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

| County County Planstrument Serial | No. 008813 Instrument Location Olexander County 80 You Jorsuille, 10C | |
|---|--|--|
| instrument Serial | 100,00015 | |
| | 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 2nd day of 4 day of | | |
| SATION | | |

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Date: 08/02/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MSINTENANCE

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

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

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

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

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:58am |
| AIR BLK | .00 | 11:58am |
| ACCY CHK | .07 | 11:59am |
| AIR BLK | .00 | 12:00pm |
| SUB TEST | .00 | 12:01pm |
| AIR BLK | .00 | 12:02pm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | .00 | 12:04pm |

Reported AC; 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813

Test Record Number: 2076

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:10pm |
| | CDC Togta | |

CRC Tests

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

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 <u>All</u> | Instrument Location Alleghany Co. Jail Sparta, NC | | |
|--|--|--|--|
| | Sparter, NC | | |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: | | |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | | |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| I certify that on the 27 day of 4000 ft., 2021 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. | | | |
| THE STATE 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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 08/27/2021

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 AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 3:48pm 3:49pm 3:50pm 3:51pm 3:51pm 3:52pm 3:54pm |
| AIR BLK | .00 | 3:55pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 859
Test Date: 08/27/2021 Test Time: 3:55pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:56pm |
| FLO | Pass | 3:56pm |
| FC | Pass | 3:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:56pm |
| SRC | Pass | 3:56pm |
| DET | Pass | 3:56pm |
| BAR | Pass | 3:56pm |
| BT | Pass | 3:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:57pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:57pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:57pm |

Preventive Maintenance Status: Pass

Pass

3:57pm

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 | ANSON | Instrument Location | ANSON | COUNTY |
|-------------------|---|---|---|---|
| Instrument Ser | ial No. 008597 | | ANSON SHERIFF'S | OFFICE |
| | maintenance procedures for the 0,000 or higher) to be followed | | | ntox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canis breath simulator thermometer | ter displays at least 51 er shows 34 degrees, p | pounds per square inch (psi lus or minus .2 degree centi |) of pressure, or the alcoholic grade; |
| (2) | Verify instrument displays t | ime and date; | | |
| (3) | Initiate breath test sequence: | | | |
| (4) | Enter information as prompt | ed; | | |
| (5) | Verify instrument accuracy; | | | |
| (6) | When "PLEASE BLOW" ap | opears, collect breath s | ample; | |
| (7) | When "PLEASE BLOW" ap | opears, collect breath s | ample; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program and | confirm preventive m | aintenance status of "Pass"; | and |
| (10) | Verify that the ethanol gas simulator solution is being whichever occurs first. | s canister is being cl changed every four | nanged before expiration of months or after 125 Alcoh | ate, or the alcoholic breath nolic Breath Simulator tests, |
| | STH AU | CUCT | 71. | ive maintenance procedures |
| | day ofday of | ove, in accordance wi | the forgoing prevent | ive maintenance procedures e N.C. Department of Health |
| STATE OF | ## CANOU | | | |
| AFRICA QUAM VIDEN | RIC | Smill | | 669 |
| | S | ignature of Certifying | Official | Certificate Number |

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Date: 08/05/2021

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Record Number: 1799
Test Date: 08/05/2021 Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| County | ANSON Instrument Location ANSON COUNTY |
|--|--|
| Instrument Ser | ANSON Instrument Location ANSON COUNTY ial No. 008739 SHERIFF'S OFFICE |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the 5 TH day of AUGUST, 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. |
| THE STATE OF THE S | 11 (olo 9) |
| | Signature of Certifying Official Certificate Number |

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Date: 08/05/2021

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: AG034902 Exp Date: 12/14/2022

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 667
Test Date: 08/05/2021 Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 12:13pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:13pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:13pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:13pm 12:13pm |

Preventive Maintenance Status: Pass

Analyst Corm is used when performing Proventing Mainte



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

| County 45 | he Instrument Location Ashe Co. Jail |
|--|---|
| , - | Instrument Location Ashe Co. Jail Jefferson, NC |
| mstument sena | |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the <u>10</u> day of <u>August</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 ices, and the instrument is functioning properly. |
| STATE ON THE PROPERTY OF THE P | 649 |
| | Signature of Certifying Official Certificate Number |

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 08/10/2021

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: AG933703 Exp Date: 12/03/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| ACCY CHK | .07 | 1:55pm |
| AIR BLK | .00 | 1:56pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:57pm |
| SUB TEST | .00 | 1:59pm |
| AIR BLK | .00 | 1:59pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1467 Test Date: 08/10/2021 Test Time: 2:00pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:01pm |
| FLO | Pass | 2:01pm |
| FC | Pass | 2:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:01pm |
| SRC | Pass | 2:01pm |
| DET | Pass | 2:01pm |
| BAR | Pass | 2:01pm |
| BT | Pass | 2:01pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2:01pm | |

Printer Tests

| Test | Status | Time | |
|------|--------|--------|--|
| PRNT | Pass | 2:01pm | |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 2:02pm | |
| CAL | Pass | 2:02pm | |

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 Beauto/ | + | Instrument L | ocation <u>Beau</u> | fort 6. | Courthouse |
|---|---|--|-------------------------------------|---|---|
| Instrument Serial No. | 8586 | | 112 h | 1. 2 nd S) | t, Washington, |
| *************************************** | | | | | 0 |
| The preventive maintenance serial number 10,000 or hi | ce procedures for the gher) to be followed | e Intoximeters, lat least once ev | Model Intox EC/lyery four months | R II and Model are: | Intox EC/IR II (Enhanced with |
| (1) Verify to breath s | the ethanol gas canis simulator thermomet | ster displays at l ter shows 34 deg | east 51 pounds pagrees, plus or min | er square inch (pa us .2 degree cent | si) of pressure, or the alcoholic igrade; |
| (2) Verify i | instrument displays | time and date; | | | |
| (3) Initiate | breath test sequence | ;; | | | |
| (4) Enter in | nformation as promp | ted; | | | |
| (5) Verify i | nstrument accuracy | ; | | | |
| (6) When " | PLEASE BLOW" a | ppears, collect b | oreath sample; | | |
| (7) When " | PLEASE BLOW" a | ppears, collect b | oreath sample; | | |
| (8) Print tes | st record; | | | | |
| (9) Run dia | gnostic program and | d confirm preven | ntive maintenance | e status of "Pass" | ; and |
| simulato | that the ethanol gas or solution is being ver occurs first. | as canister is b changed every | eing changed be y four months o | efore expiration r after 125 Alco | date, or the alcoholic breath pholic Breath Simulator tests, |
| I certify that on the were performed on the ins and Human Services, and t | day of Auc trument indicated a he instrument is fun | bove, in accorda | ance with current | forgoing prever | ntive maintenance procedures he N.C. Department of Health |
| CARDAN TO | 7/ | | | | 1.1.7 |
| CONT. | KM | Signature of Cer | tifying Official | _ | Certificate Number |

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 08/25/2021

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: 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 | Pass | 12:00pm |
| AIR BLK | .00 | 12:00pm |
| ACCY CHK | .07 | 12:01pm |
| AIR BLK | .00 | 12:02pm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | .00 | 12:04pm |
| SUB TEST | .00 | 12:05pm |
| AIR BLK | .00 | 12:06pm |

Reported AC:

00 a/210T

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 1826 Test Date: 08/25/2021 Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

| Status | Time |
|--------------|-------------------------------|
| Pass Pass | 12:08pm 12:08pm 12:09pm |
| | Pass |

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| Count | y Bec | and Instrument Location Beaufort Co | Courthous |
|------------------|---|--|--|
| Instru | nent Serial | 112 W. 2nd St. | Washington, |
| The pr | reventive m | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox 0,000 or higher) to be followed at least once every four months are: | x EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) o breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigra | f pressure, or the alcoholic de; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | 1 |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first. | , or the alcoholic breath c Breath Simulator tests, |
| were p | y that on the erformed on man Service | the day of | maintenance procedures .C. Department of Health |
| A GREAT CAN | STATE OF A | CAROLINA AND AND AND AND AND AND AND AND AND A | |
| All and a second | WIAM VILL | Signature of Certifying Official C | 143 |
| | | Continue of Contrying Official | ertificate Number |

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 08/25/2021

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: 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 .00 .00 | 12:12pm 12:13pm 12:13pm 12:14pm 12:15pm 12:16pm 12:17pm |
| AIR BLK | .00 | 12:18pm |

Reported AC:

.00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 3654
Test Date: 08/25/2021 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:21pm 12:21pm |
| FC | Pass | 12:21pm |

Temperature Tests

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

Blank Tests

| | | Time | |
|-----|------|---------|--|
| AIR | Pass | 12:22pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:22pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:22pm |

Preventive Maintenance Status: Pass

Pass

CAL

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

12:22pm

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 | Beaufix F. D. Instrument Location Belhavey P.D. |
|--|--|
| Instrument ! | Serial No. DD8928 125 W. Main St., Belhauen, M |
| The prevent serial numb | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that were perform and Human | on the day of |
| THE STATE OF THE COLETY OF THE | CAROLLE CAROLL |
| STAN A | Signature of Certifying Official Certificate Number |
| | Signature of Certifying Official Certificate Number |

