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

County	ANSON Instrument Location ANSON Co.  al No. 008597  WADESBOY	SHERIFF'S OFFICE
Instrument Seria	al No. 008597 WADESBOY	20, N.C.
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model, 0,000 or higher) to be followed at least once every four months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incl breath simulator thermometer shows 34 degrees, plus or minus .2 degree	n (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 "P	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on were performed and Human Serv	the	eventive maintenance procedures of the N.C. Department of Health
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OR QUAM VIDER		1001
	Signature of Certifying Official	Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Date: 04/05/2021

Citation Number: M0000000-0
Subject's Name:

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:48am
ACCY CHK	.07	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Record Number: 1786
Test Date: 04/05/2021 Test Time: 11:56am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:57am

## Temperature Tests

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

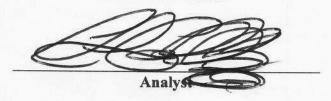
## Blank Tests

Test	Status	Time
AIR	Pass	11:57am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance Status: Pass



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

	Instrument Ser	ANSON Instrument Location ANSON Co. SHEPIFS OFFICE ial No. 008739 WADESBORO, N.C.
	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced $0,000$ or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
4	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed	the day of day of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
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	WEIST ST. 18 ST.	10101

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Date: 04/05/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	11:49am
AIR BLK	.00	11:50am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 638
Test Date: 04/05/2021 Test Time: 11:58am EDT

System Check: Passed

## Baseline Tests

11:58am 11:58am 11:58am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

## Blank Tests

Test	Status	Time
AIR	Pass	11:59am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:59am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:59am 11:59am

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	RUNGWICK Instrument Location BRUNGWICK COUNTY
Instrument Seria	RUNGWICK Instrument Location BRUNGWICK COUNTY  INO. 008585  DETENTION CENTER
The preventive r	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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the <u>APRIL</u> , 20 <u>ZI</u> 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 PROPERTY OF THE P	alu Ra Bons 648
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 04/20/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Barnes, Alvin R

Permit Number: 0014-6279

Effective:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 4584
Test Date: 04/20/2021 Test Time: 1:36pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance Status: Pass

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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 BRI	INSWICK	Instrument Location	BRUNSWIC	K COUNTY
Instrument Serial	NO. 008602		DETENTION	CENTER
	naintenance procedures for th 000 or higher) to be followed			tox EC/IR II (Enhanced with
(1)			pounds per square inch (psi lus or minus .2 degree centig	of pressure, or the alcoholic grade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	oted;		
(5)	Verify instrument accuracy	<i>r</i> ;		
(6)	When "PLEASE BLOW"	appears, collect breath s	ample;	
(7)	When "PLEASE BLOW"	appears, collect breath s	ample;	/4
(8)	Print test record;			
(9)	Run diagnostic program an	nd confirm preventive n	naintenance status of "Pass";	and
(10)				ate, or the alcoholic breath solic Breath Simulator tests,
I certify that on t were performed and Human Serv	the <u>A</u> day of <u>A</u> P on the instrument indicated a cices, and the instrument is fur	above, in accordance waterioning properly.	the forgoing prevent the current regulations of the	ive maintenance procedures e N.C. Department of Health
S SAME ON	CARO			
THE QUAN VECON	alm	R, B-	<b>→</b>	648
		Signature of Certifying	Official	Certificate Number

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

DHHS 4080 (04/20)

## BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 04/20/2021

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: Barnes, Alvin R
Permit Number: 0014-6279
Effective:
10/09/2020-10/09/2022

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:33pm 1:34pm 1:35pm 1:36pm 1:37pm 1:37pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

## BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602

Test Record Number: 4930

Test Date: 04/20/2021

Test Time: 1:40pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time	
AIR	Pass	1:41pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	1:42pm	
CAL	Pass	1:42pm	

Preventive Maintenance Status: Pass

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

County	interest Instrument Location Carteret County
Instrument Seri	al No. 008605 Instrument Location Carteret County  Detention Center
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 2/day of 4011, 202/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 Conflying Official Certificate Number
	Digitation of Countries

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

DHHS 4080 (04/20)

## CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Date: 04/21/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time

DIAG	Pass	6:06pm
AIR BLK	.00	6:06pm
ACCY CHK	.08	6:07pm
AIR BLK	.00	6:08pm
SUB TEST	.00	6:09pm
AIR BLK	.00	6:09pm
SUB TEST	.00	6:11pm
ATD ALK	00	6:12pm

Reported AC/

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Record Number: 4038 Test Date: 04/21/2021 Test Time: 6:12pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
BT	Pass	6:13pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	6:14pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:14pm
CAL	Pass	6:14pm

Preventive Maintenance Status: Pass

Analys

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

County Co	arteret Instrument Location Carteret County
Instrument Ser	ial No. 008882 Instrument Location Carteret Country  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.
	the 216± day of April ,2021 the forgoing preventive maintenance procedures I on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE PARTY	670
	Signature of Certifying Official Certificate Number

## CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Date: 04/21/2021

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	6:04pm
AIR BLK	.00	6:04pm
ACCY CHK	.08	6:05pm
AIR BLK	.00	6:06pm
SUB TEST	.00	6:07pm
AIR BLK	.00	6:08pm
SUB TEST	100	8:10pm
AIR BLK	.00	6:10pm
	1 1	/ /

Reported AC///g/ g/2101

Signature of Chemical Analyst

Court CVR

Analyst

## CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Record Number: 2113 Test Date: 04/21/2021 Test Time: 6:11pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:12pm
FLO	Pass	6:12pm
FC	Pass	6:12pm

## Temperature Tests

Status	Time
Pass	6:12pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	6:12pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:12pm

## CRC Tests

Test	Status	Time
COMP	Pass	6:13pm
CAT	Pass	6:13pm

Preventive Maintenance

Status Pass

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	howan Instrument Location Chowa	V Co. Public SafeT
Instrument So		305 Freemasons
	Ed	enton 11.0
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squar breath simulator thermometer shows 34 degrees, plus or minus .2 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status 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.	
I certify that on were performed and Human Ser	theday of, 20the forgoing don the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	g preventive maintenance procedures ons of the N.C. Department of Health
THE STATE OF MAN 20. ITES		
	CAR	
- QUAM VILL	TindA. Keerl	647
	Signature of Certifying Official	Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 04/20/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Keesler, Linda A Permit Number: 0045-5468

Effective: 09/16/2020-09/16/2022

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

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1032 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:11pm 12:11pm
FC	Pass	12:11pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

## Printer Tests

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

Preventive Maintenance Status: Pass

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

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

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Date: 04/08/2021

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG807101 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.08	10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Record Number: 692 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
FC	Pass	10:29pm

## Temperature Tests

Status	Time
Pass	10:29pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:30pm 10:30pm

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number 1	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 17 day of April , 2021 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.

