,000 or higher) to be followed at least or	eters, Model Intox EC/IR II and	d Model Intox EC/IR II (Enhanced with
(1)		vs at least 51 nounds per squar	e inch (psi) of pressure, or the alcoholic gree centigrade:
(2)	Verify instrument displays time and da		<u> </u>
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, col	lect breath sample;	
(7)	When "PLEASE BLOW" appears, col	lect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm p	reventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before	
I certify that on were performed and Human Ser	day of day of do not the instrument indicated above, in accrevices, and the instrument is functioning professional formula and the instrument is functional for the instrument is functional formula and the instrument is functional for the instrument is functional formula and the instrument is functional formula and the instrument is functional for the instrument is functional fo	, 20 the forgoing cordance with current regulation operly.	g preventive maintenance procedures ons of the N.C. Department of Health
COAM VIOL	Signature of	Certifying Official	668
	Signature of	Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL

Serial Number: 008748 Test Date: 09/07/2022

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

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

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

g/210L	Time
Pass .00 .07 .00	1:13pm 1:13pm 1:14pm 1:15pm
.00	1:16pm 1:17pm
.00	1:18pm 1:19pm
	Pass .00 .07 .00 .00

.00 g/210L

Signature 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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Record Number: 1933
Test Date: 09/07/2022 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1 • 20nm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance Status: Pass

Analyst

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

County Bu	Instrument Location Byncomb	e County Detention
Instrument Se	rial No. <u>008798</u> As	heville, NC
-		
The preventiv serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II a 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 of	are inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	
I certify that on were performed and Human Ser	the day of, 20 the forgoid on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
ONE STATE OF MANY 20, 1722	ORTH CARO	
TOTAL 12 1776		
	Signature of Control of Control	668
	Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 09/07/2022

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:14pm 1:14pm
ACCY CHK	.07	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 6201
Test Date: 09/07/2022 Test Time: 1:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:21pm
FLO	Pass	1:21pm
FC	Pass	1:21pm

Temperature Tests

Status	Time
Pass	1:21pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:22pm

1:22pm

Preventive Maintenance Status: Pass

CAL 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 Colo	Instrument Location Cabamus County 80
Instrument Serial	No. 008927 Concord, WC
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 14th day of September, 20 32 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.
AND STATE OF THE S	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008927 Test Date: 09/14/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008927 Test Record Number: 816 Test Date: 09/14/2022 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

Temperature Tests

Status	Time
Pass	1:31pm
	Pass Pass Pass Pass

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

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

County CAS	Instrument Location Caswell Co Defection Gr
Instrument Ser	ial No. 008593 211 County PARK RO
	YAncequille, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performe and Human Se	the
STATE OF STA	To are a second and a second an
ATE QUAM VIDEO	Jan & See Sames 642
	Signature of Certifying Official Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 09/07/2022

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 State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2006 Test Date: 09/07/2022 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	1:15pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

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 Ch	ial No. 008601 NC WRC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the <u>H</u> day of <u>September</u> , 20 <u>2</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.
STATE OF THE PARTY	
TO QUAN VIDES	660
	Signature of Certifying Official Certificate Number

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008601 Test Date: 09/04/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	3:42pm
AIR BLK	.00	3:43pm
ACCY CHK	.08	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:48pm

Reported ACP .00 g/210L

Signature of Chemical Analyst

Court CVR

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008601 Test Record Number: 1462 Test Date: 09/04/2022 Test Time: 3:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:53pm
FLO	Pass	3:53pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

Printer Tests

Pass	3:54pm
	Pass

Status

Time

CRC Tests

Test	Status	Time
COMP	Pass	3:55pm
CAL	Pass	3:55pm

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)

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alc breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record;	lcoholic
 (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; 	
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record;	
 (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; 	
 (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; 	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record;	
(8) Print test record;	
하고 있는 마음이 가능하게 되는 마음 한 시간이 되었다. 그는 이 사람들은 사람들은 사람들은 가득 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	
4) In a supple of the least is the control of the c	
(9) Run diagnostic program 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.	breath or tests,
I certify that on the 4 day of Seplember, 2022 the forgoing preventive maintenance processive performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Haman Services, and the instrument is functioning properly.	cedures Health

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008775 Test Date: 09/04/2022

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

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

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

	Test	g/210L	Time
	DIAG	Pass	3:41pm
	AIR BLK	.00	3:42pm
	ACCY CHK	.07	3:42pm
200	AIR BLK	.00	3:43pm
	SUB TEST	.00	3:44pm
-	AIR BLK	.00	3:45pm
	SUB TEST	.00	3:47pm
	AIR BLK	.00	3:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008775 Test Record Number: 1958
Test Date: 09/04/2022 Test Time: 3:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:53pm
FLO	Pass	3:53pm
FC	Pass	3:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:53pm
SRC	Pass	3:53pm
DET	Pass	3:53pm
BAR	Pass	3:53pm
BT	Pass	3:53pm

Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:54pm 3:54pm

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 Col	mbus	Instrument Location BAT mol	ile unit 7
Instrument Seri	al No. 00 8600	Columbus	s County so
The preventive serial number 1	maintenance procedures for to 0,000 or higher) to be follows:	the Intoximeters, Model Intox EC/IR II ared at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 pounds per squa neter shows 34 degrees, plus or minus .2 d	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument display	s time and date;	
(3)	Initiate breath test sequen	ace;	
(4)	Enter information as pron	mpted;	
(5)	Verify instrument accurac	ey;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program a	and confirm preventive maintenance status	s of "Pass"; and
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being changed before eing changed every four months or after	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the 16 day of 32	above, in accordance with current regular functioning properly.	ing preventive maintenance procedures ations of the N.C. Department of Health
GO GUAN VIDER	m an	he-	665
		Signature of Certifying Official	Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 7 230

Serial Number: 008600 Test Date: 09/16/2022

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: 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	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm

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

COLUMBUS COUNTY BAT MOBILE UNIT 7 230

Serial Number: 008600 Test Record Number: 2327
Test Date: 09/16/2022 Test Time: 8:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:16pm
SRC	Pass	8:16pm
DET	Pass	8:16pm
BAR	Pass	8:16pm
BT	Pass	8:16pm

Blank Tests

Test	Status	Time
AIR	Pass	8:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:17pm

Pass

8:17pm

Preventive Maintenance Status: Pass

CAL

Malyst

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

County	CRAVEN Instrument Location NEW BERD		
Instrument Ser	Instrument Location NEW BERD ial No. 008613 POLICE DEPT		
	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)	(10) Verify that the ethanol gas canister is being changed before 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 29 day of SENTEMBEI2, 2022 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		
a diversion	Cille Ky See Co48		
	Signature of Certifying Official Certificate Number		

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008613 Test Date: 09/29/2022

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: 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: AG107401 Exp Date: 03/15/2023

g/210L	Time
Pass	4:18pm
.00	4:19pm
.07	4:19pm
.00	4:21pm
.00	4:21pm
.00	4:22pm
.00	4:24pm
.00	4:25pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ale Ry Ban Analyst

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

Rev. 12/2007

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008613 Test Record Number: 1298
Test Date: 09/29/2022 Test Time: 4:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:26pm
FLO	Pass	4:26pm
FC	Pass	4:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass	4:26pm

Blank Tests

Test	Status	Time
AIR	Pass	4:27pm

Printer Tests

Time
1:27pm
Time
1:27pm 4:27pm

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	Comberland Instrument Location BAT Mobile Unit#S Serial No. 008575 Hope Mills
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.

I certify that on the day of d



CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008575 Test Date: 09/02/2022

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: 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	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm

Reported AC) .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008575 Test Record Number: 1379
Test Date: 09/02/2022 Test Time: 9:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:29pm
CAL	Pass	9:29pm

Preventive Maintenance Status: Pass

Analyst

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

County	berland Instrument Location Cumberland County
Instrument Seri	al No. 008614 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 day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A STATE OF THE STA	TOTAL CAROLLES AND A CONTROLLES AND A CO
The same of the sa	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:16am
AIR BLK	.00	10:16am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4712 Test Date: 09/12/2022 Test Time: 10:38am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	10:38am
Pass	10:38am
Pass	10:39am
	Pass Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:39am 10:39am

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	al No. 00 86/6 Instrument Location BAT Mobile Unit#5
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 2 day of September, 20 27 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 5
250

Serial Number: 008616 Test Date: 09/02/2022

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: Todd, Shane C Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.08	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:20pm
ATR BLK	.00	9:21pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008616 Test Record Number: 2759
Test Date: 09/02/2022 Test Time: 9:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

9:23pm
9:23pm

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. 20 863 2. 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 2 day of 2 day of 3, 20 2 the forgoing preventive maintenance procedures were performed on the instrument indicafed above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	Cou	inty Cum l	berland Instrument Location Cumberland County
serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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 day of day, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	Inst	rument Serial	No.008632 Detention Center
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(1)	
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(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, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(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 day of		(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 day of, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(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 day of, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(10)	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
THU IS THE CARD IN STATE OF THE PROPERTY OF TH	wer	e performed	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
THE TAKEN AND AND AND AND AND AND AND AND AND AN	THE GREAT SCA.	O THE STATE OF ALL OF A	CAROLL
Signature of Certifying Official Certificate Number		ANALY ANALYSIS	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:15am
AIR BLK	.00	10:16am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4451 Test Date: 09/12/2022 Test Time: 10:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:22am
FLO	Pass	10:22am
FC .	Pass	10:22am

Temperature Tests

am
am
am
am
am

Blank Tests

Test	Status	Time
AIR	Pass	10:23am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Ca	mberland Instrument Location Cumberland County
Instrument Seri	ial No. DO 8633 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.
	the day of day o
STATE OF STA	AGRANGE AND
SEE QUAM VICEN	1 1 Han 675
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

nature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 6294 Test Date: 09/12/2022 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Com	becland Instrument Location Comberland County
Instrument Ser	ial No. 008672 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
THE STATE OF THE S	A A
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.08	10:20am
AIR BLK	.00	10:22am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 7763
Test Date: 09/12/2022 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test Status	Time
IR Pass	10:27am
FLO 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	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:28am 10:28am