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

DHHS 4080 (04/20)

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 08/25/2021

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: 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 | 10:53am |
| AIR BLK | .00 | 10:54am |
| ACCY CHK | .08 | 10:54am |
| AIR BLK | .00 | 10:55am |
| SUB TEST | .00 | 10:56am |
| AIR BLK | .00 | 10:57am |
| SUB TEST | .00 | 10:58am |
| AIR BLK | .00 | 10.59am |

Reported AC:

.00 q/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 459
Test Date: 08/25/2021 Test Time: 11:00am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|---------|
| IR FLO | Pass Pass | 11:00am |
| FC | Pass | 11:01am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:01am |
| SRC | Pass | 11:01am |
| DET | Pass | 11:01am |
| BAR | Pass | 11:01am |
| BT | Pass | 11:01am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:01am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:01am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:02am 11:02am |

Preventive Maintenance Status: Pass

Analyst

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

| County Branch | ial No. 008616 Instrument Location BAT Mobile Unit#5 |
|---------------------------------|---|
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 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 and Human Ser | the Og day of August, 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. |
| STATE | b. |

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Date: 08/29/2021

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 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 | 8:51pm |
| AIR BLK | .00 | 8:52pm |
| ACCY CHK | .07 | 8:52pm |
| AIR BLK | .00 | 8:53pm |
| SUB TEST | .00 | 8:54pm |
| AIR BLK | .00 | 8:55pm |
| SUB TEST | .00 | 8:57pm |
| AIR BLK | .00 | 8:57pm |

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Record Number: 2647 Test Date: 08/29/2021 Test Time: 8:58pm EDT

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 8:59pm |
| Pass | 8:59pm |
| Pass | 8:59pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|-------|--------|--------|
| FC1 | Pass | 8:59pm |
| SRC . | Pass | 8:59pm |
| DET | Pass | 8:59pm |
| BAR | Pass | 8:59pm |
| BT | Pass | 8:59pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:00pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:00pm |

CRC Tests

| Status | Time |
|--------|--------|
| Pass | 9:00pm |
| Pass | 9:00pm |
| | 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)

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

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008647 Test Date: 08/29/2021

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 | 8:42pm |
| AIR BLK | .00 | 8:43pm |
| ACCY CHK | .07 | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| SUB TEST | .00 | 8:45pm |
| AIR BLK | .00 | 8:46pm |
| SUB TEST | .00 | 8:48pm |
| AIR BLK | .00 | 8:49pm |

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090
Serial Number: 008647 Test Record Number: 2636
Test Date: 08/29/2021 Test Time: 8:50pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:50pm |
| FLO | Pass | 8:50pm |
| FC | Pass | 8:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:50pm |
| SRC | Pass | 8:50pm |
| DET | Pass | 8:50pm |
| BAR | Pass | 8:50pm |
| BT | Pass | 8:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:51pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:51pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:51pm |
| CAL | Pass | 8:51pm |

Preventive Maintenance Status: Pass

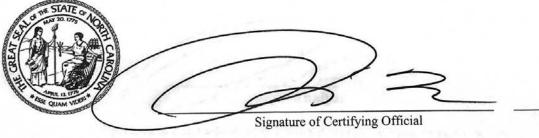
This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

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

| CountyB | Instrument Location BAT 5 Mobile Unit # |
|-------------------|---|
| | 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 29 day of August, 2021 the forgoing preventive maintenance procedures |

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



Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008704 Test Date: 08/29/2021

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: AG807101 Exp Date: 12/03/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:48pm |
| AIR BLK | .00 | 8:49pm |
| ACCY CHK | .08 | 8:49pm |
| AIR BLK | .00 | 8:50pm |
| SUB TEST | .00 | 8:51pm |
| AIR BLK | .00 | 8:52pm |
| SUB TEST | .00 | 8:54pm |
| AIR BLK | .00 | 8:55pm |

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008704 Test Record Number: 741 Test Date: 08/29/2021 Test Time: 8:56pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| ATR | Pass | 8 · 57pm |

Printer Tests

| rest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:57pm |
| | | |

CRC Tests

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

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)

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

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

Signature of Certifying Official

Certificate Number

0

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826 Test Date: 08/29/2021

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:45pm |
| AIR BLK | .00 | 8:46pm |
| ACCY CHK | .07 | 8:47pm |
| AIR BLK | .00 | 8:48pm |
| SUB TEST | .00 | 8:48pm |
| AIR BLK | .00 | 8:49pm |
| SUB TEST | .00 | 8:51pm |
| AIR BLK | .00 | 8:52pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826 Test Record Number: 8361 Test Date: 08/29/2021 Test Time: 8:55pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:55pm |
| FLO | Pass | 8:55pm |
| FC | Pass | 8:56pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:56pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:56pm |
| CAL | Pass | 8:56pm |

Preventive Maintenance Status: Pass

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

Analyst

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

| Instrument Ser | rial No. 088869 Instrument Location BAT mobile Unit I Calabash |
|--|--|
| 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 29 day of Acquist, 2021 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. |
| STATE OF THE STATE | The Carrier of the Ca |
| CIE QUAM VIDEN | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 1 090

Serial Number: 008869 Test Date: 08/29/2021

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: 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

| g/210L | Time |
|--------|----------------------------------|
| Pass | 8:21pm |
| .00 | 8:22pm |
| .07 | 8:23pm |
| .00 | 8:24pm |
| .00 | 8:24pm |
| .00 | 8:25pm |
| .00 | 8:27pm |
| .00 | 8:28pm |
| | Pass .00 .07 .00 .00 .00 .00 .00 |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

MGN Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 1 090

Serial Number: 008869 Test Record Number: 1175

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:31pm |
| FLO | Pass | 8:31pm |
| FC | Pass | 8:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:31pm |
| SRC | Pass | 8:31pm |
| DET | Pass | 8:31pm |
| BAR | Pass | 8:31pm |
| BT | Pass | 8:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:32pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 8:32pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 8:32pm 8:32pm |

Preventive Maintenance Status: Pass

Analyst

man

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

| Instrument Seri | al No. 008898 Calabash |
|--|--|
| | 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 29 day of 7021 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| The same of the sa | 665 |

BRUNSWICK COUNTY BAT MOBILE UNIT 1 090

Serial Number: 008898 Test Date: 08/29/2021

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: 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

| g/210L | Time |
|--------|----------------------------------|
| Pass | 8:20pm |
| .00 | 8:21pm |
| .07 | 8:22pm |
| .00 | 8:23pm |
| .00 | 8:23pm |
| .00 | 8:24pm |
| .00 | 8:26pm |
| .00 | 8:27pm |
| | Pass .00 .07 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 1 090

Serial Number: 008898 Test Record Number: 1184
Test Date: 08/29/2021 Test Time: 8:29pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:29pm |
| FLO | Pass | 8:29pm |
| FC | Pass | 8:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:30pm |
| SRC | Pass | 8:30pm |
| DET | Pass | 8:30pm |
| BAR | Pass | 8:30pm |
| BT | Pass | 8:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:30pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 8:30pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 8:30pm 8:30pm |

Preventive Maintenance Status: Pass

Analyst

Marke

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

| Cour | nty | Instrument Location Burke | Courty Jail |
|-----------|--------------------------|---|---|
| Instr | ument Seri | al No. <u>008831</u> | o, garton, nc |
| The seria | preventive l number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are: | Model Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg | inch (psi) of pressure, or the alcoholic ree centigrade; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status of | of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first. | piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests, |
| were | performed | the day of | g preventive maintenance procedures ons of the N.C. Department of Health |
| M. | ASSE QUAM VIDENT | 1 Dodl | 668 |
| | | Signature of Certifying Official | Certificate Number |

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Date: 08/09/2021

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: 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 | 12:56pm |
| AIR BLK | .00 | 12:57pm |
| ACCY CHK | .08 | 12:57pm |
| AIR BLK | .00 | 12:58pm |
| SUB TEST | .00 | 1:00pm |
| AIR BLK | .00 | 1:00pm |
| SUB TEST | .00 | 1:02pm |
| AIR BLK | .00 | 1:03pm |
| | | |

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

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Record Number: 2404
Test Date: 08/09/2021 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:04pm |
| FLO | Pass | 1:04pm |
| FC | Pass | 1:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:05pm |
| SRC | Pass | 1:05pm |
| DET | Pass | 1:05pm |
| BAR | Pass | 1:05pm |
| BT | Pass | 1:05pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:05pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:05pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:06pm |