## CRAVEN COUNTY BAT MOBILE 12 240

Serial Number: 008698 Test Record Number: 1673
Test Date: 04/17/2021 Test Time: 10:49pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:51pm

## Printer Tests

Togt Ctatus Time

rest	Status	TIME
PRNT	Pass	10:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:51pm

Preventive Maintenance Status: Pass

Pass

10:51pm

CAL

Mark

Analyst

CRAVEN COUNTY BAT MOBILE 12 240

Serial Number: 008698 Test Date: 04/17/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	10:38pm
AIR BLK	.00	10:39pm
ACCY CHK	.08	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:45pm
AIR BLK	.00	10:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Mar

# 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.	rial No. 008788  New Bacn
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 17 day of April , 2021 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.
S WE STATE OF THE	
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008788 Test Date: 04/17/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	10:40pm
AIR BLK	.00	10:41pm
ACCY CHK	.08	10:42pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:44pm
SUB TEST	.00	10:47pm
AIR BLK	.00	10:48pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Malyst

## CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008788 Test Record Number: 1663
Test Date: 04/17/2021 Test Time: 10:52pm EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:54pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:54pm 10:54pm

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)

	ounty	Instrument Location FT. BRAGG-LEC.
		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		the day of day o
205.42	S THE STATE OF THE	Sall CARD
	The state of the s	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Date: 04/08/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective:

09/28/2020-09/28/2022

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

Test Type: Breath Test

Lot Number: AG016803 Exp Date: 06/16/2022

Test	g/210L	Time
DIAG	Pass	3:30pm
AIR BLK	.00	3:30pm
ACCY CHK	.07	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

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

Court CVR

Analyst

## CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Record Number: 29
Test Date: 04/08/2021 Test Time: 3:39pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
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	3:40pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:40pm

Preventive Maintenance Status: Pass

Pass

3:40pm

CAL



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

	The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 0,000 or higher) to be followed at least once every four months are:	del Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square included breath simulator thermometer shows 34 degrees, plus or minus .2 degree	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "P	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.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
V	were performed	the day of day o	reventive maintenance procedures of the N.C. Department of Health
d	STATE OF STA	OR THE RESERVE TO THE	
THE PERSON NAMED IN			
	SOP QUAM VIDEN		//7
		Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Date: 04/08/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG009803 Exp Date: 04/07/2022

Test	g/210L	Time
DIAG	Pass	3:28pm
AIR BLK	.00	3:29pm
ACCY CHK	.07	3:30pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

Analyst

Court CVR



## CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Record Number: 29 Test Date: 04/08/2021 Test Time: 3:39pm EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

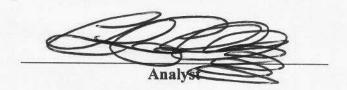
## Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

## Printer Tests

Status	Time
Pass	3:40pm
CRC Tests	
Status	Time
Pass Pass	3:40pm 3:40pm
	Pass CRC Tests Status Pass

Preventive Maintenance Status: Pass



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

County_(/	vrituck Instrument Location Currituck (0.5.0.
Instrument Ser	ial No. 008947 407-A Maple Rd., Maple, L
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 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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that or were performe and Human Se	the day of, 20 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal revices, and the instrument is functioning properly.
STATE OF STA	ACOUNT OF THE PARTY OF THE PART
GOS GRAW MOSES	Key () 643
	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 04/06/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:37am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

`Analyst

#### CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 2820 Test Date: 04/06/2021 Test Time: 11:40am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:40am
Pass	11:40am
Pass	11:40am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:41am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance Status: Pass

Analyst

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

County	918	Instrument Location Dave	6. Detention Cente
Instrument Ser	rial No. 008783	1044 P	riftwood Dr. Mante
			. Ρ
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed	Intoximeters, Model Intox EC/IR at least once every four months are	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer	ter displays at least 51 pounds per ser shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic .2 degree centigrade;
(2)	Verify instrument displays to	ime and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompt	ed;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" ap	ppears, collect breath sample;	
(7)	When "PLEASE BLOW" ap	opears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and	confirm preventive maintenance s	tatus of "Pass"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before changed every four months or a	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Se		ove, in accordance with current re	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
STATE OF THE STATE	A CAROUNU		
AFRIL 12 1776	Ted		643
	S	ignature of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 04/19/2021

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11.35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 994
Test Date: 04/19/2021 Test Time: 11:36am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Status	Time
Pass	11:37am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:37am

CAL Pass 11:37am

Preventive Maintenance Status: Pass

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	912 Instrument Location Dave Co. Defention Center
Instrument Seri	ial No. 00 8804 1044 Driftwood Dr. Manta
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performed and Human Ser	the day of April , 20 21 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF STA	CAL 2
CCIAM VIDE	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/19/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2499
Test Date: 04/19/2021 Test Time: 11:22am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

AIR Pass 11:23am	Test	Status	Time
	AIR	Pass	11:23am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	PARE Instrument Location Kill De	il Hills P.D.
Instrument Se	erial No. 008844 102 Town	or. Kill Devil H
		N.C.
The preventiv serial number	re 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 inc. breath simulator thermometer shows 34 degrees, plus or minus .2 degree	h (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ass": and
(10)	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 A whichever occurs first.	
were performed	the	eventive maintenance procedures of the N.C. Department of Health
STATE OF OWNER TO THE STATE OWNER TO THE STATE OF OWNER TO THE STATE OWNER TO THE STATE OF OWNER TO THE STATE OF OWNER TO THE STATE OWNER TO THE STATE OF OWNER TO THE STATE OWNER TO THE STATE OF OWNER TO THE STATE OF OWNER TO THE STATE OWNER TO THE STATE OF OWNER TO THE STATE OWNER TO THE STATE OWNER TO THE STATE OF OWNER TO THE STATE	SAROLL SA	
WANT TO	Signature of Certifying Official	64/
	Signature of Certifying Official	Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 04/15/2021

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: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

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

Test	g/210L	Time
DIAG	Pass	12:52pm
AIR BLK	.00	12:52pm
ACCY CHK	.07	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finds Musse
Analyst

## DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2520 Test Date: 04/15/2021 Test Time: 12:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:59pm
FLO	Pass	12:59pm
FC	Pass	12:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
BT	Pass	12:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County DA	UIDSON Instrument Location THOMASVILLE POLICE
Instrument Ser	rial No. 00 8683 DEPARTMENT
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
THE STATE OF THE S	
The state of the s	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008683 Test Date: 04/05/2021

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:24pm
AIR BLK	.00	2:25pm
ACCY CHK	.08	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008683 Test Record Number: 939 Test Date: 04/05/2021 Test Time: 2:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance Status: Pass

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 D	
Instrument Ser	Tial No. 008883 DEPARTMENT
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
vere performed	the
THE STATE OF THE S	CAROLLI CONTROLLI CONTROLL
The state of the s	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 04/14/2021

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:47am
ACCY CHK	.08	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

ignature of

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2293 Test Date: 04/14/2021 Test Time: 10:53am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	

Status	Time
Pass	10:55am
Pass	10:55am
	Pass

Preventive Maintenance Status: Pass

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

County DA	VIDSON Instrument Location DAVIDSON COUNTY JAIL
Instrument Ser	ial No. 008896 LEXINGTON, NE
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
STATE OF CHANGE OF THE STATE OF	1669 1669
	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008896 Test Date: 04/14/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Oligmueller Jr., Leo A

Permit Number: 0035-3799

Effective:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG933901 Exp Date: 12/05/2021

Test q/210L Time

	•	
DIAG	Pass	4:53pm
AIR BLK	.00	4:54pm
ACCY CHK	.07	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
ATD BIK	0.0	4 · 57pm

AIR BLK .00 4:57pm SUB TEST .00 4:59pm

AIR BLK .00 5:00pm

Reported AC: .00 g/210L

Is Memules

Court CVR

Analyst Analyst

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008896 Test Record Number: 1429 Test Date: 04/14/2021 Test Time: 5:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:01pm
FLO	Pass	5:01pm
FC	Pass	5:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:01pm
SRC	Pass	5:01pm
DET	Pass	5:01pm
BAR	Pass	5:01pm
BT	Pass	5:01pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	5:02pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:02pm
	CRC Tests	