Preventive Maintenance Status: Pass

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 5

Serial Number: 008704 Test Date: 09/02/2022

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: Todd, Shane C Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.08	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm

Reported AC:

00_g/210L

of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008704 Test Record Number: 812 Test Date: 09/02/2022 Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

Test	Status	Time
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance Status: Pass

Analyst

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

County Cum.	berland Instrument Location FT. Bragg
Instrument Serial	INO. 013868 Lo E. C.
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he day of 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 ices, and the instrument is functioning properly.
THE STATE OF ANY OF THE STATE OF THE	ALA (675
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

DIAG Pass 12:12pm	1
AIR BLK .00 12:13pm	1
ACCY CHK .07 12:13pm	1
AIR BLK .00 12:14pm	ı
SUB TEST .00 12:15pm	1
AIR BLK .00 12:15pm	1
SUB TEST .00 12:17pm	1
AIR BLK .00 12:18pm	1

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Record Number: 394
Test Date: 09/12/2022 Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	'l'ıme
PRNT	Pass	12:20pm
	CRC Tests	
Toct	Status	Time

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

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 Can	1berland Instrument Location FT. Bragg
Instrument Ser	ial No. 613870 L. E. C.
	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 day of
THE STATE OF THE OWNER OWNER OF THE OWNER OW	
Was the same of th	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Date: 09/12/2022

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

Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Record Number: 428
Test Date: 09/12/2022 Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:32pm

Preventive Maintenance Status: Pass

Analyst

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

County	are County Detention (
Instrument Ser	rial No. 008783 1044 Driffwood Dr. Man
n	K.
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	theday of, 20the 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.
OF NE STATE OF NEW YORK OF THE STATE OF THE	
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 09/12/2022

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: Guard, Kelly G Permit Number: 0037-7722

Effective:

09/28/2020-09/28/2022

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1203
Test Date: 09/12/2022 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	12:15pm	

Printer Tests

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

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 Dave	Instrument Location Dave	o. Detention Cont
Instrument Serial No.	08804 1044 Dr	iftwood Dr. Mar
*		, NC
The preventive mainten serial number 10,000 or	nce procedures for the Intoximeters, Model Intox EC/IR II and higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1) Verit	y the ethanol gas canister displays at least 51 pounds per square simulator thermometer shows 34 degrees, plus or minus .2 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2) Veri	y instrument displays time and date;	
(3) Initia	te breath test sequence;	
(4) Enter	information as prompted;	
(5) Veri	y instrument accuracy;	
(6) Whe	"PLEASE BLOW" appears, collect breath sample;	
(7) Whe	"PLEASE BLOW" appears, collect breath sample;	
(8) Print	test record;	
(9) Run	liagnostic program and confirm preventive maintenance status	of "Pass"; and
simu	y that the ethanol gas canister is being changed before exator solution is being changed every four months or after never occurs first.	epiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
,	the colonian	
I certify that on the were performed on the and Human Services, ar	day of	ng preventive maintenance procedures tions of the N.C. Department of Health
STATE OF THE STATE	7	1.112
OLAM VIDE	Signature of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 09/12/2022

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: 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
Test	0//	1.1 me

DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.07	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC:

.00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2682 Test Date: 09/12/2022 Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

Temperature Tests

FC1 Pass 11:26am SRC Pass 11:26am DET Pass 11:26am BAR Pass 11:26am BT Pass 11:26am	Test	Status	Time
DET Pass 11:26am BAR Pass 11:26am	FC1	Pass	11:26am
BAR Pass 11:26am	SRC	Pass	11:26am
	DET	Pass	11:26am
BT Pass 11:26am	BAR	Pass	11:26am
	BT	Pass	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

m	01-1	
Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:27am

Preventive Maintenance Status: Pass

Pass

CAL

7

11:27am

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 DA	UIDSON Instrument Location DAVIDSON COUNTY JAIL
In	strument Seria	INO. 003845 LEXINGTON, NC
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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	theday ofthe 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. CREAT CA	TABLE OF THE STATE OF A	SE S
		Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 09/06/2022

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

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

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

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

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

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

g/210L Time Test 9:00am DIAG Pass .00 9:01am AIR BLK 9:02am ACCY CHK .08 AIR BLK .00 9:03am 9:04am SUB TEST .00 9:05am AIR BLK .00 9:06am SUB TEST .00 9:07am

Reported AC: .00 g/210L

AIR BLK .00

Court CVR

Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3862
Test Date: 09/06/2022 Test Time: 9:08am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:08am
FLO	Pass	9:08am
FC	Pass	9:08am

Temperature Tests

Test	Status	Time
FC1	Pass	9:08am
SRC	Pass	9:08am
DET	Pass	9:08am
BAR	Pass	9:08am
BT	Pass	9:08am

Blank Tests

Test	Status	Time
AIR	Pass	9:09am

Printer Tests

Test	Status	Time
PRNT	Pass	9:09am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:09am
CAL	Pass	9:09am

Preventive Maintenance Status: Pass

Analyst

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

County DA	AVIDSON Instrument Location LEXINGTON POLICE
Instrument Seria	1 No. 00 8883 DEPARTMENT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of SEPTEMBER, 2022—the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 09/06/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Oligmueller Jr., Leo A

Permit Number: 0035-3799

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:22am
AIR BLK	.00	9:23am
ACCY CHK	.08	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:28am
ATR BLK	-00	9:28am

Reported AC: .00 g/210L

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Court CVR

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2498
Test Date: 09/06/2022 Test Time: 9:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:30am
FLO	Pass	9:30am
FC	Pass	9:30am

Temperature Tests

Test	Status	Time
FC1	Pass	9:30am
SRC	Pass	9:30am
DET	Pass	9:30am
BAR	Pass	9:30am
BT	Pass	9:30am

Blank Tests

Test	Status	Time
AIR	Pass	9:31am

Printer Tests

Test	Status	Time
PRNT	Pass	9:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:31am
CAL	Pass	9:31am

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 Du	ial No. 008600 Instrument Location BAT Mobile Unit 7
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced will 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were periorine	the day of day o
OCIAM VIDES	Signature of Certifying Official Certificate Number

DUPLIN COUNTY BAT MOBILE UNIT 7 300

Serial Number: 008600 Test Date: 09/05/2022

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

Driver's License Number: NONE

Analyst's Name: 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	7:00pm
AIR BLK	.00	7:01pm
ACCY CHK	.08	7:02pm
AIR BLK	.00	7:03pm
SUB TEST	.00	7:03pm
AIR BLK	.00	7:04pm
SUB TEST	.00	7:06pm
AIR BLK	.00	7:07pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

27 for Analyst

DUPLIN COUNTY BAT MOBILE UNIT 7 300

Serial Number: 008600 Test Record Number: 2319
Test Date: 09/05/2022 Test Time: 7:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:08pm
FLO	Pass	7:08pm
FC	Pass	7:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:08pm
SRC	Pass	7:08pm
DET	Pass	7:08pm
BAR	Pass	7:08pm
BT	Pass	7:08pm

Blank Tests

Test	Status	Time	
AIR	Pass	7:09pm	

Printer Tests

Test	Status	Time
PRNT	Pass	7:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:09pm

Preventive Maintenance Status: Pass

Pass

7:09pm

CAL

Al Care

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 Du	ial No. 008600 Instrument Location BAT Mobile Unit 7
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced will 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were periorine	the day of day o
OCIAM VIDES	Signature of Certifying Official Certificate Number

DUPLIN COUNTY BAT MOBILE UNIT 7 300

Serial Number: 008600 Test Date: 09/05/2022

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

Driver's License Number: NONE

Analyst's Name: 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	7:00pm
AIR BLK	.00	7:01pm
ACCY CHK	.08	7:02pm
AIR BLK	.00	7:03pm
SUB TEST	.00	7:03pm
AIR BLK	.00	7:04pm
SUB TEST	.00	7:06pm
AIR BLK	.00	7:07pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

27 for Analyst

DUPLIN COUNTY BAT MOBILE UNIT 7 300

Serial Number: 008600 Test Record Number: 2319
Test Date: 09/05/2022 Test Time: 7:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:08pm
FLO	Pass	7:08pm
FC	Pass	7:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:08pm
SRC	Pass	7:08pm
DET	Pass	7:08pm
BAR	Pass	7:08pm
BT	Pass	7:08pm

Blank Tests

Test	Status	Time	
AIR	Pass	7:09pm	

Printer Tests

Test	Status	Time
PRNT	Pass	7:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:09pm

Preventive Maintenance Status: Pass

Pass

7:09pm

CAL

Al Care

Analyst

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

С	ounty <u>Duk</u>	HAM Instrument Location Dukgun & JAIL
Ir	nstrument Seri	219 5. MAUGIN ST Denham 1
— Т	he preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
se	rial number 1	0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
We	ere performed	the
GREAT CE	STATE ON STATE ON STATE OF STA	Sma Alles San - 1662
		Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 09/02/2022

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2719
Test Date: 09/02/2022 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

Temperature Tests

Test	Status	Time
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

Blank Tests

Test	Status	Time	
AIR	Pass	11:19am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	5
_ m = = =		

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

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/	DURHAM Instrument Location Durham Go JAIL
Instrument	Serial No. 008878 218 5 MAngen ST Derham, NC
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with per 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were perfo	at on the day of
A STATE OF S	ARE CAROLINA
All Con	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 09/02/2022

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, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC; .00 g/240L

Signature of Chemical Analyst

Court CVR

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DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 5561
Test Date: 09/02/2022 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	11:16am	

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

COMP Pass

CAL

Stokeg Sarry

11:16am

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

	County Duk	Instrument Location Dechan	
	Instrument Seri	al No. <u>008891</u> <u>219 5. M</u>	Augen ST Duban, N
	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	e inch (psi) of pressure, or the alcoholic gree centigrade;
	(2)	Verify instrument displays time and date;	900 900
	(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 o	of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
		the	g preventive maintenance procedures ons of the N.C. Department of Health
A CONTROLL OF THE PARTY.	SIAII COM SIAIII	Samuel Salder Changes	66.2
	1613555	Signature of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 09/02/2022