Pass

1:06pm

Preventive Maintenance Status: Pass

CAL

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

Analyst

Rev. 12/2007

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

| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model I serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (ps breath simulator thermometer shows 34 degrees, plus or minus .2 degree centi (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first. I certify that on the day of, 20 the forgoing preventive maintenance with current regulations of the and Human Services, and the instrument is functioning properly. | 7 5.1 |
|--|--|
| (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (ps breath simulator thermometer shows 34 degrees, plus or minus .2 degree centic. (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. I certify that on theday of | oton, NC |
| (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (ps breath simulator thermometer shows 34 degrees, plus or minus .2 degree centic. (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. | |
| Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first. I certify that on the | ntox EC/IR II (Enhanced with |
| (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcoi whichever occurs first. I certify that on the | i) of pressure, or the alcoholic grade; |
| (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcol whichever occurs first. I certify that on the day of, 20 the forgoing preventive were performed on the instrument indicated above, in accordance with current regulations of the | |
| (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcol whichever occurs first. I certify that on the | |
| (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcol whichever occurs first. I certify that on the day of, 20_21_ the forgoing prevent were performed on the instrument indicated above, in accordance with current regulations of the | |
| (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcol whichever occurs first. I certify that on the day of, 20_21_ the forgoing preven were performed on the instrument indicated above, in accordance with current regulations of the | |
| (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcol whichever occurs first. I certify that on the day of, 20 the forgoing preven were performed on the instrument indicated above, in accordance with current regulations of the | |
| (9) Run diagnostic program and confirm preventive maintenance status of "Pass": (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alco whichever occurs first. I certify that on the day of, 20 the forgoing preven were performed on the instrument indicated above, in accordance with current regulations of the | |
| (10) Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alco whichever occurs first. I certify that on the day of, 20_21_ the forgoing preven were performed on the instrument indicated above, in accordance with current regulations of the | |
| simulator solution is being changed every four months or after 125 Alcolumnic whichever occurs first. I certify that on the day of, 20_21_ the forgoing preven were performed on the instrument indicated above, in accordance with current regulations of the | and |
| I certify that on the day of | date, or the alcoholic breath holic Breath Simulator tests, |
| STATE OF AND STATE | tive maintenance procedures to N.C. Department of Health |
| SA S | |
| Signature of Certifying Official | Certificate Number |

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Date: 08/09/2021

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: 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 | 12:57pm |
| AIR BLK | .00 | 12:57pm |
| ACCY CHK | .08 | 12:58pm |
| AIR BLK | .00 | 12:59pm |
| SUB TEST | .00 | 12:59pm |
| AIR BLK | .00 | 1:00pm |
| SUB TEST | .00 | 1:02pm |
| AIR BLK | .00 | 1:03pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Record Number: 2621 Test Date: 08/09/2021 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:05pm |
| SRC | Pass | 1:05pm |
| DET | Pass | 1:05pm |
| BAR | Pass | 1:05pm |
| BT | Pass | 1:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ΔTR | Pagg | 1:05pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------------------|
| PRNT | Pass | 1:05pm |
| | CRC Tests | |
| | | 000-04-000 0 |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:05pm |
| CAL | Pass | 1:05pm |

Preventive Maintenance Status: Pass

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

Department of Health and Human Services

Rev. 12/2007

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

| County (| instrument Location Kannapolis, PD |
|--|--|
| Instrument Serial | No. 008589 Kannapolis, NC |
| | |
| | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on the were performed and Human Servi | the 23 rd day of 1000 the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly. |
| THE GLAM VICE | Signature of Certifying Official Certificate Number |

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 08/23/2021

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

. Apalyst's Name: Helms, Bryce-A Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

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 | 9:17am |
| AIR BLK | .00 | 9:18am |
| ACCY CHK | .07 | 9:18am |
| AIR BLK | .00 | 9:19am |
| SUB TEST | .00 | 9:20am |
| AIR BLK | | 9:20am |
| SUB TEST | | 9:22am |
| ATR BLK | | 9:24am |

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Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 08/23/2021 Test Record Number: 3280 Test Time: 9:24am EDT

System Check: Passed

Baseline Tests

Test → Status Time

IR Pass 9:25am FLO Pass 9:25am

FC Pass 9:25am

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:25am |
| SRC | Pass | 9:25am |
| DET | Pass | 9:25am |
| BAR | Pass | 9:25am |
| BT | Pass | 9:25am |

Blank Tests

Test Status Time

AIR Pass 9:26am

Printer Tests

Test Status Time

PRNT Pass 9:26am

CRC Tests

Test Status Time

COMP Pass 9:26am CAL Pass 9:26am

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

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

| County Cam | den Instrument Location Camber 6.5.0, |
|---|--|
| Instrument Serial | No. DO 8940 117 N. Carolina Huy 343, Car |
| The preventive maserial number 10,0 | nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on the were performed or and Human Service | day of |
| O THE STATE ON NO. | 7/4 |
| | Signature of Certifying Official Certificate Number |

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 08/19/2021

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: AG034901 Exp Date: 12/14/2022

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:37pm |
| AIR BLK | .00 | 12:38pm |
| ACCY CHK | . 08 | 12:38pm |
| AIR BLK | .00 | 12:39pm |
| SUB TEST | .00 | 12:40pm |
| AIR BLK | .00 | 12:41pm |
| SUB TEST | .00 | 12:43pm |
| AIR BLK | .00 | 12:43pm |

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 1106 Test Date: 08/19/2021 Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:46pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| County | herokee Instrument Location Cherokee C6. | Ja:1 |
|---|---|---|
| Instrument Sei | erial No. 008622 Murphy, NC | |
| The preventive serial number | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/I r 10,000 or higher) to be followed at least once every four months are: | R II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of press breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | ure, or the alcoholic |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Break whichever occurs first. | e alcoholic breath th Simulator tests, |
| I certify that on were performed and Human Serv | n the | enance procedures partment of Health |
| APRIL 12 UPP. | Carl R. C. H. | |
| | Signature of Certifying Official Certifica | te Number |

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 08/16/2021

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: 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: AG107401 Exp Date: 03/15/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| ACCY CHK | .07 | 1:19pm |
| AIR BLK | .00 | 1:20pm |
| SUB TEST | .00 | 1:21pm |
| AIR BLK | .00 | 1:22pm |
| SUB TEST | .00 | 1:23pm |
| AIR BLK | .00 | 1:24pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1165
Test Date: 08/16/2021 Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:27pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:27pm |
| | CDC m | |

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 08/16/2021

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: AG007601 Exp Date: 03/16/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:19pm |
| AIR BLK | .00 | 1:20pm |
| ACCY CHK | .07 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| SUB TEST | .00 | 1:22pm |
| AIR BLK | .00 | 1:23pm |
| SUB TEST | .00 | 1:24pm |
| AIR BLK | .00 | 1:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Did R. Cath

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 1146 Test Date: 08/16/2021 Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:27pm |

Printer Tests

| Test | Status | Time | |
|------|--------|--------|--|
| PRNT | Pass | 1:27pm | |

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| County Instrument Set | rial No. 0086/4 DETENTION CENTER |
|--|--|
| The preventive | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or were performed and Human Ser | theday of |
| STATE OF THE STATE | Sea Control of the co |
| GO QUAM VIDER | I do! |
| | Signature of Certifying Official Certificate Number |

Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 08/19/2021

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: AG118803 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:16am |
| AIR BLK | .00 | 11:17am |
| ACCY CHK | .07 | 11:17am |
| AIR BLK | .00 | 11:18am |
| SUB TEST | .00 | 11:19am |
| AIR BLK | .00 | 11:20am |
| SUB TEST | .00 | 11:22am |
| AIR BLK | .00 | 11:23am |

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4573 Test Date: 08/19/2021 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:25am |
| FLO | Pass | 11:25am |
| FC | Pass | 11:25am |
| | | |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:25am |
| SRC | Pass | 11:25am |
| DET | Pass | 11:25am |
| BAR | Pass | 11:25am |
| BT | Pass | 11:25am |
| | | |

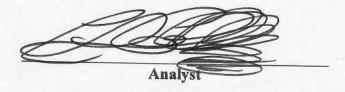
Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:26am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|---------|
| PRNT | Pass | 11:26am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:26am |

Preventive Maintenance Status: Pass



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

| Instrument Ser | ial No. 008632 DETENTION CENTER |
|--|--|
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | theday of |
| THE STATE OF THE S | CAROLLA CAROLL |
| Witness St. | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 08/19/2021

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: AG118803 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:15am |
| AIR BLK | .00 | 11:16am |
| ACCY CHK | .07 | 11:16am |
| AIR BLK | .00 | 11:17am |
| SUB TEST | .00 | 11:18am |
| AIR BLK | .00 | 11:19am |
| SUB TEST | .00 | 11:20am |
| AIR BLK | .00 | 11:21am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alfalyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4356 Test Date: 08/19/2021 Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:24am |
| FLO | Pass | 11:24am |
| FC | Pass | 11:24am |
| | | |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:25am |
| SRC | Pass | 11:25am |
| DET | Pass | 11:25am |
| BAR | Pass | 11:25am |
| BT | Pass | 11:25am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:25am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:25am |
| | CRC Tests | |
| Test | Status | Time |

CAL Pass 11:25am

Preventive Maintenance
Status: Pass

Pass

11:25am

COMP



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

| | County | rial No. 208633 Instrument Location COMBERLAND DETENTION | Co. |
|-----|---|--|--|
| | instrument Seri | TIAI NO. 2008 55 | CENTER |
| 5 | The preventive serial number 1 | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox 10,000 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 centigrad | f 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 "Pass"; and | 1 |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. | or the alcoholic breath Breath Simulator tests, |
| v | certify that on vere performed nd Human Ser | n theday of, 20 the forgoing preventive ed on the instrument indicated above, in accordance with current regulations of the N ervices, and the instrument is functioning properly. | maintenance procedures .C. Department of Health |
| 200 | THE STATE OF MAN 20.170 | CAROLIN CAROLI | |
| | AGE QUAM VIDEN | | 667 |
| | | Signature of Certifying Official C | ertificate Number |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 08/19/2021