Status	Time
Pass	5:02pm
Pass	5:02pm
	Pass

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_D	Instrument Location Dyplin County  Detertion Conter
Instrument Seria	No. 008864 Detention Conter
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t were performed and Human Serv	the 1945 day of April , 2021 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.
STAR	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)

#### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Date: 04/19/2021

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:39am
AIR BLK	.00	8:40am
ACCY CHK	.08	8:40am
AIR BLK	.00	8:41am
SUB TEST	.00	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	18:44am
AIR BIK	00 /	8:45am

Reported Ag: 1/00 g/210L

Signature of Chamical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 4096 Test Date: 04/19/2021 Test Time: 8:46am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	8:46am
Pass	8:46am
Pass	8:46am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:46am
SRC	Pass	8:46am
DET	Pass	8:46am
BAR	Pass	8:46am
BT	Pass	8:46am

#### Blank Tests

Test	Status Time	
AIR	Pass	8:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:47am
	CRC Tests	

Status	Time
Pass	8:47am
Pass	8:47am
	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	Gaston Instrument Location BAT MOBILE 2
Instrument Seria	1 No. 008970 Castonia
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 <u>23</u> day of <u>April</u> , 20 <u>21</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.
SAM	
CON III	Signature of Certifying Official Certificate Number

GASTON BAT MOBILE UNIT 2 350

Serial Number: 008970 Test Date: 04/23/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barrier II, Dennis J Permit Number: 0014-7953

ermit Number: 0014-7953 Effective:

09/21/2020-09/21/2022

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.08	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON BAT MOBILE UNIT 2 350

Serial Number: 008970 Test Record Number: 802 Test Date: 04/23/2021 Test Time: 8:33pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	8:33pm
Pass	8:33pm
Pass	8:34pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	
Test	Status	Time

	Deacab	111116
COMP	Pass	8:34pm
CAL	Pass	8:34pm

Preventive Maintenance Status: Pass

Analyst

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

		Instrument Location Creedmoor PD
Ins	trument Ser	ial No. 008641
-		Creedmour, NC
The	e preventive ial 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,
were	performed	the 20 day of 4, 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 GREAT SER	S THE STATE OF A	AROUND TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
300	SUP QUAM VIDENT	EAB H
		Signature of Certifying Official Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 04/20/2021

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:04pm
AIR BLK	.00	2:05pm
ACCY CHK	.07	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:10pm

Reported AG: .00 g/210L

of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 1370 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:11pm
FLO	Pass	2:11pm
FC	Pass	2:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:12pm

Preventive Maintenance Status: Pass

Pass

2:12pm

CAL

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

County.	GRAI	nuille Instrument Location GRANUILLE Co. LEC
Instrume	ent Serial l	No. 008923 525 New Commence DR Ox ford, NC 27565
The prev serial nu	ventive ma mber 10,0	nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(	1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(	2)	Verify instrument displays time and date;
(	(3)	Initiate breath test sequence;
(	4)	Enter information as prompted;
(	5)	Verify instrument accuracy;
(	6)	When "PLEASE BLOW" appears, collect breath sample;
(	7)	When "PLEASE BLOW" appears, collect breath sample;
(	8)	Print test record;
(	9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(	10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were per	rormed of	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health es, and the instrument is functioning properly.
St. CREAT S.C.	Tale of A	
100	WAM VILL	Signature of Certifying Official Certificate Number
		Signature of Certifying Official Certificate Number

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923 Test Date: 04/20/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

09/15/2020-09/15/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:49pm
AIR BLK	.00	12:50pm
ACCY CHK	.07	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12.56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923 Test Record Number: 2581 Test Date: 04/20/2021 Test Time: 12:57pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Greene Co. 5.0.  erial No. 008670 301 W. Breene 57, 5000 1
·	N.C
The preventive serial number	we 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,
I certify that on were performed and Human Ser	the
AN SOLUTION OF THE PROPERTY OF	A CAROLINA C
QUAM VICEN	FINDA- Keese 647
	Signature of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 04/16/2021

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG919901 Exp Date: 07/18/2021

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	12:19pm 12:19pm 12:20pm 12:21pm 12:22pm 12:22pm 12:24pm 12:25pm
	(A) 4797-3607	22bu

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2077
Test Date: 04/16/2021 Test Time: 12:25pm EDT Test Record Number: 2077

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:26pm 12:26pm
FC	Pass	12:26pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
BT	Pass	12:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27pm 12:27pm

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	SUILFORD Instrument Location GREEN	SBORD JAIL
Instrument Ser	rial No.008638  Instrument Location GREEN  GREEN	ISBORD, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 12 whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
were performed	the	preventive maintenance procedures ons of the N.C. Department of Health
A THE STATE OF THE	A A A A A A A A A A A A A A A A A A A	
QUAM VILL	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 04/09/2021

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

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

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

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

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

g/210L	Time
Pass	1:40pm
.00	1:41pm
.08	1:42pm
.00	1:42pm
.00	1:43pm
.00	1:44pm
.00	1:47pm
.00	1:48pm
	Pass .00 .08 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4850 Test Date: 04/09/2021 Test Time: 1:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:49pm
FLO	Pass	1:49pm
FC	Pass	1:49pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
BT	Pass	1:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm

#### CRC Tests

rest	Status	Time
COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wiserial 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 alcoholobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	County	SUILFORD Instrument Location GREENSBORO JAIL
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	Instrument Seri	al No. 008790 EREFNSBORO, NC
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the Aday of APRICA, 20 21 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	(1)	Verify the ethanol gas canister displays at 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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(5)	Verify instrument accuracy;
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
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 THE STATE	South CARO
	QUAN VO	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 04/09/2021

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:04pm
AIR BLK	.00	2:05pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 7207 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	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

rest	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

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	SULLIFORD Instrument Location GREENSBORD JAIL
Instrument Se	rial No. 008794 GREENSBORD, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
THE STATE OF THE S	
QUAM VIDE	Signature of Certifying Official Certificate Number
	Certificate Number
A signed origin	al of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 04/09/2021

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK	.00	1:49pm
ACCY CHK	.07	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 7223
Test Date: 04/09/2021 Test Time: 1:59pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:59pm 1:59pm
FC	Pass	1:59pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance Status: Pass

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

County OV	Instrument Location SAT Mobile Vnit I  al No. 008869  Con 1 Park Co 50
Instrument Seria	11 No. 008869 Co. 1Port Co SO
	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
STATE OF THE STATE	660
	Signature of Certifying Official Certificate Number



## GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008869 Test Date: 04/15/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/29/2020-09/29/2022

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

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

Test	g/210L	Time
DIAG	Pass	10:28pm
AIR BLK	.00	10:29pm
ACCY CHK	- 07	10:29pm
AIR BLK	- 00	10:30pm
SUB TEST	-00	10:32pm
AIR BLK	.00	10:32pm
SUB TEST	-00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008869 Test Record Number: 1129
Test Date: 04/15/2021 Test Time: 10:36pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:36pm
BT	Pass	10:36pm

#### Blank Tests

Status	Time
Pass	10:37pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:37pm
CAL	Pass	10:37pm

Preventive Maintenance Status: Pass

Analyst



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

	County (ouil	instrument Location BAT Mobile Viit 1  So. 208898  Coilford Co So
	Instrument Serial	6.11 Ford Co So
		intenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 00 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
h	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
		day of
	STATE	660
N.	QUAN VED	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008898 Test Date: 04/15/2021