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: yy

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK	.00	11:14am
ACCY CHK	.08	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4602 Test Date: 09/02/2022

Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

Blank Tests

Test	Status	Time
AIR	Pass	11 • 22 am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

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)

Cot	inty	Instrument Location TORSYTH CO. DETENTION
Inst	rument Seria	Instrument Location FORSYTH CO. DETENTION al No. 008583 WINSTON-SALEM NC
The	preventive al 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.
wei	re performed	theday of SEPTEMBER, 20 22the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
TE GREAT SE	S TATE OF	ASPERIAL CAROLINA CAR
8/4	* ESSE QUAM VIDEO &	669

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

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 09/01/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.08	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 9023 Test Date: 09/01/2022 Test Time: 3:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm

CRC Tests

Test	Status	Time
COMP	Pass	3:08pm
CAL	Pass	3:08pm

Preventive Maintenance Status: Pass

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

Analyst

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

County F	ORSYTH Instrument Location FORSYTH CO. DETENTION
Instrument Seria	INO. 008659 WINSTON-SALEM, NC
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of SECTEMBER, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	24
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 09/01/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLI	K .00	2:51pm
ACCY CH	HK .08	2:51pm
AIR BLI	K .00	2:52pm
SUB TES	ST .00	2:53pm
AIR BLE	K .00	2:54pm
SUB TES	ST .00	2:56pm
AIR BLE	K .00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 5933 Test Date: 09/01/2022 Test Time: 2:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:00pm	

Printer Tests

PRNT Pass	Status T	ime
	Pass 3	:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

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)

Total		No. 008925 WINSTON - SALEM, NC
instrum	ent Seriai	NO. 000 123
-		
		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 po	erformed (the day of SEPTEMBER., 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.
GRENT SE	STATE	TO A ROLL OF THE PARTY OF THE P
MELLO	CHAM VIDE	1/9

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

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 09/01/2022

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	.08	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 4283
Test Date: 09/01/2022 Test Time: 3:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:13pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

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

1110	DEE INTOX EC/IK II (Enhanced with serial number 10,000 or higher)
County C	OSton Instrument Location Gourty &
Instrument Seria	1No. 008643 (70Ston, N)e
in.	
The preventive reserval number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 12th day of September, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthices, and the instrument is functioning properly.
STATE OF A	And

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Date: 09/12/2022

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:19pm 1:20pm 1:21pm 1:22pm 1:22pm
AIR BLK SUB TEST	.00	1:23pm 1:25pm
AIR BLK	.00	1:26pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Record Number: 4194

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
	CDC Tacte	

CRC	Tescs

Test	Status	Time
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance

Status: Pass

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

IVI	ODEL INTOX EC/IR II (Ennanced with serial number 10,000 or higher)
County	aston Instrument Location Gaston County 80
Instrument Seri	al No. 008684 Gaston, 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	the 12th day of September, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

and Human Services, and the instrument is functioning properly.

Signature of Certifying Official Certificate Number

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 09/12/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Beported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 5668
Test Date: 09/12/2022 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:29pm

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	1:29pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	1:29pm 1:29pm

Preventive Maintenance

Status: Pass

Analvst

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

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

MO	DELITITOR ECITA II (Eminited with sevent number 20,000 of 20,000	
County Ga	Ston Instrument Location Mt. Holly PD	
Instrument Serial	Marza Mt Holly 1970,	
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 day of d		

STATE O'NO STATE O'NO

Signature of Certifying Official

Certificate Number

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

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733 Test Date: 09/12/2022

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: 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	Pass	2:38pm 2:38pm
ACCY CHK	.07	2:39pm
AIR BLK SUB TEST	.00 .00	2:40pm 2:41pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
ATR BLK	- 00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

SACION FAIR WAS Described and with

Court CVR

Analyst

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733 Test Record Number: 1329
Test Date: 09/12/2022 Test Time: 2:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

CRC Tests

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance

Status; Pass

Analyst

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

County(GASTON Instrument Location BAT MOBILE UNIT 1
Instrument Ser	ial No. 008869 GASTONIA
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.
Language.	the <u>02</u> day of <u>Sep7em Ben</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.
O THE STATE OF THE PROPERTY OF	m.c. Han 676
OLAM VIDE	Signature of Certifying Official Certificate Number

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

GASTON COUNTY BAT MOBILE UNIT 1 350

Serial Number: 008869 Test Date: 09/02/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:02pm
AIR BLK	.00	9:03pm
ACCY CHK	.07	9:04pm
AIR BLK	.00	9:05pm
SUB TEST	.00	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:09pm

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

GASTON COUNTY BAT MOBILE UNIT 1 350

Serial Number: 008869 Test Record Number: 1396
Test Date: 09/02/2022 Test Time: 9:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10pm
FLO	Pass	9:10pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:11pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:11pm
CAL	Pass	9:11pm

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	Traham Instrument Location Graham Co. 5.	0.
Instrument S	Serial No. 008915 Instrument Location Graham Co. 5.	<i>C</i>
The preventi- serial number	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II er 10,000 or higher) to be followed at least once every four months are:	(Enhanced with
(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;	or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the al simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.	coholic breath Simulator tests,
were periorin	on the	ace procedures ment of Health
STATE OF THE PROPERTY OF THE P	Carl R. Cath	
	Signature of Certifying Official Certificate N	

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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 09/14/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

02/01/2022-02/01/2024

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00 .00 .00	2:07pm 2:07pm 2:08pm 2:09pm 2:10pm 2:10pm 2:12pm 2:13pm
		The second secon

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915

Test Record Number: 880 Test Date: 09/14/2022 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	Štatus	Time
AIR	Pass	2:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:16pm

Preventive Maintenance · Status: Pass

Pass

2:16pm

CAL

Analyst

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

Co	ounty <u>GRA</u>	Instrument Location CREEDMOOR PD
Ins	strument Seri	al No. 008641 111 MASONIC ST CREEDMOOR, NC
33		CREEDWOOR, NC
Th	e 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;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
we	re performed	the
Mil	APRIL 12 1776	EATO 15/
	-1100000	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)

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 09/16/2022

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: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHI	X .07	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	00. 1	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	00. 1	2:55pm
AIR BLK	.00	2:56pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Street Analy

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1482

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:57pm 2:57pm
FC	Pass	2:57pm

Temperature Tests

Status	Time
Pass	2:57pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2 • 58pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:58pm 2:58pm

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 6	Teene Instrument Location Steene 6, 5.0.
Instrument Se	rial No. 008670 301 W. Greene Sty Snow Hil
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholibreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	theday of, 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.
ASE QUAM VICEN	CAROLLA SALES AND
	Signature of Certifying Official Certificate Number

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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 09/06/2022

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 09/06/2022 Test Time: 12:33pm EDT

Test Record Number: 2260

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance Status: Pass

Analyst

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

CountyG	ULFORD Instrument Location GREENSBORO JAIL
Instrument Seri	al No. 008896 GREENSPORD, 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 day of day o
STATE OF THE STATE	669 669
	Signature of Certifying Official Certificate Number

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 09/06/2022

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

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

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

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

02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.08	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Record Number: 1558 Test Date: 09/06/2022 Test Time: 12:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:45pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:46pm
CAL	Pass	12:46pm

Preventive Maintenance Status: Pass

Analyst

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

County HAL	Instrument Location ROANCHE RAPIDS PD
Instrument Ser	Topologia 1040 Ropoldis AVE ROANDER RAPIDS, NC
	KephokE RAPIDS, NC
The preventive serial number 1	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 periorined	the
The same of the sa	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. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 09/01/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:20pm
AIR BLK	.00	4:21pm
ACCY CHK	.07	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 885
Test Date: 09/01/2022 Test Time: 4:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:27pm
FLO	Pass	4:27pm
FC	Pass	4:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:28pm
SRC	Pass	4:28pm
DET	Pass	4:28pm
BAR	Pass	4:28pm
BT	Pass	4:28pm

Blank Tests

Test	Status	Time	
AIR	Pass	4:28pm	

Printer Tests

Test	Status	Time
PRNT	Pass	4:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:28pm
CAL	Pass	4:28pm

Preventive Maintenance Status: Pass

Analyst

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

County Ha	Instrument Location Haywood County Jan
Instrument Se	rial No 08712 Waynes ville No
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF MAN TO DESCRIPTION OF THE STATE OF OWN VICTOR OF THE STATE OF THE	Service of the servic
COAM IN	668
	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 09/23/2022

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: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:24pm
AIR BLK	.00	2:24pm
ACCY CHK	.08	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2463 Test Date: 09/23/2022 Test Time: 2:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:31pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:31pm 2:31pm

Preventive Maintenance Status: Pass

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

Count	у Нач	Instrument Location Haywood County Jell
Instru	ment Seria	INO.008714 Waynesville, NC
-		
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholbreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were	performed	the day of, 20 the forgoing preventive maintenance procedur on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hearices, and the instrument is functioning properly.
THE GREAT SEA	THE STATE OF MAY 20, 175	CARD CARD CARD CARD CARD CARD CARD CARD
All I	OUAM VIDE	Signature of Certifying Official Certificate Number
		Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 09/23/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:21pm
AIR BLK	-00	2:22pm
ACCY CHK	.07	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1946
Test Date: 09/23/2022 Test Time: 2:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:30pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:31pm
CAL	Pass	2:31pm

Preventive Maintenance Status: Pass

Analyst

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

	County Tac	Kson Instrument Location Jackson Co. Jail	
	Instrument Seri	JNO. 008708 Sylva, NC	
	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced),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;	ıolic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
4	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brisimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	eath ests,
]	I certify that on were performed and Human Serv	the	ures alth
AND DESCRIPTION OF THE PERSON	O THE STATE OF A		
	ONAW AITES	Signature of Certifying Official Certificate Number	
		Signature of Certifying Official Certificate Number	

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 09/19/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:20pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1718
Test Date: 09/19/2022 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)