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: AG118803 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:14am |
| AIR BLK | .00 | 11:15am |
| ACCY CHK | .07 | 11:15am |
| AIR BLK | .00 | 11:16am |
| SUB TEST | .00 | 11:17am |
| AIR BLK | .00 | 11:18am |
| SUB TEST | .00 | 11:20am |
| AIR BLK | .00 | 11:21am |

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

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 5879
Test Date: 08/19/2021 Test Time: 11:23am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:23am |
| FLO | Pass | 11:23am |
| FC | Pass | 11:24am |
| | | |

Temperature Tests

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

Blank Tests

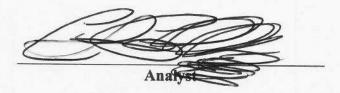
| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:24am |

Printer Tests

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

| Status | Time |
|--------|---------|
| Pass | 11:24am |
| Pass | 11:24am |
| | 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_ | CUMBERLAND Instrument Location CUMBERLAND CO. |
|--|--|
| Instrument Se | erial No.008672 DETENTION CENTER |
| - R | |
| 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, whichever occurs first. |
| I certify that o were performe and Human Se | on theday of |
| CREAT SE STATE OF STA | |
| A GIVAN ALTON | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 08/19/2021

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: AG118803 Exp Date: 07/07/2023

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:17am |
| AIR BLK | .00 | 11:18am |
| ACCY CHK | .07 | 11:19am |
| AIR BLK | .00 | 11:20am |
| SUB TEST | .00 | 11:21am |
| AIR BLK | .00 | 11:22am |
| SUB TEST | .00 | 11:23am |
| AIR BLK | .00 | 11:24am |

Reported AC: .00 g/210L

Signature of chemical Analyst

Court CVR

Analysi

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 7338
Test Date: 08/19/2021 Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

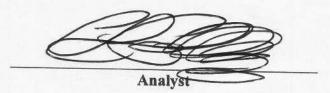
| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:27am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:27am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|-----------|
| COMP | Pass | 11:27am |
| CAL | Pass | 11 · 27am |

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 Car | ituck Instrument Location Curvitick 6 S.O. |
|--|---|
| Instrument Serial | No. 008947 407-A Maple Rd., Maple |
| | |
| The preventive m serial number 10, | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wind 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 alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |
| I certify that on th were performed o and Human Service | day of |
| STATE OF ANY STATE | |
| # SSE QUAM VILER | 7keh (643 |
| | Signature of Certifying Official Certificate Number |

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 08/19/2021

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: AG933703 Exp Date: 12/03/2021

Test g/210L Time

| DIAG | Pass | 11:52am |
|----------|------|---------|
| AIR BLK | .00 | 11:53am |
| ACCY CHK | .08 | 11:53am |
| AIR BLK | .00 | 11:54am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |
| SUB TEST | .00 | 11:57am |
| AIR BLK | .00 | 11:58am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 2880

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:59am |
| FLO | Pass | 11:59am |
| FC | Pass | 11:59am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:00pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:00pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:00pm 12:00pm |

Preventive Maintenance Status: Pass

Analyst

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

| County Currituck Instrument Location Currituck (a S.O C | orolla |
|--|------------------------------------|
| Instrument Serial No. 00 8949 123 Ocean Trail, Corolle | a, N.C. |
| | |
| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II serial number 10,000 or higher) to be followed at least once every four months are: | (Enhanced with |
| Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | or the alcoholic |
| (2) Verify instrument displays time and date; | |
| (3) Initiate breath test sequence; | |
| (4) Enter information as prompted; | |
| (5) Verify instrument accuracy; | |
| (6) When "PLEASE BLOW" appears, collect breath sample; | |
| (7) When "PLEASE BLOW" appears, collect breath sample; | * |
| (8) Print test record; | |
| (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| (10) Verify that the ethanol gas canister is being changed before expiration date, or the al simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first. | coholic breath simulator tests, |
| I certify that on the | nce procedures ment of Health |
| STATE ON THE STATE ON THE STATE OF THE STATE | |
| Signature of Certifying Official Certificate N | Number |

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 08/17/2021

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: 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 | Pass | 9:33am |
| AIR BLK | .00 | 9:34am |
| ACCY CHK | .08 | 9:34am |
| AIR BLK | .00 | 9:35am |
| SUB TEST | .00 | 9:36am |
| AIR BLK | .00 | 9:37am |
| SUB TEST | .00 | 9:39am |
| AIR BLK | .00 | 9:39am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 08/17/2021 Test Time: 9:40am EDT

Test Record Number: 619

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 9:40am 9:40am |
| FC | Pass | 9:40am |

Temperature Tests

| Time |
|--------|
| 9:41am |
| |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:41am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:41am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:41am |

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

| County | Instrument Location Dave Co. Defending Center |
|--|--|
| Instrument Seri | No. 008783 1044 Driftwood Dr. Mant |
| 11 -20-1-20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | , , , , , , , , , , , , , , , , , , , |
| The preventive serial number 1 | aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholibreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that on were performed and Human Ser | e |
| OREAL STATE OF THE | C//2 |
| 4111111111 | Signature of Certifying Official Certificate Number |

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 08/17/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:56am |
| AIR BLK | .00 | 11:57am |
| ACCY CHK | .07 | 11:58am |
| AIR BLK | .00 | 11:59am |
| SUB TEST | .00 | 11:59am |
| AIR BLK | .00 | 12:00pm |
| SUB TEST | .00 | 12:02pm |
| AIR BLK | .00 | 12:03pm |

Reported AC: .

.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1037
Test Date: 08/17/2021 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:04pm |
| FLO | Pass | 12:04pm |
| FC | Pass | 12:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:04pm |
| SRC | Pass | 12:04pm |
| DET | Pass | 12:04pm |
| BAR | Pass | 12:04pm |
| BT | Pass | 12:04pm |

Blank Tests

| tus Time |
|-----------|
| s 12:04pm |
| |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:04pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:05pm 12:05pm |

Preventive Maintenance Status: Pass

Analyst

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

| County | ndl | Instrument Location | Dave Co. Detention (| enter |
|--|--|--|---|------------------------------|
| Instrument Ser | ial No. 008804 | 10 | 044 Driffwood Dry Man | 14e0,1 |
| The preventive | e maintenance procedures for | the Intoximeters, Model Into | ox EC/IR II and Model Intox EC/IR II (Enl | hanced with |
| seriai number | 10,000 or higher) to be follow | ved at least once every four m | months are: | |
| (1) | Verify the ethanol gas ca breath simulator thermor | unister displays at least 51 por meter shows 34 degrees, plus | ounds per square inch (psi) of pressure, or the or minus .2 degree centigrade; | ne alcoholic |
| (2) | Verify instrument display | ys time and date; | | |
| (3) | Initiate breath test sequen | nce; | | |
| (4) | Enter information as pro- | mpted; | | |
| (5) | Verify instrument accura | cy; | | |
| (6) | When "PLEASE BLOW | " appears, collect breath samp | ple; | |
| (7) | When "PLEASE BLOW" | " appears, collect breath samp | ple; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program | and confirm preventive maint | stenance status of "Pass"; and | |
| (10) | Verify that the ethanol simulator solution is be whichever occurs first. | gas canister is being changing changed every four mon | aged before expiration date, or the alcohonths or after 125 Alcoholic Breath Simu | olic breath ılator tests, |
| I certify that on were performed and Human Ser | | , 20 / d above, in accordance with counctioning properly. | the forgoing preventive maintenance current regulations of the N.C. Departmen | procedures t of Health |
| OF THE STATE OF | See | | 643 | |
| | 0 | Signature of Certifying Off | ficial Certificate Num | ber |

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 08/17/2021

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Allanyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2572

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 | 12:18pm |
| SRC | Pass | 12:18pm |
| DET | Pass | 12:18pm |
| BAR | Pass | 12:18pm |
| BT | Pass | 12:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:18pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:18pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:18pm 12:18pm |

12:18pm

Preventive Maintenance Status: Pass

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

| (| County | AUIDSON Instrument Location DAUIDSON COUNTY JAIL |
|-------|-----------------|--|
| I | nstrument Seria | NO.008845 LEXINGTON, NC |
| - 1 | 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. |
| V | | the day of AUGUST, 2021 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. |
| COEAR | STATE OF A | |
| | SUAM VIOLE | Signature of Certifying Official Certificate Number |
| | | |

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 08/06/2021

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: 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 | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| ACCY CHK | .08 | 1:21pm |
| AIR BLK | .00 | 1:23pm |
| SUB TEST | .00 | 1:24pm |
| AIR BLK | .00 | 1:24pm |
| SUB TEST | .00 | 1:26pm |
| AIR BLK | .00 | 1:27pm |

Reported AC: .00 g/210L

G L GIID

Court CVR

Chemical Analyst

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

Rev. 12/2007

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3645
Test Date: 08/06/2021 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:29pm |