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

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:
09/29/2020-09/29/2022

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

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

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

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008898 Test Record Number: 1118
Test Date: 04/15/2021 Test Time: 10:39pm EDT

System Check: Passed

## Baseline Tests

Status	Time
Pass	10:40pm
Pass	10:40pm
Pass	10:40pm
	Pass

## Temperature Tests

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

#### Blank Tests

Status	Time
Pass	10:40pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:41pm

Preventive Maintenance Status: Pass

Pass

10:41pm

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)

rify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic eath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; rify instrument displays time and date; tiate breath test sequence; ter information as prompted;
tiate breath test sequence; ter information as prompted;
ter information as prompted;
rify instrument accuracy;
nen "PLEASE BLOW" appears, collect breath sample;
nen "PLEASE BLOW" appears, collect breath sample;
nt test record;
n diagnostic program and confirm preventive maintenance status of "Pass"; and
rify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath nulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ichever occurs first.
day of
6/07

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 04/06/2021

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

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:43pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1483 Test Date: 04/06/2021 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	1:52pm
Pass	1:52pm
Pass	1:52pm
	Pass Pass

## Temperature Tests

Status	Time
Pass	1:52pm
	Pass Pass Pass Pass

## Blank Tests

Test	Stațus	Time
AIR	Pass	1:53pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:53pm
CAL	Pass	1:53pm

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)

Instrument Se	rial No. 008729 LILLING	GTON, N.C.
The preventive 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 squ breath simulator thermometer shows 34 degrees, plus or minus .2	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 statu	s of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Se	the day of APRI , 20 the forgod on the instrument indicated above, in accordance with current regularvices, and the instrument is functioning properly.	ing preventive maintenance procedures ations of the N.C. Department of Health
of the STATE CO		
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	Signature of Certifying Official	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 04/06/2021

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

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	10:57am
AIR BLK	.00	10:58am
ACCY CHK	.07	10:59am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: Signature of

Court CVR

Analysi

## HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2466
Test Date: 04/06/2021 Test Time: 11:04am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

## Blank Tests

AIR Pa	ass 11:06am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:06am 11:06am

Preventive Maintenance Status: Pass

Analyst

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

(2) Ve	erify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic eath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
0.50 men	
(2)	erify instrument displays time and date;
(3) In	itiate breath test sequence;
(4) Er	iter information as prompted;
(5) Ve	erify instrument accuracy;
(6) W	hen "PLEASE BLOW" appears, collect breath sample;
(7) W	hen "PLEASE BLOW" appears, collect breath sample;
(8) Pr	int test record;
(9) Ru	n diagnostic program and confirm preventive maintenance status of "Pass"; and
5111	rify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath nulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ichever occurs first.
I certify that on the were performed on the and Human Services,	day of

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 04/06/2021

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

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK	.00	10:47am
ACCY CHK	.07	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

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

Court CVR

This form is used when performing Preventive Maintenance n

## HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 3642 Test Date: 04/06/2021 Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass	10:58am
Pass	10:59am
	Pass Pass

## Temperature Tests

Status	Time
Pass	10:59am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

Preventive Maintenance Status: Pass

Pass

11:00am

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)

C	ounty	Instrument Location Header	500 (O. Jail
Iı	nstrument Seri	al No. <u>008806</u> Hon	deisonville, NC
		maintenance procedures for the Intoximeters, Model Intox EC/IR II a 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	nare 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 state	us of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
I w ar	certify that on vere performed and Human Ser	the	oing preventive maintenance procedures lations of the N.C. Department of Health
CREAT	10 10 10 10 10 10 10 10 10 10 10 10 10 1	CAROLINA AND AND AND AND AND AND AND AND AND A	
	WILL OF MANY WILL		1 1 -

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Date: 04/28/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective:

09/17/2020-09/17/2022

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

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

/0107 ---

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:24pm

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

#### HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Record Number: 2970 Test Date: 04/28/2021 Test Time: 1:25pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

## 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	1:26pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:26pm

Preventive Maintenance Status: Pass

Pass

1:26pm

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 Head	derson Instrument Location Henderson Co. Jail
Instrument Ser	ial No.008822 Hendersonville, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 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.
O THE STATE OF THE PROPERTY OF	
-100-	Signature of Certifying Official Certificate Number

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 04/28/2021

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2800 Test Date: 04/28/2021 Test Time: 1:06pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm
	CRC Tests	
Test	Status	Time

T 2.00 T.	Doucus	TIME
COMP CAL	Pass Pass	1:07pm 1:07pm

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)

County	EATFORD Instrument Location Ahoskie P.P.
Instrument Ser	ial No. 008848 705 W. MAIN ST., Ahoskie
<u> </u>	N.C
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	theday of, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE PART OF THE P	A CAROLLA CARO
	Signature of Certifying Official Certificate Number
	Cerunicate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 04/19/2021

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

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

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:26pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

nex Reese Analyst

## HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1596 Test Date: 04/19/2021 Test Time: 12:31pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## 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	12:33pm 12:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	ial No. 008906 Instrument Location Murfrees Boro P.D.  15 E. Broad ST., Murfrees Boro N.C.
Instrument Ser	ial No. 008906 115 E. BROAD ST. Murtrees Boro
	N.C.
The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 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 THE S	
Maria Andrews	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 04/19/2021

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	1:13pm 1:14pm 1:15pm 1:16pm 1:16pm 1:17pm 1:19pm 1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 802 Test Date: 04/19/2021 Test Time: 1:21pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:22pm
FLO	Pass	1:22pm
FC	Pass	1:22pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:22pm
SRC	Pass	1:22pm
DET	Pass	1:22pm
BAR	Pass	1:22pm
BT	Pass	1:22pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:23pm

Pass 1:23pm

Preventive Maintenance Status: Pass

CAL

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

County Instrument Se	rial No. 008852 DETENTION CENTER
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 alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
STATE OF STA	
SHIP TOPIL 2 175	
	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 04/19/2021

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 1169
Test Date: 04/19/2021 Test Time: 11:04am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:05am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11 · 05am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:06am
CAL	Pass	11:06am

Preventive Maintenance Status: Pass

Analyst

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

Соц	unty	HOKE Instrument Location HOKE	COUNTY
Inst	trument Seri	al No. 008855 DETENT	ION CENTER
The	e preventive al number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	nch (psi) of pressure, or the alcoholic ee centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 125 whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
wer	ertify that on e performed Human Ser	the	preventive maintenance procedures as of the N.C. Department of Health
THE CREAT SCA	STATE OF THE STATE	See and the instrument is remetioning property.	//7
	OUAN AIRE	Signature of Certifying Official	Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 04/19/2021

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: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:55am
ACCY CHK	.08	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1602 Test Date: 04/19/2021 Test Time: 11:03am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	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	
ATR	Pass	11·04am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:05am

Preventive Maintenance Status: Pass

Pass

11:05am

CAL



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

County N	Instrument Location Hyde (o. S. O.
Instrument Seria	al No. 008801 1233 Main St., Sugn Quarter
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of
THE STATE OF THE S	CACI 3
Wall and the second	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 04/16/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:39am
ACCY CHK	.07	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
AIR BLK	.00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 597 Test Date: 04/16/2021 Test Time: 10:45am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:46am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:46am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:47am 10:47am