County_	Jack	Instrument Location_ Tackson Co. Jail
Instrumen	nt Serial No	Instrument Location Tackson Co. Jail 5,008722 5,1/4, NC
0		
The preve serial nur	entive main nber 10,000	ntenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0 or higher) to be followed at least once every four months are:
(1		Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic reath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2	2) V	rerify instrument displays time and date;
(3	3) In	nitiate breath test sequence;
(4	E	Inter information as prompted;
(5	5) V	Verify instrument accuracy;
(6	5) W	When "PLEASE BLOW" appears, collect breath sample;
(7	') W	When "PLEASE BLOW" appears, collect breath sample;
3)	B) P1	rint test record;
(9) R	un diagnostic program and confirm preventive maintenance status of "Pass"; and
(1	si	rerify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath mulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perf	ormed on t	day of
A COREAT CASE OF THE COREAT CASE OF THE COREAT CASE OF THE CORE OF	ATE O TO CAROLINA	
A SE ON	M VILER	- Cy K. Cuther 635
		Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 09/19/2022

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: Cutler, Daniel R Permit Number: 0084-3310 Effective:

02/01/2022-02/01/2024

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

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1362 Test Date: 09/19/2022 Test Time: 2:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:27pm
FLO	Pass	2:27pm
FC	Pass	2:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

Blank Tests

Test	Status	Time	
AIR		2:27pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:28pm

2:28pm

COMP

CAL

Analyst

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

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 100 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;
(2) (3) (4) (5) (6) (7) (8) (9) (10)	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;
(3) (4) (5) (6) (7) (8) (9) (10)	Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample;
(4) (5) (6) (7) (8) (9) (10)	Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample;
(5) (6) (7) (8) (9) (10)	Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample;
(6) (7) (8) (9) (10)	When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample;
(7) (8) (9) (10)	When "PLEASE BLOW" appears, collect breath sample;
(8) (9) (10)	그 얼마나 가장 살이 얼마나 하나 있다면 하는데 하는데 하는데 하는데 하는데 하는데 되었다.
(9) (10)	Print test record;
(10)	
	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.
were performed on	day of September, 2022the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthes, and the instrument is functioning properly.
	A 660

LEE COUNTY BAT MOBILE UNIT 4 520

Serial Number: 008601 Test Date: 09/01/2022

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.08	9:46pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: __Q0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY BAT MOBILE UNIT 4 520

Serial Number: 008601 Test Record Number: 1456 Test Date: 09/01/2022 Test Time: 9:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

Printer Tests

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

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)

County_M	acon Instrument Location Macon Co. Magistrate
Instrument Ser	ial No. 008795 Instrument Location Macon Co. Magistrate
	
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the <u>21</u> day of <u>September</u> , $20\overline{22}$ 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.
S S S S S S S S S S S S S S S S S S S	
SE CHAM VIDEN	Orif R. Cuth 635
	Signature of Certifying Official Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 09/21/2022

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 606 Test Date: 09/21/2022 Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

IR Pass 12:09	
FLO Pass 12:09	om
FC Pass 12:09	om

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	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:10pm 12:10pm

Preventive Maintenance Status: Pass

Analyst

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

County Ma	Hin Instrument Location Markin Co. S.O.
Instrument Seria	al No. 008912 305 E. Main St., Williamskin
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of 2022, the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A THE STATE OF THE	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 09/15/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1879
Test Date: 09/15/2022 Test Time: 3:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:32pm
SRC	Pass	3:32pm
DET	Pass	3:32pm
BAR	Pass	3:32pm
BT	Pass	3:32pm

Blank Tests

Test	Status	Time	
AIR	Pass	3 · 33nm	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Cou	inty	Instrument Location McOou	vell County Jail
Inst	rument Se	rial No. <u>008888</u>	Marian, NC
The seria	preventive Il number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II a 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2 of	are inch (psi) of pressure, or the alcoholidegree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	s of "Pass": and
	(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	
certification vere pand Hu	fy that on performed uman Serving SIAIE or was 20, 172 and 182	the day of, 20 the forgoi on the instrument indicated above, in accordance with current regularices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
		Signature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 09/08/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	0.0	11 · 11 am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1645

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
BT	Pass	11:45am

Blank Tests

Test	Status	Time	
AIR	Pass	11:46am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:46am
CAL	Pass	11:46am

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location McDowel	1 County Jail
Instrument Se	rial No. <u>008897</u>	larion, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II at 10,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squa breath simulator thermometer shows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	s of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performe	the	ing preventive maintenance procedures ations of the N.C. Department of Health
# ASSE QUAM VICEN		668
	Signature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 09/08/2022

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

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

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

Analyst's Name: 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	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 1164
Test Date: 09/08/2022 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11 • 45am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	CCKIENDUYCK Instrument Location CMPD LEC
Instrument Seri	al No. 008594 Charlotte, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STAD	

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

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 09/07/2022

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: Helms, Bryce A Permit Number: 0084-9845 Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 5230 Test Date: 09/07/2022 Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	3:03pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm
	CRC Tests	
Test	Status	Time

rest	blacus	TIME
COMP	Pass	3:03pm
CAL	Pass	3:03pm

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)

Instrument Serial No. 008665 Instrument Location McKlenburg Co 80

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 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 day of day of day of depter dev, 20 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 09/12/2022

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: 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	4:23pm
AIR BLK	.00	4:23pm
ACCY CHK	.08	4:24pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:28pm
ATR BLK	0.0	4:29pm

Reported AG: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 5266
Test Date: 09/12/2022 Test Time: 4:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:30pm
FLO	Pass	4:30pm
FC	Pass	4:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:30pm
SRC	Pass	4:30pm
DET	Pass	4:30pm
BAR	Pass	4:30pm
BT	Pass	4:30pm

Blank Tests

Test	Status	Time
AIR	Pass	4:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:31pm

Preventive Maintenance
Status: Pass

Pass

CAL

4:31pm

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	acklenburg Co So
Instrument Seri	Charlotte, NC
50	
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.
	17th Soutenhar

I certify that on the ______ day of ______ day of _______ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 09/12/2022

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: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:22pm
AIR BLK	.00	4:22pm
ACCY CHK	.08	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:27pm
ATR BLK	.00	4:28pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 09/12/2022

Test Record Number: 7002

Test Time: 4:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO	Pass	4:29pm
FC	Pass	4:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4:29pm
BT	Pass	4:29pm

Blank Tests

Test	Status	Time
	2. 1	
AIR	Pass	4:29pm

Printer Tests

rest	Status	TIME
PRNT	Pass	4:29pm

CRC Tests

Test	Status	Time
COMP	Pass	4:30pm
CAL	Pass	4:30pm

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)

1110	TOX ECITY II (Emilanced with serial number 10,000 of higher)
County	Klenburg Instrument Location CMPD CEC
Instrument Seria	INO. Charloste, NC
	,
The preventive r serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 12 th day of September, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF A	

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

Signature of Certifying Official

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008702 Test Date: 09/12/2022

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 State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:48pm
AIR BLK	.00	3:49pm
ACCY CHK	.08	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
ATR BLK	0.0	3:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008702

Test Record Number: 1689

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

Blank Tests

Test	Status	Time
AIR	Pass	3:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:56pm

CRC Tests

Test	Status	Time
COMP	Pass	3:56pm
CAL	Pass	3:56pm

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)

	ial No. 00 8898 Instrument Location BAT MOBILE UNIT 1 CHARLOTTE
Instrument Ser	ial No. 00 8898 CHARLO TTE
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>07</u> day of <u>56776M Bep</u> , 20 <u>22</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
S WE STATE OF	Some Control of the C
SEE QUAM VIDEO	m.c.76 676
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898 Test Date: 09/07/2022

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: 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	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.08	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898 Test Record Number: 1424
Test Date: 09/07/2022 Test Time: 9:30pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:32pm 9:32pm

Preventive Maintenance Status: Pass

Analyst

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

County	ial No. 008898 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.
or o periorined	the <u>08</u> day of <u>SEPTEMBER</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. M.C. Zella
GOVW AND	M.C. Feliping Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898 Test Date: 09/08/2022

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

Analyst's Name: 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	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.08	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898 Test Record Number: 1427
Test Date: 09/08/2022 Test Time: 9:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm

CRC Tests

Test	Status	Time
COMP	Pass	9:35pm
CAL	Pass	9:35pm

Preventive Maintenance Status: Pass

Analyst

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

County	al No. 208910 Instrument Location CMPD LEC Charlotte, 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
O THE STATE OF A	

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

Signature of

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008910 Test Date: 09/07/2022

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: 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	2:58pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008910 Test Record Number: 1441
Test Date: 09/07/2022 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:06pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance Status; Pass

Analyst

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

Instrument Ser	ASH Instrument Location DAT MONDIF UNIT C ial No. 008584 ROLLY MUNNT
	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 23 day of SCONTINIA , 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008584 Test Date: 09/23/2022

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008584 Test Record Number: 2526 Test Date: 09/23/2022 Test Time: 10:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15pm
FLO	Pass	10:15pm
FC	Pass	10:15pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

Sur

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

County NAS	Instrument Location NASH CO. DETENTION CENTER
Instrument Seri	ial No. 008630 222 S. WASHINGTON ST NASHVILLE, 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 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 11 day of SEPTEMBER , 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.
SIATE OF STATE OF STA	
DE QUAM VIDES	671
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Date: 09/16/2022

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: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

cm	12101	m ·
Test	g/210L	Time

DIAG	Pass	12:53pm
AIR BLK	.00	12:53pm
ACCY CHK	.08	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

Rev. 12/2007

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Record Number: 5532 Test Date: 09/16/2022 Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

Blank Tests

Status	Time
Pass	1:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:01pm

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	rial No. (5 0 8 6 0 0 u.' lm	instan
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance statu	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or afte whichever occurs first.	expiration data on the electric to the
I certify that on were performed and Human Ser	the 3 day of septem bac, 2022 the forgoth on the instrument indicated above, in accordance with current regularizes, and the instrument is functioning properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
THE PLANT OF THE PROPERTY OF T	THE CAROLLE THE THE THE THE THE THE THE THE THE TH	
The same of the sa	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Date: 09/03/2022

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: 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 a/2101 Time