CRC Tests

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

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Analyst

Rev. 12/2007

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

| County D | AUIDSON Instru | ment Location_ LEXING | STON POLICE |
|--|---|---|---|
| Instrument Se | rial No. <u>608883</u> | DEPAR | TMENT |
| The preventive serial number | e maintenance procedures for the Intoxim 10,000 or higher) to be followed at least | neters, Model Intox EC/IR II an once every four months are: | d Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister disples breath simulator thermometer shows | lays at least 51 pounds per squares 34 degrees, plus or minus .2 de | re inch (psi) of pressure, or the alcoholic egree centigrade; |
| (2) | Verify instrument displays time and | date; | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, c | collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, co | ollect breath sample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm | n preventive maintenance status | of "Pass"; and |
| (10) | Verify that the ethanol gas canisted simulator solution is being changed whichever occurs first. | er is being changed before ex d every four months or after | apiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests, |
| were performe | the day of August on the instrument indicated above, in a vices, and the instrument is functioning particles. | accordance with current regular | ng preventive maintenance procedures tions of the N.C. Department of Health |
| STATE OF STA | CAROLINA | | |
| QUAM VIDEO | Cignatura | of Certifying Official | - 669 |
| | Signature | of Courrying Official | Certificate Number |

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 08/06/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:31pm |
| AIR BLK | .00 | 12:32pm |
| ACCY CHK | .08 | 12:32pm |
| AIR BLK | .00 | 12:33pm |
| SUB TEST | .00 | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| SUB TEST | .00 | 12:37pm |
| AIR BLK | .00 | 12:37pm |

Reported AC: .00 g/210L

Court CVR

chemical Analyst

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: 2324
Test Date: 08/06/2021 Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:39pm 12:39pm |
| FC | Pass | 12:39pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:39pm |
| SRC | Pass | 12:39pm |
| DET | Pass | 12:39pm |
| BAR | Pass | 12:39pm |
| BT | Pass | 12:39pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:40pm |

Printer Tests

Test

CAL

| PRNT | Pass | 12:40pm |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:40pm |

Status Time

12:40pm

Preventive Maintenance Status: Pass

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 Edge | ecombe Instrument Location Edgesombe | 6. Majistrate's OF |
|--|--|--|
| Instrument Seria | al No. 00 8603 300 5, A | naconda Rd. Tar |
| | | / M. |
| The preventive serial number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and N 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 i breath simulator thermometer shows 34 degrees, plus or minus .2 degrees. | nch (psi) of pressure, or the alcoholic ee centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of | "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expin simulator solution is being changed every four months or after 12 whichever occurs first. | ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| I certify that on the were performed and Human Serv | the day of day of , 20 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly. | preventive maintenance procedures as of the N.C. Department of Health |
| STATE OF NO. 20. LOS AND 20. L | See | 643 |
| | Signature of Certifying Official | Certificate Number |

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 08/26/2021

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: 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 | Pass | 12:16pm |
| AIR BLK | .00 | 12:17pm |
| ACCY CHK | .08 | 12:18pm |
| AIR BLK | .00 | 12:19pm |
| SUB TEST | .00 | 12:20pm |
| AIR BLK | .00 | 12:20pm |
| SUB TEST | .00 | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| | | |

Reported AC: .0

.00 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1949

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:27pm |
| FLO | Pass | 12:27pm |
| FC | Pass | 12:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:27pm |
| SRC | Pass | 12:27pm |
| DET | Pass | 12:27pm |
| BAR | Pass | 12:27pm |
| BT | Pass | 12:27pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:28pm |

Printer Tests

| Pass | 12:28pm |
|-----------|-----------|
| CRC Tests | |
| Status | Time |
| Pass | 12:28pm |
| | CRC Tests |

12:28pm

Preventive Maintenance Status: Pass

Analyst

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

| County Ed | secon | rbe | Instrument Loca | ation Edge Co | mbe Co | . Majistrate |
|--|-----------------------------|--|--|---|--|--|
| Instrument Seria | 1 No. <u>DD</u> | 2663 | | Office, 3 | 00 S. Ana | conda Rd., |
| Q | | | | - / | Tai | bors, N.C. |
| The preventive reserval number 10 | naintenance 0,000 or hig | e procedures for the her) to be followed | e Intoximeters, Mo | del Intox EC/IR I y four months are: | I and Model Into | ox EC/IR II (Enhanced with |
| (1) | Verify the breath sin | e ethanol gas canis mulator thermomet | eter displays at least er shows 34 degree | st 51 pounds per sees, plus or minus. | quare inch (psi) 2 degree centigr | of pressure, or the alcoholic ade; |
| (2) | Verify in | strument displays t | ime and date; | | | |
| (3) | Initiate b | reath test sequence | ; | | | |
| (4) | Enter inf | ormation as promp | ted; | | | |
| (5) | Verify in | strument accuracy; | | | | |
| (6) | When "P | LEASE BLOW" a _l | opears, collect brea | ath sample; | | |
| (7) | When "P | LEASE BLOW" a | ppears, collect brea | ath sample; | | |
| (8) | Print test | record; | | | | |
| (9) | Run diag | nostic program and | l confirm preventiv | ve maintenance sta | atus of "Pass"; a | nd |
| (10) | simulatoi | nat the ethanol gar solution is being er occurs first. | s canister is bein changed every f | g changed before our months or af | e expiration date ter 125 Alcoho | te, or the alcoholic breath lic Breath Simulator tests, |
| I certify that on t were performed and Human Serv | on the instr | day ofday of rument indicated all e instrument is fund | pove, in accordance ctioning properly. | , 20_7/ the for | going preventiv gulations of the | re maintenance procedures N.C. Department of Health |
| THE STATE OF THE S | CAROLLI | Key | | | | 643 |
| | | S | ignature of Certify | ving Official | ************************************** | Certificate Number |

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 08/26/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:03pm |
| AIR BLK | .00 | 12:04pm |
| ACCY CHK | .08 | 12:04pm |
| AIR BLK | .00 | 12:05pm |
| SUB TEST | .00 | 12:06pm |
| AIR BLK | .00 | 12:07pm |
| SUB TEST | .00 | 12:09pm |
| AIR BLK | .00 | 12:09pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3425 Test Date: 08/26/2021 Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:11pm |
| FLO | Pass | 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 | 12:11pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| Th | e preventive | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with |
|------------|----------------|--|
| ser | | 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| WE | are performed | theday of, 20, 20 |
| E GREAT GE | STATE OF | SARVI CAROUN |
| Ø. | STE QUAM VIDEN | 1 St Ence 669 |
| 24 | | Signature of Certifying Official Certificate Number |

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 08/09/2021

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 | 12:14pm |
| AIR BLK | .00 | 12:15pm |
| ACCY CHK AIR BLK | .08 | 12:15pm |
| SUB TEST | .00 | 12:16pm 12:17pm |
| AIR BLK | .00 | 12:17pm |
| SUB TEST | .00 | 12:10pm |
| AIR BLK | .00 | 12:20pm |
| | | |

Reported AC: .00 g/210L

Court CVR

ture of Chemical Analyst

Analysi

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 8521 Test Date: 08/09/2021 Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:24pm |
| FLO | Pass | 12:24pm |
| FC | Pass | 12:25pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:25pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:25pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:26pm |
| CAL | Pass | 12:26pm |

Preventive Maintenance Status: Pass

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

Department of Health and Human Services
Rev. 12/2007

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

| County/ | FORSYTH Instrument Location FORSYTH | CO. DETENTION |
|--|---|---|
| Instrument Se | rial No. 008659 Instrument Location FORSYTH WINSTON | -SALEM, NC |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 10,000 or higher) to be followed at least once every four months are: | Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees. | nch (psi) of pressure, or the alcoholic se centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of " | Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first. | tion date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| Ferrence | theday of | reventive maintenance procedures of the N.C. Department of Health |
| AND SINIE OF THE CAREATOR STATES OF THE CAREA | ST T T | |
| - QUAM VILLE | Signature of Certifying Official | 669 |
| | Signature of Certifying Official | Certificate Number |

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008659 Test Date: 08/02/2021

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: 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 | 2:28pm |
| .00 | 2:29pm |
| .08 | 2:29pm |
| .00 | 2:30pm |
| .00 | 2:32pm |
| .00 | 2:32pm |
| .00 | 2:35pm |
| .00 | 2:35pm |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Chemical

Court CVR

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

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 5766
Test Date: 08/02/2021 Test Time: 2:38pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:38pm |
| FLO | Pass | 2:38pm |
| FC | Pass | 2:38pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 2:38pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|------------|
| AIR | Pass | 2 · 3 9 mm |

Printer Tests

| Test | Status | Time | |
|------|--------|--------|--|
| PRNT | Pass | 2:39pm | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:39pm |
| CAL | Pass | 2:39pm |
| | | |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Ser | alva 008975 | TH CO. DETENTION |
|--|---|---|
| Instrument Ser | al No. 1000/23 | ON-SACEIN, NC |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II an 0,000 or higher) to be followed at least once every four months are: | d Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per squar breath simulator thermometer shows 34 degrees, plus or minus .2 de | |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status | of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first. | |
| were performed | theday of | ng preventive maintenance procedures tions of the N.C. Department of Health |
| THE STATE OF THE S | CARO | |
| STARIL 12 1776 | 1 Clamela | 669 |
| | Signature of Certifying Official | Certificate Number |