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Hyde (o. S.O.
Instrument Seri	al No. 008851 1233 Main St. Swan Quarte
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
OS WE STATE OF THE	CANA A CONTRACTOR OF THE STATE
With the second	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008851 Test Date: 04/08/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG933703 Exp Date: 12/03/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008851 Test Record Number: 694
Test Date: 04/08/2021 Test Time: 11:44am 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	Instrument Location Moss	H. 11 PD
Instrument Se	erial No. <u>00 \$5 8 2</u>	a-5 H.11 NC
	we 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	s of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before esimulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that of were perform and Human S	on the day of, 20 the forgo led on the instrument indicated above, in accordance with current regularizes, and the instrument is functioning properly.	ing preventive maintenance procedures ations of the N.C. Department of Health
ON STATE	A CAROLINIA CARO	
APRIL 12, 1776		668
	Signature of Certifying Official	Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 04/29/2021

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:48pm
AIR BLK	.00	12:49pm
ACCY CHK	.07	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

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

Analyst

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1175 Test Date: 04/29/2021 Test Time: 12:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass	12:55pm
FC	Pass	12:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

Status Time

#### Printer Tests

Test

PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:56pm 12:56pm

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 M	d.sogInstr	ument Location Madison Co. Jail
Instrument Seri	al No.008606	marshall, NC
	-6	
The preventive serial number 1	maintenance procedures for the Intoxion,000 or higher) to be followed at least	meters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with conce every four months are:
(1)	Verify the ethanol gas canister disp breath simulator thermometer show	plays at least 51 pounds per square inch (psi) of pressure, or the alcoholics 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and	d date;
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears,	collect breath sample;
(7)	When "PLEASE BLOW" appears,	collect breath sample;
(8)	Print test record;	
(9)	Run diagnostic program and confirm	m preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canis simulator solution is being change whichever occurs first.	ter is being changed before expiration date, or the alcoholic breath ed every four months or after 125 Alcoholic Breath Simulator tests
were periormed	the day of on the instrument indicated above, in vices, and the instrument is functioning	, 20 7 1 the forgoing preventive maintenance procedures accordance with current regulations of the N.C. Department of Health properly.
ASSE GRIAM VIDEO N	CARO	
William State	0:4:4	e of Certifying Official Certificate Number

#### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008606 Test Date: 04/29/2021

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

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

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

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

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

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

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

#### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008606 Test Record Number: 443
Test Date: 04/29/2021 Test Time: 12:18pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

#### Printer Tests

Test

CAL

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

Pass

Status Time

12:19pm

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	Instrument Location Martin Co. S.O.
Instrument Serial	No. 008912 305 E. Main St., Williamst.
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.
were performed o	e day of
STATE ON THE STATE OF THE STATE	AT CAROL
CO QUAM VIDER	Key (643
	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 04/21/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK	Pass	1:15pm 1:16pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:22pm
ATR BLK	0.0	7.222000

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1701 Test Date: 04/21/2021 Test Time: 1:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO FC	Pass Pass	1:23pm
1 C	Pabb	1:24pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:24pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm

#### CRC Tests

COMP Pass 1:24pm CAL Pass 1:24pm	rest	Status	Time
			1:24pm 1:24pm

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)

(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	
	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
certify that on ere performed d Human Serv	the day of
OF STATE OF A	
THE W	A CA
	(5) (6) (7) (8) (9) (10) certify that onere performed

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 04/21/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

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

Test	g/210L	Time
DIAG	Pass	3:00pm
AIR BLK	.00	3:01pm
ACCY CHK	.07	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm

Reported AC: .00 q/210L
Signature of Shemital Analyst

Court CVR

Analys

### MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Record Number: 1781 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm
	CDC Toota	

#### CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

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)

C	ounty	MOORE Instrument Location SOUTHERN PINES
Ir	nstrument Seri	al No. 008720 POLICE DEPT.
T	he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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	theday of
CREAT	STATE OF STA	SART CAROLL CARO
	SOR QUAM VILLER	1 661
		Signature of Certifying Official Certificate Number

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 04/21/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG034902

Exp Date: 12/14/2022

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

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

Analyst

#### MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Record Number: 1217 Test Date: 04/21/2021 Test Time: 11:17am 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	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	

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

Preventive Maintenance Status: Pass



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

The preventive serial number	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.
certify that or	n the day of day

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 04/21/2021

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: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	4:06pm
AIR BLK	.00	4:06pm
ACCY CHK	.08	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Record Number: 2590 Test Date: 04/21/2021 Test Time: 4:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:13pm
FLO	Pass	4:13pm
FC	Pass	4:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

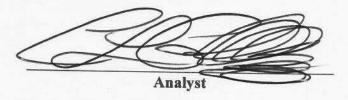
#### Blank Tests

Test	Status	Time
AIR	Pass	4:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:14pm
CAL	Pass	4:14pm

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 Or	15/0W Instrument Location Onslow County		
	15/0W Instrument Location Onslow County  1 No. 008931  Detention Center		
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
vere periormed	the 26th day of April 2021 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		
	The preventive serial number 16 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 04/26/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

07/31/2020-07/31/2022

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

Test Type: Breath Test

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

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

cal Analyst

Court CVR

Analys

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

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#### ONSLOW COUNTY DETENTION CENTER 660

Test Record Number: 3553 Serial Number: 008931 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:19pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	12:19pm	
CAL	Pass	12:19pm	

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 Or	Instrument Location Onslow County
	Instrument Serial	no. 008932 Instrument Location Onslow County  Detention Center
	The preventive m serial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
)	(5)	Verify instrument accuracy;
1	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed o	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	S S A S S S S S S S S S S S S S S S S S	670
l,		Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 04/26/2021

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

Driver's License Number: NONE

07/31/2020-07/31/2022

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

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

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

Signature of ical 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

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 6067 Test Date: 04/26/2021 Test Time: 12:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance

Status: Pase

Analys

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 8	nslow Instrument Location BAT Mobile Unit 12
Instrument Ser	rial No. 008600 Jacksonville
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 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.
	the 23 day of , 2021 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF THE STATE	TORRES OF THE PROPERTY OF THE
OP QUAM VIDER	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008600 Test Date: 04/23/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.08	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008600 Test Record Number: 2096 Test Date: 04/23/2021 Test Time: 10:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:28pm
FLO	Pass	10:28pm
FC	Pass	10:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
BT	Pass	10:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29pm 10:29pm

Preventive Maintenance Status: Pass

Malyst 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:  Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the day of, 2021_ 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 VIDERIA	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE 12 640

Serial Number: 008698 Test Date: 04/16/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	8:42pm
AIR BLK	.00	8:43pm
ACCY CHK	.08	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:49pm
AIR BLK	.00	8:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Melech Analyst

### ONSLOW COUNTY BAT MOBILE 12 640

Serial Number: 008698 Test Record Number: 1669
Test Date: 04/16/2021 Test Time: 8:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:54pm
FLO	Pass	8:54pm
FC	Pass	8:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:54pm
SRC	Pass	8:54pm
DET	Pass	8:54pm
BAR	Pass	8:54pm
BT	Pass	8:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:55pm
	CRC Tests	

rest	Status	Time
COMP	Pass	8:55pm
CAL	Pass	8:55pm

Preventive Maintenance Status: Pass

M Cull Analyst



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

	County ons!	Instrument Location BAT Mobile Unit!
	Instrument Serial	No. 008898 Sneeds Ferry
		nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
9	(5)	Verify instrument accuracy;
2	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on th were performed o and Human Service	e Z day of April , 20 2/ the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	STATE	CARO
£.	OKAM VIDO	Signature of Certifying Official Certificate Number