IESU	9/2101	Time
DIAG	Pass	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.08	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm

Reported AC: 00 g/210L

221

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Record Number: 2314
Test Date: 09/03/2022 Test Time: 9:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance Status: Pass

27 Coc 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 NEW	No. 008617 Instrument Location NEW HANDVER COUNTY DETENTION CENTER
Instrument Serial	INO. 008617 DETENTION CENTER
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the 19 day of SEPTEMBER, 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.
SER GLAM VECTOR	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

> Serial Number: 008617 Test Date: 09/19/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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	2:52pm
AIR BLK	.00	2:53pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm

2:59pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 4331 Test Date: 09/19/2022 Test Time: 2:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:00pm
FLO	Pass	3:00pm
FC	Pass	3:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:01pm 3:01pm

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)

County_HE	W HANDUER Instrument Location NEW HANDUER COUNTY
Instrument Seri	W HANDUER Instrument Location NEW HANDUER COUNTY IND. 008626 DETENTION CENTER
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 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 19 day of 3EPTEMBER, 2022 the forgoing preventive maintenance procedures to on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	CO 2 Bun 648
- CETAN AND	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Date: 09/19/2022

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

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	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Record Number: 8221 Test Date: 09/19/2022 Test Time: 2:58pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

3:00pm

Anglyst

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. 008688 wilming	ton
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 i 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 12: whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were performed	the day of september, 2022 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures as of the N.C. Department of Health
TOP QUAM VIDEN	manh	608
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Date: 09/03/2022

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: Anderson, Mark G
Permit Number: 0013-1517
Effective:
09/10/2020-09/10/2022

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

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

g/210L	Time
Pass	10:03pm
.00	10:04pm
.08	10:04pm
.00	10:05pm
.00	10:06pm
.00	10:07pm
.00	10:08pm
.00	10:09pm
	Pass .00 .08 .00 .00

Reported AC:

90 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: 1928 Test Date: 09/03/2022 Test Time: 10:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

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

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)

Instrument Seri	ial No. 00 86 98 wilming ton
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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Date: 09/02/2022

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: 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	10:58pm
AIR BLK	.00	10:59pm
ACCY CHK	.08	11:00pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11.05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Record Number: 1924 Test Date: 09/02/2022 Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11.09pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:09pm
CAL	Pass	11:09pm

Preventive Maintenance Status: Pass

Analyst

Mono

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 wilming ton
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.
ore periorime	the day of septem less, 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.
QUAM VIDEO	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Date: 09/02/2022

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: 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	11:21pm
AIR BLK	.00	11:22pm
ACCY CHK	.08	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm

Reported AC:

00 g/210L

77/100

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Record Number: 1853 Test Date: 09/02/2022 Test Time: 11:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

Printer Tests

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

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)

Instrument Ser	rial No. 008788 wilming ton
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	a the
E MA	
TARK 12 1776	m and 655

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Date: 09/03/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	10:04pm
AIR BLK	.00	10:05pm
ACCY CHK	.07	10:05pm
AIR BLK	.00	10:06pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm
SUB TEST	.00	10:11pm
AIR BLK	.00	10:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

M Carl

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Record Number: 1858
Test Date: 09/03/2022 Test Time: 10:12pm 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 CAL	Pass Pass	10:14pm 10:14pm

Preventive Maintenance Status: Pass

Analyst

Mack

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

County NonT.	Instrument Location NORTHAMPTON Co. S.O.		
Instrument Seria	JACKSON, NC		
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholibreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
were performed	the		
THE QUAN VICENT	EABregerth, 671		
	Signature of Certifying Official Certificate Number		

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

DHHS 4080 (04/20)

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008607 Test Date: 09/01/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: 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: AG118804 Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	2:00pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:05pm

Reported_AC: .00 g/210L

Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1175
Test Date: 09/01/2022 Test Time: 2:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	2:07pm
FC	Pass	2:07pm
r	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 • 0.7nm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

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 North	4AMPTON II	nstrument Location NORTHAM	DTON Co. 5.D.
Instrument Seri	al No. 008688	105 WE JACKSON,	ST JEFFERSON ST NC
The preventive serial number 1	maintenance procedures for the Int 0,000 or higher) to be followed at le	oximeters, Model Intox EC/IR II a east once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister of breath simulator thermometer sl	displays at least 51 pounds per squ hows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholid degree centigrade;
(2)	Verify instrument displays time	and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and con	nfirm preventive maintenance statu	s of "Pass"; and
(10)	Verify that the ethanol gas ca simulator solution is being cha whichever occurs first.	anister is being changed before anged every four months or after	expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests
were performed	on the instrument indicated above vices, and the instrument is function	e, in accordance with current regul	oing preventive maintenance procedures lations of the N.C. Department of Health
SE STAW AIDER	Show and		671

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

DHHS 4080 (04/20)

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 09/01/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG118804 Exp Date: 07/07/2023

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	2:21pm
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

Soffwar Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 1007
Test Date: 09/01/2022 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)

County Or	Instrument Location BAT Mobile Unit 7	
Instrument Serial No. 008600 Surf City PD		
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on were performed and Human Ser	the 23 day of 50, 100, 2022 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.	
QUAM VIDEN	mantes 655	
	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 BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Date: 09/23/2022

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: 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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Date: 09/23/2022

Test Record Number: 2331 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time	
AIR	Pass	10:22pm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22pm 10:22pm

Preventive Maintenance Status: Pass

Analyst

To Cort

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

County Page	Gustank Instrument Location Elizabeth	City P.D.
Instrument Seri	al No. 008941 315 Main St.	Elizabeth (it
		N
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 0,000 or higher) to be followed at least once every four months are:	el 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 ce	(psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10) I certify that on were performed	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first. the day of	coholic Breath Simulator tests
and Human Ser	rvices, and the instrument is functioning properly.	the N.C. Department of Health
O THE STATE OF THE	A CAROLINA C	(1/3
QUAM VICE	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Ceruncate Number

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

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 09/09/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	12:20pm 12:22pm 12:22pm 12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1568
Test Date: 09/09/2022 Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

Printer Tests

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

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	asquotenk Instrument Location To	asquotente Co. Public
Instrument Se	rial No. 008950 Sele	by Bld., 200 €. Colonials,
		Oirobete City
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox 10,000 or higher) to be followed at least once every four more	EC/IR II and Model Intox EC/IR II (Enhanced with oths are:
(1)	Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or	ds per square inch (psi) of pressure, or the alcoholic minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample	
(7)	When "PLEASE BLOW" appears, collect breath sample	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive mainten	ance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	hefore expination data and the state of the
I certify that on were performed and Human Ser	the day of, 20, 20, and the instrument indicated above, in accordance with curvices, and the instrument is functioning properly.	the forgoing preventive maintenance procedures rent regulations of the N.C. Department of Health
STATE OF THE PARTY	A CAROLLAND	643
	Signature of Certifying Officia	l Certificate Number

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 09/09/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

g/210L	Time
Pass .00 .08	10:57am 10:58am 10:59am
.00	11:00am
The state of the s	11:01am
.00	11:02am
.00	11:03am
.00	11:04am
	Pass .00 .08 .00 .00

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1949
Test Date: 09/09/2022 Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:08am 11:08am

Preventive Maintenance Status: Pass

Analyst

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

County	ENDER COUNTY
Instrument Ser	Instrument Location PENDER COUNTY ial No. 008935 DETENTION CENTER
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the <u>OS</u> day of <u>SEPTEMBER</u> , 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.
	110
GUAN VIDE	Signature of Certifying Official Certificate Number

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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 09/08/2022

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

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

Analyst's Name: 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	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:40am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
ATR BLK	-00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 3118
Test Date: 09/08/2022 Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:46am

Preventive Maintenance Status: Pass

Pass

10:46am

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 P	ENDER Instrument Location PENDER	COUNTY_
	Instrument Location PENDER ai No. 008948 GOVERN	MENT ANNEX
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 0,000 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 (breath simulator thermometer shows 34 degrees, plus or minus .2 degree cereath	psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 All whichever occurs first.	n date, or the alcoholic breath coholic Breath Simulator tests
were performed	the <u>08</u> day of <u>SEPTEMBER</u> , 20 <u>22</u> the forgoing previous on the instrument indicated above, in accordance with current regulations of vices, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
		/ J G
OLIAM VECOS	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Certificate (valifice)

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

DHHS 4080 (04/20)

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 09/08/2022

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

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

Analyst's Name: 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	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
ATR BLK	.00	1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY GOVERNMENT ANNEX 700

Test Record Number: 1310 Serial Number: 008948 Test Time: 1:37pm EDT Test Date: 09/08/2022

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time	
ATR	Pass	1:39pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

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	ial No. 008921 Instrument Location Perquirmans (o. S.O.
	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.
ore periorine	a the
O IN STATE OF THE PARTY OF THE	Agent Carolina (Carolina (

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

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 09/13/2022

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:53am 10:54am 10:55am 10:56am 10:56am 10:57am 10:59am 11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1201
Test Date: 09/13/2022 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

Test	Status	Time
PRNT	Pass	11:04am

CRC Tests

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

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 Pees	on Instrument Location Person 6 LEC
Ins	strument Seria	100.008693 120 Count ST ROXBURD, 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.
W	ere performed	the
CREATE	W STATE OF A	OR THE CARD
A.	APRIL 12 1776 SEE QUAM VILEBIA	Simon 8 tokes Janus 642
4		Signature of Certifying Official Certificate Number

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 09/07/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221 Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:07pm
ACCY CHK	.07	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:12pm
AIR BLK	-00	2:13pm

Reported AG: / .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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1939
Test Date: 09/07/2022 Test Time: 2:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:14pm
CAL	Pass	2:14pm

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 Per	Instrument Location Person Co LEC	
]	Instrument Seri	120 Cout ST PexBURD, NC	
S	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 0,000 or higher) to be followed at least once every four months are:	th
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	lic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	h s,
	cic periorineu	the	es th
COFAT	STATE ON SOLUTION OF THE STATE		
	QUAM VICE	Juan 8 tokes Spres 662	
		Signature of Certifying Official Certificate Number	