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 08/09/2021

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: Olignueller 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 | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| ACCY CHK | .08 | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:27pm |
| SUB TEST | .00 | 12:29pm |
| AIR BLK | .00 | 12:29pm |
| | | |

Reported AC: .00 g/210L

NAMES : PROPERTY OF THE PROPER

Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 3857 Test Date: 08/09/2021 Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:34pm |
| FLO | Pass | 12:34pm |
| FC | Pass | 12:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:34pm |
| SRC | Pass | 12:34pm |
| DET | Pass | 12:34pm |
| BAR | Pass | 12:34pm |
| ВТ | Pass | 12:34pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:35pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:35pm |
| | CPC Tests | |

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

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forencie Tests for Alcohol Branch

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

| County | Ston Instrument Location Mt. Holly PD |
|--|---|
| Instrument Serial 1 | Mt Hally N.C. |
| | J |
| | aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on th were performed of and Human Service | the 3184 day of Hugust, 2021 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 PARTY | Signature of Certifying Official Certificate Number |

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008910 Test Date: 08/31/2021

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: Helms, Bryce A

Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

Officer's Name: 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 | 2:22pm |
| AIR BLK | .00 | 2:23pm |
| ACCY CHK | .08 | 2:24pm |
| AIR BLK | .00 | 2:25pm |
| SUB TEST | .00 | 2:25pm |
| AIR BLK | .00 | 2:26pm |
| SUB TEST | .00 | 2:28pm |
| AIR BLK | .00 | 2:28pm |

Reported AC; / .00 g/210L

gnature 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

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008910 Test Record Number: 1241 Test Date: 08/31/2021 Test Time: 2:29pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:29pm |
| FLO | Pass | 2:29pm |
| FC | Pass | 2:29pm |

Temperature Tests

| Test | Status | Time | |
|------|--------|--------|--|
| FC1 | Pass | 2:29pm | |
| SRC | Pass | 2:29pm | |
| DET | Pass | 2:29pm | |
| BAR | Pass | 2:29pm | |
| BT | Pass | 2:29pm | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:30pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:30pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:30pm |
| CAL | Pass | 2:30pm |

Preventive Maintenance

Status: Pass

Analyst

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

| | County C | raham Instrument Location Graham Co. | 5.0. |
|----------|--|--|---|
| 1 | Instrument Ser | ial No. 008915 Robbinsville | NC |
| - | | | |
| S | The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox 10,000 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 centigrad | 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 "Pass"; and | |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. | |
| | | the | maintenance procedures C. Department of Health |
| GREAT CO | NE STATE CONTROL TO THE STATE OF THE STATE O | Open of R. Cath | 35 |
| | | Signature of Certifying Official Ce | rtificate Number |

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 08/13/2021

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 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: AG007601 Exp Date: 03/16/2022

| g/210L | Time |
|--------|----------------------------------|
| Pass | 11:05am |
| .00 | 11:06am |
| .08 | 11:06am |
| .00 | 11:07am |
| .00 | 11:08am |
| .00 | 11:09am |
| .00 | 11:10am |
| .00 | 11:11am |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 849
Test Date: 08/13/2021 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

| Status | Time |
|--------------|-------------------------------|
| Pass Pass | 11:15am 11:15am 11:15am |
| | Pass |

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 11:16am | |

Printer Tests

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

Pass 11:16am

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)

| INO 008641 111 MASONIC St. |
|---|
| INO. 008641 III MASONIC St. Creed MOOR, NC |
| maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| Verify instrument displays time and date; |
| Initiate breath test sequence; |
| Enter information as prompted; |
| Verify instrument accuracy; |
| When "PLEASE BLOW" appears, collect breath sample; |
| When "PLEASE BLOW" appears, collect breath sample; |
| Print test record; |
| Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| the HH day of August, 20 21 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly. |
| |
| |

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 08/04/2021

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: AG107502 Exp Date: 03/16/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:50pm |
| AIR BLK | .00 | 2:50pm |
| ACCY CHK | .08 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:52pm |
| AIR BLK | .00 | 2:53pm |
| SUB TEST | .00 | 2:54pm |
| AIR BLK | .00 | 2:55pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1396

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 2:57pm |
| Pass | 2:57pm |
| Pass | 2:57pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:57pm |
| SRC | Pass | 2:57pm |
| DET | Pass | 2:57pm |
| BAR | Pass | 2:57pm |
| BT | Pass | 2:57pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2:57pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:57pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:57pm |
| CAL | Pass | 2:57pm |

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 G | Instrument Location Greene (a. S. O. |
|--|--|
| Instrument Ser | ial No. 008670 301 W. Greene St., Snow Hill N |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or were performed and Human Ser | the day of day o |
| ARRIE 12 UTE | A COLOR |
| Will Constitute of the Constit | Signature of Certifying Official Certificate Number |
| | |

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 08/18/2021

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: 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: AG018202 Exp Date: 06/30/2022

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

Reported AC:

.00 g/21QL

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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2123 Test Date: 08/18/2021 Test Time: 2:47pm EDT

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 2:47pm |
| Pass | 2:47pm |
| Pass | 2:47pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:48pm |
| SRC | Pass | 2:48pm |
| DET | Pass | 2:48pm |
| BAR | Pass | 2:48pm |
| BT | Pass | 2:48pm |
| | | |

Blank Tests

| Test | Status | Time |
|---------|--------|----------|
| 7. T.D. | | |
| AIR | Pass | 2 · 48pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 2:48pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 2:48pm 2:48pm |

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 | GUILFORD Instrument Location HIGH POINT JAIL |
|--|--|
| Instrument Seri | ial No. 008655 Instrument Location HIGH POINT JAIL HIGH POINT, NC |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 12 day of AUGUST, 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. |
| SIAIE OF STATE OF STA | CAROLLI CAROLL |
| TOP QUAM VIDENT | ACREMICE 669 |
| | Signature of Certifying Official Certificate Number |

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 08/12/2021

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

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 | 1:33pm |
| AIR BLK | .00 | 1:34pm |
| ACCY CHK | .08 | 1:34pm |
| AIR BLK | .00 | 1:35pm |
| SUB TEST | .00 | 1:36pm |
| AIR BLK | .00 | 1:37pm |
| SUB TEST | .00 | 1:38pm |
| AIR BLK | .00 | 1:39pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 3705 Test Date: 08/12/2021 Test Time: 1:40pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:40pm |
| FLO | Pass | 1:40pm |
| FC | Pass | 1:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:40pm |
| SRC | Pass | 1:40pm |
| DET | Pass | 1:40pm |
| BAR | Pass | 1:40pm |
| BT | Pass | 1:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|------------|
| AIR | Pass | 1 · 4 1 pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:41pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:41pm |
| CAL | Pass | 1:41pm |

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 Ovi | Instrument Location | BAT Mobile | Unit 6 |
|---------------------------------|---|--|---|
| | | | |
| The preventive serial number 10 | naintenance procedures for the Intoximeters, Model 0,000 or higher) to be followed at least once every for | Intox EC/IR II and Model I ir months are: | Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 breath simulator thermometer shows 34 degrees, p | pounds per square inch (per lus or minus .2 degree cent | si) of pressure, or the alcoholic igrade; |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect breath s | ample; | |
| (7) | When "PLEASE BLOW" appears, collect breath : | ample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm preventive n | naintenance status of "Pass" | ; and |
| (10) | Verify that the ethanol gas canister is being of simulator solution is being changed every four whichever occurs first. | | |
| were performed | the 26 day of Agus 7, 20 on the instrument indicated above, in accordance wrices, and the instrument is functioning properly. | the forgoing prevention the current regulations of t | ntive maintenance procedures he N.C. Department of Health |
| STATE | | | 660 |
| | Signature of Certifying | Official | Certificate Number |

GUILFORD COUNTY BAT MOBILE UNIT 6 400

Serial Number: 008686 Test Date: 08/26/2021

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: 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: AG018202 Exp Date: 06/30/2022

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 6 400

Serial Number: 008686 Test Record Number: 6774
Test Date: 08/26/2021 Test Time: 11:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:20pm |
| | Pass Pass Pass Pass |

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:21pm

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 Go | Instrument Location 6,650,011/2 PD |
|--|--|
| Instrument Se | rial No. 008812 129 W. MAIN ST Gobsonille, N |
| Al e sia | |
| 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. |
| I certify that or were performe and Human Se | the |
| STATE OF THE STATE | To reflectioning property. |
| A LES GIAM VIDE | Sym Stoker Barres 1662 |
| | Signature of Certifying Official Certificate Number |

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Date: 08/13/2021

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

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

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

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

Reported AC: .00 g/219L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Record Number: 3557 Test Date: 08/13/2021 Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:34am |
| FLO | Pass | 10:34am |
| FC | Pass | 10:35am |

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| Co | unty | GUILFORD Instrument Location HIGH POINT |
|---------------|-----------------------------|--|
| Ins | trument Seri | ial No. 008828 POLICE DEPARTMENT |
| The | e preventive al number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| Well | e periormed | the 12 day of August, 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. |
| THE GREAT SEA | WE STATE OF MAY 20, 172 | OMA CAROLLA CA |
| 1 | A STOR QUAM VIDEN | LSC 069 |
| | | Signature of Certifying Official Certificate Number |