ONSLOW COUNTY BAT MOBILE UNIT 1 660

Serial Number: 008898 Test Date: 04/02/2021

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG034902 Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.07	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:52pm
AIR BLK	-00	9:53pm

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Mark

#### ONSLOW COUNTY BAT MOBILE UNIT 1 660

Serial Number: 008898 Test Record Number: 1108
Test Date: 04/02/2021 Test Time: 9:56pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:57pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

#### Printer Tests

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

s 9:58pm
s 9:58pm

Preventive Maintenance Status: Pass

Analyst

mark

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

County	RANGE Instrument Location Hills bo	rou-1 Dr
Instrument S		V. Churton St.
8	H.11s bo	prough NC
The prevent serial number	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and 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 breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	*
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pase" and
(10)	Verify that the ethanol gas canister is being changed before expisimulator solution is being changed every four months or after 12 whichever occurs first.	acressing to the state of
I certify that owere perform and Human S	on the day of, 20 the forgoing ed on the instrument indicated above, in accordance with current regulation ervices, and the instrument is functioning properly.	preventive maintenance procedures ons of the N.C. Department of Health
NN STATE NN 200, 173 NN 200 NN 2	STATE OF THE STATE	
A STATE OF THE PARTY OF THE PAR	Signature of Certifying Official	671
	organization Certifying Official	Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 04/15/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	3:28pm 3:29pm
AIR BLK	.08	3:30pm 3:31pm
SUB TEST AIR BLK	.00	3:32pm 3:32pm
SUB TEST AIR BLK	.00	3:34pm 3:35pm

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 3475 Test Date: 04/15/2021 Test Time: 3:36pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

#### Printer Tests

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

3:37pmCAL Pass 3:37pm

Pass

Preventive Maintenance Status: Pass

COMP

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 OR	ANGE Instrument Location Hillshaugh	PD
Instrument Ser	ial No. 00 8873 127 N. Chux	
	Hillsborough,	AC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	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 co	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath lcoholic Breath Simulator tests,
were performed	the day of, 20 the forgoing prevalent on the instrument indicated above, in accordance with current regulations ovices, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
THE STATE OF THE S	San Stale	66.7
	Signature of Certifying Official	Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Date: 04/25/2021

Citation 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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Record Number: 2025 Test Date: 04/25/2021 Test Time: 10:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:01pm
FLO	Pass	10:01pm
FC	Pass	10:01pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time

COMP Pass 10:02pm CAL Pass 10:02pm

Preventive Maintenance

Status: Pass

Analyet

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

County Pan	No. 008819 Defention Center	
Instrument Serial	No. 008819 Defention Center	
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on the day of Acri .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	

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

DHHS 4080 (04/20)

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008819 Test Date: 04/21/2021

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:59pm
AIR BLK	.00	7:59pm
ACCY CHK	.08	8:00pm
AIR BLK	.00	8:01pm
SUB TEST	.00	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	7.00	8:04pm
AIR BEK	J.00 /	/8:05pm

Reported Af: //.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008819 Test Record Number: 813 Test Date: 04/21/2021 Test Time: 8:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:05pm
FLO	Pass	8:05pm
FC	Pass	8:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:06pm
SRC	Pass	8:06pm
DET	Pass	8:06pm
BAR	Pass	8:06pm
BT	Pass	8:06pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	8:06pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:06pm
CAL	Pass	8:06pm

Preventive Maintenance

Status: Pas

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 Serial	Instrument Location PENDER COUNTY  No. 008935  DETENTION CENTER
	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	he 3 day of APRIL, 2021 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
	STATE OF THE PROPERTY OF THE P	Ch Pg Bans 648
		Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 04/13/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Alvin R Permit Number: 0014-6279

Effective:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:42am
ACCY CHK	.07	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 2820 Test Time: 10:49am EDT Test Date: 04/13/2021

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
ATR	Pass	10:50am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:50am

#### CRC Tests

Test	Status	Time	
COMP	Pass	10:50am	
CAL	Pass	10:50am	

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 PE	NDER Instrument Location PENDER Co	UNTY	
	Instrument Serial	NO. 008946 DETENTION	CENTER	
	The preventive maserial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Into 000 or higher) to be followed at least once every four months are:	EC/IR II (Enhanced with	
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigra	of pressure, or the alcoholic ade;	
	(2)	Verify instrument displays time and date;		
	(3)	Initiate breath test sequence;		
	(4)	Enter information as prompted;		
	(5)	Verify instrument accuracy;		
	(6)	When "PLEASE BLOW" appears, collect breath sample;		
	(7)	When "PLEASE BLOW" appears, collect breath sample;		
	(8)	Print test record;		
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; ar	nd	
	(10)	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.		
		4	A SE	
	were performed o	e 13 day of APRIL , 2021 the forgoing preventive, and the instrument indicated above, in accordance with current regulations of the less, and the instrument is functioning properly.	e maintenance procedures N.C. Department of Health	
	THE STATE OF			
			a a	
	337		5	
	M. 7 B.			
		Signifure of Certifying Official	Certificate Number	

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Date: 04/13/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Alvin R Permit Number: 0014-6279

Effective:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.07	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Record Number: 1185 Test Date: 04/13/2021 Test Time: 10:49am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

Test	Status	Time	
PRNT	Pass	10:50am	

#### CRC Tests

Test	Status	Time	
COMP	Pass	10:51am	
CAL	Pass	10:51am	

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 PE	NO. 008948 Instrument Location PENGER COUNTY  COVERNMENT ANNEX		
	Instrument Serial	NO. 008948 GOVERNMENT ANNEX		
	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;		
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)	(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	were performed o	the 13 day of APRIL , 20 21 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.		
	BE COM MON!	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)

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 04/13/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Barnes, Alvin R

Permit Number: 0014-6279

Effective:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:44pm
AIR BLK	.00	12:45pm
ACCY CHK	.08	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signaturé of Chemical Analyst

Court CVR

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1114
Test Date: 04/13/2021 Test Time: 12:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:51pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	12:52pm	
CAL	Pass	12:52pm	

Preventive Maintenance Status: Pass

Analyst

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

County R	H Instrument Location Ayden PD.
Instrument Se	rial No. 008918 4144 West Ave., Ayden,
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that or were performed and Human Ser	the
AND STATE OF THE S	CAROLL CA
QUAM VIDEN	· Leve 643
	Signature of Certifying Official Certificate Number

PITT COUNTY AYDEN PD 730

Serial Number: 008918 Test Date: 04/13/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	2:43pm 2:43pm 2:44pm 2:45pm 2:45pm 2:46pm 2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY AYDEN PD 730

Serial Number: 008918 Test Record Number: 763
Test Date: 04/13/2021 Test Time: 2:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

#### Temperature Tests

Test	Status	Time
F'C1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR.	Pass	2:50pm
BT	Pass	2:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:51pm 2:51pm

Preventive Maintenance Status: Pass

Analyst

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

County_Ro	Instrument Location BAT Mobile Unit #5
Instrument Serial	No. 0086/6 R.C.S.O,
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.
were performed	the 29 day of, 2021 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.
TO VE STATE OF THE	Signature of Certifying Official Certificate Number

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Record Number: 2593
Test Date: 04/29/2021 Test Time: 9:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:16pm
FLO	Pass	9:16pm
FC	Pass	9:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:17pm
SRC	Pass	9:17pm
DET	Pass	9:17pm
BAR	Pass	9:17pm
BT	Pass	9:17pm

#### Blank Tests

Test	Status	Time
ATR	Pass	9:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:17pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:17pm
CAL	Pass	9:17pm

Preventive Maintenance Status: Pass

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Date: 04/29/2021

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

Subject'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: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	9:09pm
AIR BLK	.00	9:10pm
ACCY CHK	.07	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or	the <u>29</u> day of <u>Apr. 1</u> , 20 <u>21</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
were performe and Human Se	rvices, and the instrument is functioning properly.