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 09/07/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
ACCY CH	K .08	2:08pm
AIR BLK	.00	2:09pm
SUB TES	T .00	2:10pm
AIR BLK	.00	2:11pm
SUB TES	T .00	2:12pm
AIR BLK	.00	2:13pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Record Number: 1927

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:14pm 2:14pm
FC	Pass	2:14pm 2:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:15pm 2:15pm

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 Pit Co. Defention Levite.
Instrument Se	ial No. 00 8646 124 New Hope Rd. French
	IK =
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.
THE STATE OF	
SER QUAM VILERIA	1043
	Signature of Certifying Official Certificate Number

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 09/14/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

09/28/2020-09/28/2022

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

Agency: DHHS

Test Type: Breath Test

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

AIR BLK SUB TEST	.00	10:54am
ACCY CHK	.07	10:53am
AIR BLK	.00	10:52am
DIAG	Pass	10:51am
Test	g/210L	Time

AIR BLK .00 10:54am

SUB TEST .00 10:54am

AIR BLK .00 10:55am

SUB TEST .00 10:57am AIR BLK .00 10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 4514
Test Date: 09/14/2022 Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11 • 00 am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

Pass

11:00am

11:00am

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 Pi	Instrument Location P. H Co. Defention Confe
Instrument Seria	al No. 008662 124 New Hope Rd. Green vill
	NS
	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 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 bressimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that on were performed and Human Ser	theday of, 20 the forgoing preventive maintenance procedul on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly.
THE STATE OF THE S	AROUND TO SERVICE OF THE PARTY
TOP QUAM VIDEN	643
	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 09/14/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 1299
Test Date: 09/14/2022 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:14am
Pass Pass	11:14am 11:14am
	Pass Pass

Temperature Tests

FC1 Pass 11:14a	m
SRC Pass 11:14a	
DET Pass 11:14a	m
BAR Pass 11:14a	m
BT Pass 11:14a	

Blank Tests

Test	Status	Time
		W
AIR	Pass	11:15am

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:15am

Preventive Maintenance Status: Pass

Analyst

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

County 1	Instrument Location Ayden	P.D.
Instrument Ser	rial No. 008666 4144 West	Ave, Ayder, 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:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incorporate simulator thermometer shows 34 degrees, plus or minus .2 degrees	ch (psi) of pressure, or the alcoholice centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "I	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	theday of, 20 the forgoing properly. the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly.	reventive maintenance procedures of the N.C. Department of Health
STATE OF THE STATE	O THE CAROLINA	
STE QUAM VIDER		643
	Signature of Certifying Official	Certificate Number

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 09/06/2022

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: AG107501 Exp Date: 03/16/2023

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:12pm 2:12pm
AIR BLK SUB TEST	.00	2:13pm 2:14pm 2:15pm
AIR BLK SUB TEST	.00	2:16pm 2:18pm
AIR BLK	.00	2:19pm

Reported AC:

.00 a/210T

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 09/06/2022 Test Time: 2:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:21pm 2:21pm

Preventive Maintenance Status: Pass

Analyst

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

	County County	Instrument Location Randolph County Magistrate's Office	0
T	The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhang,000 or higher) to be followed at least once every four months are:	ced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the a breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	ilcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
V	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simulative whichever occurs first.	
V	certify that on t vere performed and Human Serv	the day of, 20 the forgoing preventive maintenance pronthe instrument indicated above, in accordance with current regulations of the N.C. Department of the instrument is functioning properly.	ocedures of Health
	THE 12 TOWN	SOLUTION TO SERVICE AND ADDRESS OF THE PARTY	
	SE QUAM VIDER	Signature of Certifying Official Certificate Number	
1		Settification 1 Settification	The LET

RANDOLPH COUNTY MAGISTRATE'S OFFICE 750

Serial Number: 008728 Test Date: 09/07/2022

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: Garner, Joel K Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	10:20am
ACCY CHK	.07	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY MAGISTRATE'S OFFICE 750

Serial Number: 008728 Test Record Number: 443
Test Date: 09/07/2022 Test Time: 10:27am EDT

System Check: Passed

Baseline Tests

FLO Pass 10:27am	t	Status	Time
			10:27am
FC Dagg 10.27am)	Pass ,	10:27am
rc rass 10.2/all		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
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:28am
CAL	Pass	10:28am

Preventive Maintenance Status: Pass

Analyst

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

County Ray	Instrument Location Liberty Police
Instrument Ser	rial No.008830 Department
	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 day of, 20, 20, the forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
THE STATE OF THE S	AD A CONTROL OF THE PROPERTY O
Web trans	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 09/07/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 775
Test Date: 09/07/2022 Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	12:43pm
Pass	12:43pm
Pass	12:43pm
	Pass Pass

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	12:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:43pm 12:44pm

Preventive Maintenance Status: Pass

Analyst

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

County Ran	dolph Instrument Location Randleman Police
Instrument Seria	al No. 008903 Department
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the
STATE OF STA	GENT CAROLINA CAROLIN
QUAM VIDEN	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008903 Test Date: 09/07/2022

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: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

	Test	g/210L	Time
1	DIAG	Pass	11:40am
1	AIR BLK	.00	11:40am
1	ACCY CHK	.07	11:41am
1	AIR BLK	.00	11:42am
1	SUB TEST	.00	11:43am
1	AIR BLK	.00	11:43am
-	SUB TEST	.00	11:45am
1	AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008903 Test Record Number: 3412 Test Date: 09/07/2022 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:47am
Pass	11:47am
Pass	11:47am
	Pass Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

Test	Status	Time
rest	Status	TIME
PRNT	Pass	11:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:48am

CAL Pass 11:48am

Preventive Maintenance Status: Pass

Analyst

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

CountyRich	mond Instrument Location Richmond County	
Instrument Serial	No.008701 Magistratios Office	
	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:	d with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	oholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic l simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	the	
STATE OF ANY 20. 1275 APPEL 12 TYPE APPEL 12 TYPE	Signature of Certifying Official Certificate Number	

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 09/01/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:52am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1317
Test Date: 09/01/2022 Test Time: 9:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	s Time
AIR	Pass	10:00am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

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. OOS 8840 Magistrode's Office 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	County	Rich	mond Instrument Location Richmond County	
serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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	Instrum	ent Serial	No. 008840 Magistrate's Office	
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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	The pre	eventive m umber 10,0	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 000 or higher) to be followed at least once every four months are:	d with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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		(1)		oholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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		(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		(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 day of		(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 day of		(7)	When "PLEASE BLOW" appears, collect breath sample;	
(10) Verify that the ethanol gas canister is being changed before 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 day of		(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(10)	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator	
STATE OF THE STATE	were pe	erformed o	on the instrument indicated above, in accordance with current regulations of the N.C. Department of F	dures Health
The same and the s	THE GREAT SET	STATE ON A DO THE STATE OF A D	ARO	
Signature of Certifying Official Certificate Number	All rit	QUAM VIDES	Signature of Certifying Official Certificate Number	

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 09/01/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:49am
AIR BLK	.00	9:50am
ACCY CHK	.07	9:50am
AIR BLK	.00	9:52am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:55am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2768
Test Date: 09/01/2022 Test Time: 9:57am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:58am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:58am

Printer Tests

Test	Status	Time
PRNT	Pass	9:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:59am

Preventive Maintenance Status: Pass

Pass

9:59am

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	Robeson Instrument Location BATMobile Unit #5 ial No. 008575 Lumbertow
Instrument Seri	ial No. 00 8575 Lumbertow
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 September , 20 22 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.
O ME STATE OF THE	CAROL 4
Vanasas	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Date: 09/09/2022

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: 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	9:20pm
AIR BLK	.00	9:21pm
ACCY CHK	.08	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:26pm
ATR BLK	.00	9:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Record Number: 1382 Test Date: 09/09/2022 Test Time: 9:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:29pm
FLO	Pass	9:29pm
FC	Pass	9:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

Blank Tests

Test	Status	Time	
ATP		9:30pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	9:30pm	

CRC Tests

Test	Status	Time
COMP	Pass	9:30pm
CAL	Pass	9:30pm

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_Rc	No. 008647 Instrument Location BAT Mobile Unit #5 Lumberton
Instrument Serial	No. 008647 Lumberton
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	ne <u>9</u> day of <u>September</u> , 20,22the 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 QUAM VITEDIA	664
	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 09/09/2022

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: Todd, Shane C Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.08	9:15pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Record Number: 2768
Test Date: 09/09/2022 Test Time: 9:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

Test	Status	Time
COMP	Pass	9:23pm
CAT.	Pass	9:23pm

Preventive Maintenance Status: Pass

Analyst

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)

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	the <u>forgoing preventive maintenance procedures</u> to 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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Date: 09/09/2022

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

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

Driver's License Number: NONE

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	9:16pm
AIR BLK	.00	9:17pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Record Number: 2759
Test Date: 09/09/2022 Test Time: 9:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:25pm
FLO	Pass	9:25pm
FC	Pass	9:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:25pm
SRC	Pass	9:25pm
DET	Pass	9:25pm
BAR	Pass	9:25pm
BT	Pass	9:25pm

Blank Tests

Test	Status	Time
ATR	Pass	9:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:26pm
	CRC Tests	

Line
26pm
26pm
•

Preventive Maintenance Status: Pass

Analyst

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

(County Ro	al No. 008636 Instrument Location EOEN POLICE DEPARTMENT	_
I	nstrument Seri	al No. 008636 DEPARTMENT	
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced v 0,000 or higher) to be followed at least once every four months are:	vith
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoh breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	olic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	
N	ere periormec	the day of, 20 the forgoing preventive maintenance procedule on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly.	ıres alth
COFFAR	O WE STATE OF	O BY CAROUND	
	SGP QUAM VIDEN	669	
		Signature of Certifying Official Certificate Number	

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 09/12/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:18pm
ACCY CHK	.08	1:18pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:23pm

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

nalyst

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ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2376
Test Date: 09/12/2022 Test Time: 1:24pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	1:24pm
Pass	1:24pm
Pass	1:24pm
	Pass Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance Status: Pass