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 08/12/2021

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

> 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 | 2:05pm |
| AIR BLK | .00 | 2:06pm |
| ACCY CHK | .08 | 2:07pm |
| AIR BLK | .00 | 2:08pm |
| SUB TEST | .00 | 2:08pm |
| AIR BLK | .00 | 2:09pm |
| SUB TEST | .00 | 2:11pm |
| AIR BLK | .00 | 2:11pm |

Reported AC: .00 g/210L

Court CVR

gnature of chemical Analyst

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 3789
Test Date: 08/12/2021 Test Time: 2:14pm EDT

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

| PRNT Pass 2:15pm | Test | Status | Time |
|------------------|------|--------|--------|
| | PRNT | Pass | 2:15pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:15pm |
| CAL | Pass | 2:15pm |

Preventive Maintenance Status: Pass

Analyst

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

| County | Instrument Location Room | oke Rapids PD |
|--|--|--|
| Instrument Ser | ial No. 008635 1040 | Roanoke Ave |
| | Roa, | no ke RAPIds, NC |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR 10,000 or higher) to be followed at least once every four months are | II and Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per streath simulator thermometer shows 34 degrees, plus or minus | |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance sta | atus of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or at whichever occurs first. | |
| | the day of, 20 the for on the instrument indicated above, in accordance with current regions, and the instrument is functioning properly. | going preventive maintenance procedures gulations of the N.C. Department of Health |
| THE STATE OF THE S | CAROLINA CAR | 171 |
| | Signature of Certifying Official | Certificate Number |

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 08/10/2021

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 | 11:30am |
| AIR BLK | .00 | 11:31am |
| ACCY CHK | .07 | 11:32am |
| AIR BLK | .00 | 11:33am |
| SUB TEST | .00 | 11:33am |
| 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

Ellmath Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1838
Test Date: 08/10/2021 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|---------|
| IR FLO | Pass 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

| Status | Time |
|--------|---------|
| Pass | 11:41am |
| | |

Printer Tests

| rest | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:41am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:41am |

Preventive Maintenance Status: Pass

Pass

11:41am

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_//o | Instrument Location Roanoke | Rapids PD |
|-------------|--|--|--|
| I | nstrument Seri | al No. 008656 1040 Roo | mobile Are |
| 14 | | Koanoke K | ands, NC |
| T s | The preventive erial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are: | del Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree c | (psi) of pressure, or the alcoholic 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 "Pa | ass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first. | on date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| I w a | certify that on were performed and Human Ser | the day of day o | eventive maintenance procedures of the N.C. Department of Health |
| CDEAT | A SEE GUAN VIEW | CAR A | 171 |
| | William . | Signature of Certifying Official | Certificate Number |

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 08/10/2021

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: 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 | 11:32am |
| AIR BLK | .00 | 11:32am |
| ACCY CHK | .07 | 11:33am |
| AIR BLK | .00 | 11:34am |
| SUB TEST | .00 | 11:35am |
| AIR BLK | .00 | 11:36am |
| SUB TEST | .00 | 11:37am |
| AIR BLK | .00 | 11:38am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 776
Test Date: 08/10/2021 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:40am |
| FLO | Pass | 11:40am |
| FC | Pass | 11:41am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:41am |

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:41am

CAL

SABry

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

| | County_Ha/ | Instrument Location Hallax 6. 5.0. | |
|----|--|---|-----------------------|
| | Instrument Serial | 1No. D08695 305 Ferrell LANE | |
| 16 | | Halan, NC | |
| 9 | The preventive m serial number 10. | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhan, 000 or higher) to be followed at least once every four months are: | iced with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | alcoholic |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| ¥ | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. | tor tests, |
| - | I certify that on the were performed of and Human Servi | he day of day of he instrument indicated above, in accordance with current regulations of the N.C. Department of ices, and the instrument is functioning properly. | ocedures of Health |
| | STATE OF AND STATE | SAMO 1001 | |
| | | Signature of Certifying Official Certificate Number | er |

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 08/10/2021

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 | 2:06pm |
| AIR BLK | .00 | 2:06pm |
| ACCY CHK | .08 | 2:07pm |
| AIR BLK | .00 | 2:08pm |
| SUB TEST | .00 | 2:09pm |
| AIR BLK | .00 | 2:10pm |
| SUB TEST | .00 | 2:11pm |
| AIR BLK | .00 | 2:12pm |

Reported AC: 00 g/21

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 3207

Test Date: 08/10/2021 Test Time: 2:13pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:13pm |
| FLO | Pass | 2:13pm |
| FC | Pass | 2:13pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:13pm |
| SRC | Pass | 2:13pm |
| DET | Pass | 2:13pm |
| BAR | Pass | 2:13pm |
| BT | Pass | 2:13pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:14pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:14pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:14pm |
| CAL | Pass | 2:14pm |

Preventive Maintenance Status: Pass

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 Ha | wood Instrument Location Haywood Co. Fail |
|-------|--------------------------------|--|
| | Instrument Ser | ial No. 0087/2 Instrument Location Haywood Co. Fail Waynesville, NC |
| | • | |
| | The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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. |
| V | vere performed | the |
| COEAN | STATE | OR THE STATE OF TH |
| | # SSE QUAM VILLED | Cirl K. Cuther 635 |
| | | Signature of Certifying Official Certificate Number |

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 08/19/2021

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: 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: AG107401 Exp Date: 03/15/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:51am |
| AIR BLK | .00 | 9:52am |
| ACCY CHK | .08 | 9:53am |
| AIR BLK | .00 | 9:54am |
| SUB TEST | .00 | 9:55am |
| AIR BLK | .00 | 9:55am |
| SUB TEST | .00 | 9:57am |
| AIR BLK | .00 | 9:58am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2391 Test Date: 08/19/2021 Test Time: 9:59am EDT

System Check: Passed

Baseline Tests

| ime |
|-------|
| :59am |
| :59am |
| :59am |
| |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:59am |
| SRC | Pass | 9:59am |
| DET | Pass | 9:59am |
| BAR | Pass | 9:59am |
| BT | Pass | 9:59am |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 10:00am | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:00am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:00am |
| CAL | Pass | 10:00am |

Preventive Maintenance Status: Pass

Analyst

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

| (| County Hay | Wood Instrument Location Haywood Co. Jail |
|--------------|--|--|
|] | Instrument Ser | ial No. 008714 Instrument Location Haywood Co. Jail |
| s | The preventive serial number 1 | 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 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. |
| S. GREAT CO. | THE STATE OF NO. 20. LOS AND STATE OF NO. 20. | |
| | The same of the sa | Signature of Certifying Official Certificate Number |
| | | |

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 08/19/2021

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: 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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 9:58am |
| AIR BLK | .00 | 9:59am |
| ACCY CHK | .08 | 10:00am |
| AIR BLK | .00 | 10:01am |
| SUB TEST | .00 | 10:01am |
| AIR BLK | .00 | 10:02am |
| SUB TEST | .00 | 10:04am |
| AIR BLK | .00 | 10:05am |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1791 Test Date: 08/19/2021 Test Time: 10:23am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:24am |
| SRC | Pass | 10:24am |
| DET | Pass | 10:24am |
| BAR | Pass | 10:24am |
| BT | Pass | 10:24am |
| | | |

Blank Tests

| Status Pass | Time 10:24am |
|----------------|-----------------|
| | |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:24am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:25am 10:25am |

Preventive Maintenance Status: Pass

Analyst

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

| County | Instrument Location | Henderson Co. Jail |
|--------------------------------|---|---|
| Instrument Ser | ial No. <u>008 806</u> | Hendersonville, NC |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model 0,000 or higher) to be followed at least once every for | Intox EC/IR II and Model Intox EC/IR II (Enhanced with ir months are: |
| (1) | Verify the ethanol gas canister displays at least 51 breath simulator thermometer shows 34 degrees, p | pounds per square inch (psi) of pressure, or the alcoholic lus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath s | ample; |
| (7) | When "PLEASE BLOW" appears, collect breath s | ample; |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive m | aintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being cl simulator solution is being changed every four whichever occurs first. | nanged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests, |
| were performed | the day of | the forgoing preventive maintenance procedures th current regulations of the N.C. Department of Health |
| STATE OF | SATI CAROL | |
| APRIL 12 1772 | 13 - 13 - 21 | |
| | Signature of Certifying | Official Certificate Number |

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Date: 08/04/2021

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 | 12:53pm |
| AIR BLK | .00 | 12:53pm |
| ACCY CHK | .08 | 12:54pm |
| AIR BLK | .00 | 12:55pm |
| SUB TEST | .00 | 12:56pm |
| AIR BLK | .00 | 12:57pm |
| SUB TEST | .00 | 12:58pm |
| AIR BLK | .00 | 12:59pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Record Number: 2987 Test Date: 08/04/2021 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:05pm |
| FLO | Pass | 1:05pm |
| FC | Pass | 1:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:05pm |
| SRC | Pass | 1:05pm |
| DET | Pass | 1:05pm |
| BAR | Pass | 1:05pm |
| BT | Pass | 1:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:05pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:06pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:06pm |