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 04/29/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG934303 Exp Date: 12/09/2021

rest	9/2101	Time
DIAG	Pass	8:16pm
AIR BLK	.00	8:17pm
ACCY CHK	-08	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8301 Test Date: 04/29/2021 Test Time: 8:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
	Pass	8:24pm

#### Printer Tests

Test	Status	8:24pm
PRNT		

#### CRC Tests

Test	Status	Time
COMP	Pass	8:24pm
CAL	Pass	8:24pm

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)

T	he preventive crial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
W	ere performed	theday of, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	AND PERSONS ASSESSED.	
Á	THE STATE OF	

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 04/19/2021

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

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

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

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

Analyst

### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 619
Test Date: 04/19/2021 Test Time: 12:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:36pm

#### Temperature Tests

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

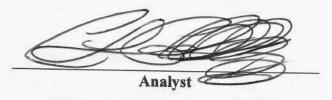
#### Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:37pm 12:37pm

Preventive Maintenance Status: Pass



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

	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>So</u> day of <u>April</u> , 20 <u>21</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 04/30/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG807101 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	9:49pm
AIR BLK	.00	9:50pm
ACCY CHK	.08	9:51pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm

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

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 698 Test Date: 04/30/2021 Test Time: 9:56pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:57pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR -	Pass	9:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:58pm
CAL	Pass	9:58pm

Preventive Maintenance Status: Pass

Analyst

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

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.
were periorine	the 30 day of 4, 2021 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 04/30/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG934303 Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.07	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8305 Test Date: 04/30/2021 Test Time: 9:47pm EDT

System Check: Passed

#### Baseline Tests

Test Status	Time
IR Pass	9:47pm
FLO Pass	9:47pm
FC Pass	9:47pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:47pm
SRC	Pass	9:47pm
DET	Pass	9:47pm
BAR	Pass	9:47pm
BT	Pass	9:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:48pm 9:48pm

Preventive Maintenance Status: Pass

Analyst

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

County SU	Instrument Location Sury Co. Jail  No. 008934  Dabson, Na
Instrument Serial	No. 008934 Dabson, NC
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	ne 21 day of 4,20,1, 20,21 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.
ASSO GIAM VICES ASSOCIATED AND ASSOCIATED AND ASSOCIATED AND ASSOCIATED AND ASSOCIATED A	Control of the second of the s

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

Signature of Certifying Official

Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 04/21/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2020-10/01/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:59pm 2:59pm 3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2194
Test Date: 04/21/2021 Test Time: 3:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

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 Sa	Va. h Instrument Location	on Swain C	-6. Fail
Instrument Se	erial No. <u>008723</u>	Bryson C	City, NC
The preventive serial number	re maintenance procedures for the Intoximeters, Model 10,000 or higher) to be followed at least once every for	Intox EC/IR II and Mode	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 5 breath simulator thermometer shows 34 degrees,	1 pounds per square inch plus or minus .2 degree co	(psi) of pressure, or the alcoholic
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath	sample;	
(7)	When "PLEASE BLOW" appears, collect breath	sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive n	naintenance status of "Pas	s"; and
(10)	Verify that the ethanol gas canister is being c simulator solution is being changed every four whichever occurs first.	hanged before expiration months or after 125 Ale	n date, or the alcoholic breath coholic Breath Simulator tests,
were performe	d on the instrument indicated above, in accordance wrvices, and the instrument is functioning properly.	21 the forgoing preveith current regulations of	entive maintenance procedures the N.C. Department of Health
A PRIL 12 DE LE CHAM VIENI	Ent R. a.	the	635
	Signature of Certifying	Official	Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 04/06/2021

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: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
09/17/2020-09/17/2022

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

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.07	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 813
Test Date: 04/06/2021 Test Time: 11:10am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

AIR Pass 11:12am	Test	Status	Time
	AIR	Pass	11:12am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:12am 11:12am

Preventive Maintenance Status: Pass

Analyst

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

Coun	ty Sur	Instrument Location Swain Co. Jail
Instru	ment Seria	INO. 008727 Bryson City, NC
The p serial	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;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 o	day of
STATE GREAT STATE	A STATE OF NO.	Oeif R. Cuth 635
		Signature of Certifying Official Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 04/06/2021

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

Subject'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:
09/17/2020-09/17/2022

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

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

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.08	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
AIR BLK	.00	11.45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1416
Test Date: 04/06/2021 Test Time: 11:46am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:46am 11:46am
FC	Pass	11:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
BT	Pass	11:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time

COMP Pass 11:47am CAL Pass 11:47am

Preventive Maintenance Status: Pass

Analyst

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

County Su	Instrument Location Cherokee Tribal Det.
Instrument Seri	al No. 008782 Cherokee, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 20 the forgoing preventive maintenance procedures 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 THE STATE OF THE	
Vi anno and	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 04/07/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/17/2020-09/17/2022

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

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	10:26am
AIR BLK	.00	10:27am
ACCY CHK	.07	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Til R. lathe Analyst

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1238
Test Date: 04/07/2021 Test Time: 10:36am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:36am
FLO	Pass	10:36am
FC	Pass	10:36am

#### Temperature Tests

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

#### Blank Tests

Status	Time
Pass	10:37am

#### Printer Tests

100000		
Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:37am

Pass 10:37am

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	Instrument Location_Transy	
Instrument Ser	ial No. <u>008609</u>	Brevard, NC
The preventive 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 squ breath simulator thermometer shows 34 degrees, plus or minus .2	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 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 date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
were performed	the	oing preventive maintenance procedures lations of the N.C. Department of Health
FISE QUAM VICEN	1 5 N	668
	Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 04/28/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 958 Test Date: 04/28/2021 Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:07pm 12:07pm

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)

00 or higher) to be followed at least once ever	ast 51 pounds per square inch (psi) of pressure, or the alcoholicees, plus or minus .2 degree centigrade; reath sample;
Verify the ethanol gas canister displays at least breath simulator thermometer shows 34 degree.  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect bree.  Print test record;	ry four months are:  ast 51 pounds per square inch (psi) of pressure, or the alcoholic ees, plus or minus .2 degree centigrade;  reath sample;
breath simulator thermometer shows 34 degree Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect bree When "PLEASE BLOW" appears, collect bree Print test record;	reath sample;
Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breather "PLEASE BLOW" "PLEASE BLOW" appears, collect breather "PLEASE BLOW" app	
Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect brewhen "PLEASE BLOW" appears, collect brewhen "PLEASE BLOW" appears, collect brewhen test record;	
Verify instrument accuracy; When "PLEASE BLOW" appears, collect brewhen "PLEASE BLOW" appears, collect brewhen test record;	
When "PLEASE BLOW" appears, collect brown brown "PLEASE BLOW" appears, collect brown brint test record;	
When "PLEASE BLOW" appears, collect bree Print test record;	
Print test record;	reath sample;
Run diagnostic program and confirm prevent	
	tive maintenance status of "Pass"; and
Verify that the ethanol gas canister is bei simulator solution is being changed every whichever occurs first.	ring changed before expiration date, or the alcoholic breat four months or after 125 Alcoholic Breath Simulator tests
e day of on the instrument indicated above, in accordances, and the instrument is functioning properly	, 20 <u>Z 1</u> the forgoing preventive maintenance procedure nce with current regulations of the N.C. Department of Healt y.
CAROL	
	n the instrument indicated above, in accorda