Analyst

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

County_Ro	CKINGHAM Instrument Location REIDSVILLE POLICE
Instrument Seri	al No. 008784 DEPARTMENT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of day of september, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE STATE	SARVI CAROLIN
SGE QUAM VIDEN	1 Hamel 669
	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 09/12/2022

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

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ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1376 Test Date: 09/12/2022 Test Time: 3:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:40pm
SRC	Pass	3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
BT	Pass	3:40pm

Blank Tests

Test	Status	Time
AIR	Pass	3:41pm

Printer Tests

		See See
Test	Status	Time
PRNT	Pass	3:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:41pm
CAL	Pass	3:41pm

Preventive Maintenance Status: Pass

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)

C	ounty	STOKES Instrument Location KING POLICE
Ir	strument Seri	INO. 008718 DEPARTMENT
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
W	ere performed	he H day of SEPTEMBER, 20 22 the forgoing preventive maintenance procedur on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healices, and the instrument is functioning properly.
CREATE	STATE ON 20, 100 M	
	TOP QUAM VIDEN	Signature of Certifying Official Certificate Number
		Signature of certifying Official Certificate Number

STOKES COUNTY KING P D 840

Serial Number: 008718 Test Date: 09/14/2022

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

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

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

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

02/01/2022-02/01/2024

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

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

26am
27am
28am
29am
29am
30am
32am
33am

Reported AC: .00 g/210L

Signature of Shamical Analyst

Court CVR

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

Analyst

Department of Health and Human Services Rev. 12/2007

STOKES COUNTY KING P D 840

Serial Number: 008718 Test Record Number: 2227
Test Date: 09/14/2022 Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

Temperature Tests

Test	Status	Time
FC1	Pass	11:34am
SRC	Pass	11:34am
DET	Pass	11:34am
BAR	Pass	11:34am
BT	Pass	11:34am

Blank Tests

Test	Status	Time	
AIR	Pass	11:34am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35am
CAL	Pass	11:35am

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

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	Instrument Location Swan	County Jail
Instrument Se	rial No. <u>006723</u>	Yson City, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II at 10,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before essimulator solution is being changed every four months or after whichever occurs first.	emiration data and 1 1 1 1 1
more periorine	the day of, 20 the forgoing on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
ME STATE OF		
	S C C C C C C C C C C C C C C C C C C C	
* GGE QUAM VITERIX	That	668
	Signature of Certifying Official	Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 09/14/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	6:02pm
AIR BLK	.00	6:02pm
ACCY CHK	.08	6:03pm
AIR BLK	.00	6:04pm
SUB TEST	.00	6:05pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:07pm
AIR BLK	.00	6:08pm

Reported AC: .00 q/210L

al Analyst Signature

Court CVR

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

Department of Health and Human Services

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SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 860 Test Date: 09/14/2022 Test Time: 6:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:08pm
FLO	Pass	6:08pm
FC	Pass	6:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:09pm
SRC	Pass	6:09pm
DET	Pass	6:09pm
BAR	Pass	6:09pm
BT	Pass	6:09pm

Blank Tests

Test	Status	Time
AIR	Pass	6:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:09pm
CAL	Pass	6:09pm

Preventive Maintenance Status: Pass

Analyst

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

County <u>Sw</u>	Instrument Location 5	
Instrument Ser	rial No.008727	Bryson City, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox l 10,000 or higher) to be followed at least once every four mon	EC/IR II and Model Intox EC/IR II (Enhanced with the are:
(1)	Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or	Is per square inch (psi) of pressure, or the alcoholic minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)*	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintena	ance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four months whichever occurs first.	hefore avaination last
certify that on vere performed nd Human Service STATE OF THE STATE OF	the day of, 20t do not the instrument indicated above, in accordance with currices, and the instrument is functioning properly.	he forgoing preventive maintenance procedures ent regulations of the N.C. Department of Health
The same of the sa	Signature of Certifying Official	Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 09/14/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	6:01pm 6:02pm 6:02pm 6:03pm 6:04pm 6:05pm 6:06pm
AIR BLK	.00	6:07pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analys

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1519

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:08pm 6:08pm
FC	Pass	6:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:08pm
SRC	Pass	6:08pm
DET	Pass	6:08pm
BAR	Pass	6:08pm
BT	Pass	6:08pm

Blank Tests

	Time
Pass	6:08pm
	Pass

Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm
	CRC Tests	
Test	Status	Time

COMP 6:09pm Pass CAL Pass 6:09pm

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	Instrument Location Character Tribal Detention
Instrument Ser	rial No.008782 Cherolice, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLFASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A SEE QUAM VIEW	
	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 09/15/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1383 Test Date: 09/15/2022 Test Time: 10:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	10:16am 10:16am
FC	Pass Pass	10:16am
I. C	rass	IU.I/aill

Temperature Tests

Status	Time
Pass	10:17am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:17am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:17am
CAT.	Pass	10.17am

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

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

Signature of Certifying Official

Certificate Number

UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Date: 09/15/2022

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:58pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Record Number: 1655 Test Date: 09/15/2022 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)

•	Instrument Location DAI MODILE UNIT
Instrument Seria	al No. 008869 NCSHP - INDIAN TRAIL
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed and Human Ser	the 23 day of 5EPTEM BEP., 20 22 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	
QUAM VIDES	Signature of Certifying Official Certificate Number

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008869 Test Date: 09/23/2022

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: 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	8:49pm
AIR BLK	.00	8:50pm
ACCY CHK	.08	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008869 Test Record Number: 1403 Test Date: 09/23/2022 Test Time: 8:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:58pm
FLO	Pass	8:58pm
FC	Pass	8:59pm

T'emperature Tests

Test	Status	Time
FC1	Pass	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

Blank Tests

Test	Status	Time
AIR	Pass	8:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:00pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location BATMOBILE UNIT
Instrument Ser	ial No. 008898 NCSHP - INDIAN TRAIL
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Service STATE OF THE STATE	the 23 day of 5F7FMBEQ, 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.
APPLICATION VIDE A	M.C. Hong God Certificate Number Signature of Certifying Official Certificate Number

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008898 Test Date: 09/23/2022

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: 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	8:45pm
AIR BLK	.00	8:46pm
ACCY CHK	.08	8:47pm
AIR BLK	.00	8:47pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:51pm
AIR BLK	.00	8:52pm

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

Analyst

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008898 Test Record Number: 1431 Test Date: 09/23/2022 Test Time: 8:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:56pm

Printer Tests

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

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	INION Instrument Location BAT MOBILE YNIT 1
Instrument Ser	ial No. 008939 NCSHP - INDIAN TRAIL
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.
and the second second second second second	the 23 day of SEPTEMBER, 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 STE QUAM VIDER	m.c. the 676.
	Signature of Certifying Official Certificate Number

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008939 Test Date: 09/23/2022

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: 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	8:51pm
AIR BLK	.00	8:52pm
ACCY CHK	.07	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008939 Test Record Number: 1345 Test Date: 09/23/2022 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	9:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:02pm

Preventive Maintenance Status: Pass

Pass

CAL

9:02pm

9:02pm

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	'AKe	Instrument I	ocationWake Co	Defention (An
Instrument Se	rial No. <u>00</u> 8577		3301 HAM	ummo Ro	RALigh
The preventive serial number	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, I at least once e	Model Intox EC/IR II a very four months are:	nd Model Intox EC/IR	II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermome	ster displays at ter shows 34 de	least 51 pounds per squagrees, plus or minus .2 c	are inch (psi) of pressur degree centigrade;	re, or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	2;			
(4)	Enter information as promp	ited;			
(5)	Verify instrument accuracy	,			
(6)	When "PLEASE BLOW" a	ppears, collect l	oreath sample;		
(7)	When "PLEASE BLOW" a	ppears, collect l	oreath sample;		
(8)	Print test record;				
(9)	Run diagnostic program and	d confirm preve	ntive maintenance statu	s of "Pass"; and	
(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.	as canister is b g changed ever	peing changed before e y four months or after	expiration date, or the 125 Alcoholic Breath	alcoholic breath h Simulator tests,
were performe	n the day of	bove, in accord	ance with current regul	ing preventive mainte ations of the N.C. Dep	nance procedures artment of Health
AND GRAM VIEW	TORM CAROUNT	Akes	Sames	66:	7.
	5	Signature of Cer	tifying Official	Certificat	te Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 09/06/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:31am
AIR BLK	.00	11:33am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
ATR BLK	0.0	11.36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 09/06/2022 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

Temperature Tests

Status	Time
Pass	11:37am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	11:38am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:38am

CAL Pass 11:38am

Preventive Maintenance Status: Pass

Analyst

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

County Wa	Ke Instrument Location BAT Mobile Vn:74
Instrument Seri	Instrument Location BAT Mobile VN:74 NC SUP CS
	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 23 day of September, 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.
SANTON NO.	660
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008601 Test Date: 09/23/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.08	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008601 Test Record Number: 1467 Test Date: 09/23/2022 Test Time: 10:04pm 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	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)

(County WAR	morrament Eocation 122 187. 1	Southwest Dist
I	nstrument Seri	al No. 008612 601 HUTTO	NST RALEIGH, NE
T s	The preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic 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	"Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I w	certify that on vere performed and Human Ser	the day of, 2022_ the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures ns of the N.C. Department of Health
COFAT	STATE OF	OR THE CAROLINE TO THE CAROLIN	
	OVER QUAN VILEN	Signature of Certifying Official	662
		orgnature of Certifying Official	Certificate Number

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612 Test Date: 09/02/2022

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, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:38am
AIR BLK	.00	8:39am
ACCY CHK	.07	8:40am
AIR BLK	.00	8:41am
SUB TEST	.00	8:41am
AIR BLK	.00	8:42am
SUB TEST	.00	8:44am
AIR BLK	.00	8:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612 Test Record Number: 5119
Test Date: 09/02/2022 Test Time: 8:45am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Dagg	8 • 16 am

Printer Tests

Ţ	Test	Status	Time
	PRNT	Pass	8:46am
	CF	C Tests	
r	Test	Status	Time
(COMP	Pass	8:46am
(CAL	Pass	8:46am

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)

	y Wak	No. 008615 Instrument Location BAT Mobile Unit 4 No. 008615 NC 5HP CB
The proserial	reventive n number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were p	erformed of	ne 3 day of September, 2022 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthces, and the instrument is functioning properly.
STATE OF THE STATE	STATE ON THE PROPERTY OF THE P	660
	O. Marie	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615 Test Date: 09/03/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:35pm
AIR BLK	.00	9:36pm
ACCY CHK	.07	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm

Reported AC: .00 g/210L

Ignature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615 Test Record Number: 5778
Test Date: 09/03/2022 Test Time: 9:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

Blank Tests

Test S	tatus Time	Time	
AIR P	ass 9:47p	m	

Printer Tests

		MARKET AND THE STATE OF THE STATE OF
Test	Status	Time
PRNT	Pass	9:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:47pm

Preventive Maintenance Status: Pass

Pass

9:47pm

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)

	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 23 day of September . 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.