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 04/28/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Agralyst

#### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1364 Test Date: 04/28/2021 Test Time: 12:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
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

Test	Status	Time
AIR	Pass	12:09pm

#### Printer Tests

Test

PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time

Status Time

COMP	Pass	12:09pm
CAL	Pass	12:09pm

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

Analyst

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

Instrument Se	rial No. 008870 156 Church St
	rial No. 008870 156 Church St Henderson, NC
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the 20 day of A, 20 21 the forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healtherices, and the instrument is functioning properly.
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Mary Control	

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 04/20/2021

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

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.07	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 3198 Test Date: 04/20/2021 Test Time: 11:40am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:41am 11:41am

Preventive Maintenance Status: Pass

Analyst

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

(	County A	NCE Instrument Loca	ition VANCE CO. S.O.
I	nstrument Seri	ial No. <u>008937</u>	156 Church St. Henderson, NC
<u> 22</u>	N.		Henderson, NC
S	The preventive erial number 1	maintenance procedures for the Intoximeters, Mo 0,000 or higher) to be followed at least once every	del Intox EC/IR II and Model Intox EC/IR II (Enhanced with four months are:
	(1)	Verify the ethanol gas canister displays at least breath simulator thermometer shows 34 degree	st 51 pounds per square inch (psi) of pressure, or the alcoholices, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect brea	ath sample;
	(7)	When "PLEASE BLOW" appears, collect brea	ath sample;
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive	ve maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is bein simulator solution is being changed every f whichever occurs first.	eg changed before expiration date, or the alcoholic breath our months or after 125 Alcoholic Breath Simulator tests
	vere periorined	the 20 day of And on the instrument indicated above, in accordance vices, and the instrument is functioning properly.	, 20 2/ the forgoing preventive maintenance procedures be with current regulations of the N.C. Department of Health
20.10	STATE	CAROLL	
	204 ONW AIDEN	CHB mt	671

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 04/20/2021

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

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

### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 2931 Test Date: 04/20/2021 Test Time: 11:37am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:38am
Pass	11:38am
Pass	11:38am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
BT	Pass	11:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

11:39am

11:39am

# 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 Wa	ke Instrument Location Raleigh PD No-theps TD1
Instru	ment Seria	11 No. 1208623 5228 GREENS DAIN, A
The pr	reventive inumber 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify were pe and Hur	that on the erformed of man Service	the day of
A CARAT SALA	STATE ON NO 20, 1075 NO 20, 10	EAByute 671
		Signature of Certifying Official Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 04/12/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707 Effective: 09/15/2020-09/15/2022

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	4:08pm 4:08pm 4:09pm 4:10pm 4:11pm
SUB TEST AIR BLK	.00 .00	4:11pm 4:13pm 4:14pm

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

# WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4191 Test Date: 04/12/2021 Test Time: 4:15pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:15pm 4:15pm
FC	Pass	4:15pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	4:15pm 4:15pm 4:15pm 4:15pm
BT	Pass	4:15p

#### Blank Tests

Test	Status	Time
AIR	Pass	4:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:16pm

Preventive Maintenance Status: Pass

Pass

4:16pm

CAL

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

County_W	instrument Location (N/4 R - 1 V/2 S1 1 D
Instrument Ser	rial No. DO8700 225 S. Taylor St. Wake Forest, NC
(#	Wake Forest, 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.
ere periorine	the 13 day of April , 20 2 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
O THE STATE OF THE	Agant Carolina Caroli
FEGE QUAM VIDER	EASINT 671
	Signature of Certifying Official Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 04/13/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG934303 Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.08	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 1834
Test Date: 04/13/2021 Test Time: 11:53am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:55am 11:55am

Preventive Maintenance Status: Pass

EAByat



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

	County_Wak	Instrument Location BAT Mobile Unit 1
	Instrument Serial	No. 008869 SHP C3
		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 periorifica c	the 17 day of April , 20 21 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	STATE OF THE PROPERTY OF THE P	660
2		Signature of Certifying Official Certificate Number



WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008869 Test Date: 04/17/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/29/2020-09/29/2022

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

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

Test	g/210L	Time
DIAG	Pass	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.07	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	-00	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:23pm

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008869 Test Record Number: 1134
Test Date: 04/17/2021 Test Time: 9:24pm EDT

System Check: Passed

#### Baseline Tests

Time	
9:25pm	
9:25pm	
9:25pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:25pm
SRC	Pass	9:25pm
DET	Pass	9:25pm
BAR	Pass	9:25pm
BT	Pass	9:25pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:25pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:25pm
CAL	Pass	9:25pm

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 Wak	Instrument Location BAT Mobile Unit 1
	Instrument Serial	No. 008898 SHP C3
	The preventive maserial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
)	(5)	Verify instrument accuracy;
9	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed o	e 17 day of 4, 2021 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
À	STATE OF THE PARTY	Signature of Certifying Official  Certificate Number
3		



#### WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008898 Test Date: 04/17/2021

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/29/2020-09/29/2022

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

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

Test	g/210L	Time
DIAG	Pass	9:16pm
AIR BLK	-00	9:17pm
ACCY CHK	.07	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

#### WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008898 Test Record Number: 1125 Test Date: 04/17/2021 Test Time: 9:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:24pm
FLO	Pass	9:24pm
FC	Pass	9:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:24pm
SRC	Pass	9:24pm
DET	Pass	9:24pm
BAR	Pass	9:24pm
BT	Pass	9:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:25pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:25pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:25pm
CAL	Pass	9:25pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Wilson Co. Petention Center
Instrument Se	rial No. 008627 Instrument Location Wilson Co. Petention Center
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 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	ORTH CAROLINA CONTRACTOR OF THE CAROLINA CONTRAC
OF GUAM VIDEN	Jinux Keest 647
	Signature of Certifying Official Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 04/21/2021

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

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:25pm 1:26pm 1:26pm 1:27pm 1:28pm 1:29pm 1:30pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2762 Test Date: 04/21/2021 Test Time: 1:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

(	County	morament Eccation	Retention Center
I	nstrument Seri	100 E. Breeze	1 51., Wilson, N.
T s	The preventive erial 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 "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.	
I o we	certify that on t ere performed ad Human Serv	he day of, 20 the forgoing preve on the instrument indicated above, in accordance with current regulations of ices, and the instrument is functioning properly.	entive maintenance procedures the N.C. Department of Health
CREAT CO	THE STATE OF A STATE O	AROUND TO THE PROPERTY OF THE	
	QUAM VILL	Signature of Certifying Official	647
		organities of Certifying Official	Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 04/21/2021

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

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

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:27pm 1:27pm 1:28pm 1:29pm 1:30pm 1:31pm 1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lines Reese
Analyst

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3529 Test Date: 04/21/2021 Test Time: 1:34pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	1:34pm
Pass	1:34pm
Pass	1:34pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

#### Blank Tests

AIR Pass 1:35pm	Test	Status	Time
	AIR	Pass	1:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:35pm

Preventive Maintenance Status: Pass

Pass

1:35pm

CAL

Analyst