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615 Test Date: 09/23/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.08	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615 Test Record Number: 5787
Test Date: 09/23/2022 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Status	Time
Pass	10:05pm
	Pass Pass Pass Pass

Blank Tests

Status	Time
Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:06pm

10:06pm

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)

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be	County WAL	Instrument Location WAKE FOREST PD
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced serial number 10,000 or higher) to be followed at least once every four months are: (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 being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of	Instrument Seria	UNO. 008700 225 S. Taylor St.
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 brimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the		
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of	serial number 1	0,000 or higher) to be followed at least once every four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of accordance with current regulations of the N.C. Department of I and Human Services, and the instrument is functioning properly.	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the 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 be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of	(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 be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of day of, 20 the forgoing preventive maintenance process 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.	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of and	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of I 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.
STATE OF CAROLINA STATE OF CAR	were performe	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
	STATE OF STA	Maria Cara Cara Cara Cara Cara Cara Cara
Signature of Certifying Official Certificate Number	TARIL 12 VITA	671

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

DHHS 4080 (04/20)

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 09/06/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	. 2:04pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 2098

Test Date: 09/06/2022 Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

Printer Tests

Test Status Time

PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:09pm

Preventive Maintenance Status: Pass

CAL

Pass 2:09pm

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

Analyst

Rev. 12/2007

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

Instrument Seri	Instrument Location BAT Mobile Prial No. DOS 736 NCSHP CZ	
The preventive serial number 1	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model In 10,000 or higher) to be followed at least once every four months are:	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centi	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass";	; and
(10)	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alco whichever occurs first.	date, or the alcoholic breath holic Breath Simulator tests
I certify that on were performed and Human Ser	on the 3 day of Softember, 2022 the forgoing prevented on the instrument indicated above, in accordance with current regulations of the dervices, and the instrument is functioning properly.	ntive maintenance procedures the N.C. Department of Health
		660
OF CHIM VED	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008736 Test Date: 09/23/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:00pm
AIR BLK	-00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008736 Test Record Number: 1110 Test Date: 09/23/2022 Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:08pm

Temperature Tests

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

Blank Tests

Status	Time
Pass	10:08pm

Printer Tests

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

Preventive Maintenance Status: Pass

CAL

Pass

10:08pm

Analyst

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

County W	AKE Instrument Location WAKE to Defend in CTE
Instrument Ser	al No.008760 3301 144aumors 20 Ralegh, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
STATE OF THE STATE	Smm Alker Brown 642
	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 09/02/2022

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, Simon S Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test g/210L T:	ime
DIAG Pass 9	:46am
AIR BLK .00 9	:46am
ACCY CHK .07 9	:47am
AIR BLK .00 9	:48am
SUB TEST .00 9	:49am
AIR BLK .00 9	:50am
SUB TEST .00 9	:52am
AIR BLK .00 9	:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 5254 Test Date: 09/02/2022 Test Time: 9:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:54am 9:54am
FC	Pass	9:54am

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

Blank Tests

Test	Status	Time
AIR	Pass	9:54am

Printer Tests

Test	Status	Time
PRNT	Pass	9:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:55am 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)

	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model I 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 (per breath simulator thermometer shows 34 degrees, plus or minus .2 degree cent	si) of pressure, or the alcoholic igrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and
(10	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
ware norf	t on the	entive maintenance procedures f the N.C. Department of Health
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WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 09/02/2022

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, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:45am
AIR BLK	.00	9:45am
ACCY CHK	.07	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:48am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am

Reported AC:

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 7043
Test Date: 09/02/2022 Test Time: 9:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:52am
FLO	Pass	9:52am
FC	Pass	9:53am

Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

Blank Tests

AIR	Pass	9:53am

Printer Tests

Test	Status	Time
PRNT	Pass	9:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

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 wit
	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 3 day of September, 2022 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE ON	
The Committee	6600

WAKE COUNTY BAT MOBILE INIT 4 910

Serial Number: 008816 Test Date: 09 03 2022

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

Amalyst's Name: Smith, Jason R Permit Number: 2024-7428 Effective: 22 21 2027-22 21 2024

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DASS Test Type: Sreath Test

> Lot Number: A3107501 Exp Date: 03/16/2023

Test	3 2107	Time
DIAG	Fass	10:13pm
AIR BLK	-00	10:140m
ACCE CEX	. 53	10:1400
AIR BLK	-00	10:15pm
STE TEST	-00	10:16pm
AIR BLK	.00	10:170
STE 1357	_DD	10:18pm
ALE ELK	-00	10:19pm

Reported AD- QD-graids

Sygnature of Chemical Analyst

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WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008816 Test Record Number: 7573 Test Date: 09/03/2022 Test Time: 10:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:21pm
CAL	Pass	10:21pm

Preventive Maintenance Status: Pass

Analyst

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

County No.	ial No. 098816 Instrument Location BAT Mobile Unit 4 NCSHP 3
	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 23 day of Schember, 2022 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF THE PARTY	660
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008816 Test Date: 09/23/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008816 Test Record Number: 7578
Test Date: 09/23/2022 Test Time: 10:04pm EDT

System Check: Passed

Baseline Tests

Test	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

Status	Time	
Pass	10:05pm	

Printer Tests

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

County	ial No. 008929 Instrument Location BAT Mobile Unit 4 NC SHP C3
mstunett ser	
	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 test whichever occurs first.
were performe	the 3 day of September, 2022 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.
The Case Valle	660
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Date: 09/03/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	-00	9:35pm
ACCY CHK	.08	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	-00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	-00	9:40pm
AIR BLK	-00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Record Number: 1234
Test Date: 09/03/2022 Test Time: 9:44pm EDT

System Check: Passed

Baseline Tests

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

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
AIR	Pass	9:45pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	Instrument Location BAT Mobile Unity al No. 008929 NCSHP C3
	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 23 day of September, 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.
	0230 660
Ow Val	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Date: 09/23/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Record Number: 1240 Test Date: 09/23/2022 Test Time: 10:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	10:04pm	
FLO	Pass	10:05pm	
FC	Pass	10:05pm	

Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

Blank Tests

Test	Status	Time	
AIR	Pass	10:06pm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:06pm
CAL	Pass	10:06pm

Preventive Maintenance Status: Pass

Analyst

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

The preve	ntive m ber 10,	nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 200 or higher) to be followed at least once every four months are:
(1)		Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(3)		Verify instrument displays time and date;
(3)		Initiate breath test sequence;
(4)		Enter information as prompted;
(5)		Verify instrument accuracy;
(0)	ġ.d	When "PLEASE BLOW" appears, collect breath sample;
(7)		When "PLEASE BLOW" appears, collect breath sample;
(8)		Print test record;
(0)		Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10	Ŋ	Verify that the ethanol gas canister is being changed before 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 the	it on th	e 4 day of SAROVAN , 2022 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ses, and the instrument is functioning properly.

WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008584 Test Date: 09/04/2022

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

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

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

Test	g/210L	Time
DIAG	Pass	1:57pm
AIR BLK	.00	1:58pm
ACCY CHK	.07	1:59pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008584 Test Record Number: 2519
Test Date: 09/04/2022 Test Time: 2:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
BT	Pass	2:05pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:06pm	

Printer Tests

rest	Status	TIME
PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:06pm
CAT.	Pass	2:06pm

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)

nstrument Seria	11 No. 00 8793 128 RAFTERS CAME	
	No. 60 8793 128 RAFTERS CAME WARREN for, NC	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
were performed	the 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.	
THE CHEAT	CAROUNT CAROUN	
GUAM VIDE	2 All Der Maly	

DHHS 4080 (04/20)

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 09/07/2022

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: Bryant Jr., Earl A
Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

	7	
Test	g/210L	Time
1000	9/2101	1 1111

DIAG	Pass	1:08pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1936
Test Date: 09/07/2022 Test Time: 1:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	1:16pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seria	Instrument Location SAT MODIF UNT 6 INO. OUPSTO LISON
The preventive is serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0.000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the Ol day of Samual, 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.
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WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580 Test Date: 09/01/2022

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

Subject's Date of Birth: 11/11/191
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	10:00pm
AIR BLK	.00	10:01pm
ACCY CHK	.07	10:02pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580 Test Record Number: 2780 Test Date: 09/01/2022 Test Time: 10:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Status	Time 10:09pm
Pass	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Count	y (0)	Instrument Location U. Son 6	Detention Con
Instru	ment Seria	No. 008627 100E. Green	St, Wilson N
The preservation	reventive n number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cent	si) of pressure, or the alcoholic igrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"	; and
	(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	date, or the alcoholic breath sholic Breath Simulator tests,
were pe	that on the erformed oman Service	att of 1	ntive maintenance procedures ne N.C. Department of Health
THE GREAT STATE	STATE O'NO	CAROLOGIAN PROPERTY.	
155 A. S.	QUAM VILLEN		643
		Signature of Certifying Official	Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 09/08/2022

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 3098
Test Date: 09/08/2022 Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:08pm

Temperature Tests

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

Blank Tests

		Time	
AIR	Pass	12:08pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:09pm 12:09pm

Preventive Maintenance Status: Pass

Analyst