Pass 1:06pm

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)

| Instrument Serial | al No. 008822 Hon. | dersonville, NC |
|--|--|--|
| | | |
| The preventive m serial number 10. | maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are: | odel Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degree | ch (psi) of pressure, or the alcoholic e centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of " | Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first. | ation date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| were performed of | the day of, 20 the forgoing p on the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly. | preventive maintenance procedures s of the N.C. Department of Health |
| STATE OF ACTION AND ACTION | | |
| The state of the s | Signature of Certifying Official | Certificate Number |

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 08/04/2021

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 | 12:54pm |
| AIR BLK | .00 | 12:54pm |
| ACCY CHK | .07 | 12:55pm |
| AIR BLK | .00 | 12:56pm |
| SUB TEST | .00 | 12:56pm |
| AIR BLK | .00 | 12:57pm |
| SUB TEST | .00 | 12:59pm |
| AIR BLK | .00 | 1:00pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2901 Test Date: 08/04/2021 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| FC1 Pass 1:0 | 4pm |
|---------------|-----|
| SRC Pass 1:04 | 4pm |
| DET Pass 1:04 | 4pm |
| BAR Pass 1:04 | 4pm |
| BT Pass 1:0 | 4pm |

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| ATR | Pagg | 1 • 05pm |

Printer Tests

Test Status Time

| TESC | Status | TIME |
|------|--------|--------|
| PRNT | Pass | 1:05pm |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:05pm |
| CAL | Pass | 1:05pm |

Preventive Maintenance Status: Pass

Analyst

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

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

| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
|--------------------------------|--|
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the 21 day of August, 2021 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health |

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008826 Test Date: 08/21/2021

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: 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 | 11:02pm |
| AIR BLK | .00 | 11:03pm |
| ACCY CHK | .08 | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| SUB TEST | .00 | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| SUB TEST | .00 | 11:08pm |
| AIR BLK | .00 | 11:09pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008826 Test Record Number: 8356 Test Date: 08/21/2021 Test Time: 11:09pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------------------|
| IR | Pass | 11:10pm 11:10pm |
| FLO | Pass | 11:10pm |
| FC | Pass | TT: TODU |

Temperature Tests

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

Blank Tests

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

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

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

| | 8) |
|--|--|
| County Tre | Instrument Location States VIIIE PD |
| Instrument Seri | Statesuille, NC |
| | |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the day of day o |
| S S S S S S S S S S S S S S S S S S S | Bouk Holms 1074 |

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 08/11/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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 | 1:09pm |
| AIR BLK | .00 | 1:10pm |
| ACCY CHK | .07 | 1:10pm |
| AIR BLK | .00 | 1:11pm |
| SUB TEST | .00 | 1:12pm |
| AIR BLK | .00 | 1:13pm |
| SUB TEST | .00 | 1:14pm |
| AIR BLK | .00 | 1:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619

Test Record Number: 1834

Test Date: 08/11/2021

Test Time: 1:16pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|------------------|
| IR | Pass | 1:17pm 1:17pm |
| FLO | Pass | - |
| FC | Pass | 1:17pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:17pm |
| SRC | Pass | 1:17pm |
| DET | Pass | 1:17pm |
| BAR | Pass | 1:17pm |
| BT | Pass | 1:17pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:18pm |

Printer Tests

| Test | Status | Time |
|--------|-----------|--------|
| PRNT | Pass | 1:18pm |
| | CRC Tests | |
| mo a t | Ctatus | Time |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:18pm |
| CAL | Pass | 1:18pm |

Preventive Maintenance Status: Pass

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

| Instrument Serial No. OOSUSS The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | County Ir | redell Instrument Location Moves ville PD |
|--|------------------------------|--|
| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | Instrument Ser | Mooresuille, NC |
| (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | mod union oc | |
| breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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 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: |
| (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | (2) | Verify instrument displays time and date; |
| (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | (3) | Initiate breath test sequence; |
| (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | (4) | Enter information as prompted; |
| (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. (certify that on the 23rd day of August , 20 21 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health | (5) | Verify instrument accuracy; |
| (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. (10) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator tests, whichever occurs first. | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. (certify that on the 23rd day of 4 ay of 4 ay of 4 ay of 5 accordance with current regulations of the N.C. Department of Health | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. Certify that on the 23rd day of 4 day of 5 day of 6 day of 6 day of 6 day of 6 day of 7 day of 7 day of 8 da | (8) | Print test record; |
| simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the 23rd day of 4 day of 5 day of 6 day of 7 day of 7 day of 8 day o | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health | (10) | simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, |
| | were performed | on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health |

STATE OF THE STATE

Signature of Certifying Official

Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 08/23/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:35am |
| AIR BLK | .00 | 10:36am |
| ACCY CHK | .08 | 10:36am |
| AIR BLK | .00 | 10:37am |
| SUB TEST | .00 | 10:38am |
| AIR BLK | .00 | 10:39am |
| SUB TEST | .00 | 10:40am |
| AIR BLK | .00 | 10:41am |

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 3692 Test Date: 08/23/2021 Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:42am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:42am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:43am |
| CAL | Pass | 10:43am |

Preventive Maintenance Status: Pass

Analyst

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

| County Ire | Instrument Location Iredeil County 80 Statesville, NC |
|--|--|
| Instrument Seria | Statesuille, MC |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on th were performed of and Human Service | the last day of August, 2021 the forgoing preventive maintenance procedures on the instrument indicated bove, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly. |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number |

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 08/11/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2 21-04/20/2023

Officer's Name: 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 | 12:03pm |
| AIR BLK | .00 | 12:03pm |
| ACCY CHK | .07 | 12:04pm |
| AIR BLK | .00 | 12:05pm |
| SUB TEST | .00 | 12:05pm |
| AIR BLK | .00 | 12:06pm |
| SUB TEST | .00 | 12:08pm |
| ATR BLK | . 00 | 12:09pm |

Reported A.: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809

Test Record Number: 4727

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:17pm |
| FLO | Pass | 12:17pm |
| 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 | 12:18pm | |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:18pm |
| | | |

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)

| Instr | ument Seri | al No. 008708 |
|---------------|--------------------------|---|
| The p | preventive I number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| , | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were | performed | the |
| THE GREAT SEA | ME STATE OF | ORDINATION OF THE PROPERTY OF |
| 100 | SE QUAM VILLEN | P 11 K (the 128 |

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 08/18/2021

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: AG107401 Exp Date: 03/15/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:57pm |
| AIR BLK | .00 | 1:58pm |
| ACCY CHK | .08 | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| SUB TEST | .00 | 2:00pm |
| AIR BLK | .00 | 2:01pm |
| SUB TEST | .00 | 2:02pm |
| AIR BLK | .00 | 2:03pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1584
Test Date: 08/18/2021 Test Time: 2:04pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:05pm |
| FLO | Pass | 2:05pm |
| FC | Pass | 2:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:05pm |
| SRC | Pass | 2:05pm |
| DET | Pass | 2:05pm |
| BAR | Pass | 2:05pm |
| BT | Pass | 2:05pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2:06pm | |

Printer Tests

| Test | | |
|------|------|--------|
| PRNT | Pass | 2:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:06pm |
| CAL | Pass | 2:06pm |

Preventive Maintenance Status: Pass

Analyst

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

| County | Tackson Instrument Location Tackson Co. Jail |
|--|--|
| Instrument | Serial No. 608722 Instrument Location Jackson Co. Jail |
| The prevent | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that were perform and Human S | on the |
| A STATE OF THE STA | |
| Mount | Signature of Certifying Official Certificate Number |
| | Signature of Certifying Official Certificate Number |

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 08/18/2021

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: AG107401 Exp Date: 03/15/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| ACCY CHK | .07 | 1:59pm |
| AIR BLK | .00 | 2:00pm |
| SUB TEST | .00 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:03pm |
| AIR BLK | .00 | 2:04pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1282

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:05pm 2:05pm |
| FC | Pass | 2:05pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|----------|--|
| AIR | Pass | 2 · 06pm | |

Printer Tests

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

Preventive Maintenance Status: Pass

2:06pm

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 Kinston P.D. |
|--|--|
| Instrument Seri | ial No. 008624 205 E. King St., Kinshn, |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the day of day of 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 | CAROLLI CAROLL |
| - Caro | Signature of Certifying Official Certificate Number |

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 08/16/2021

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: 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 | 10:31am |
| AIR BLK | .00 | 10:32am |
| ACCY CHK | .07 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:35am |
| AIR BLK | .00 | 10:35am |
| SUB TEST | .00 | 10:37am |
| AIR BLK | .00 | 10:38am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1955

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:39am |
| FLO | Pass | 10:39am |
| FC | Pass | 10:40am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:40am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:40am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:40am 10:40am |

Preventive Maintenance Status: Pass

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

| County | Instrument Location / PNO; / (0.5.0) |
|--|---|
| Instrument Seri | ial No. 008639 130 Queen St., Kinston, NC |
| | |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that on were performed and Human Ser | the day of , 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. |
| STATE OF STA | OBBH CAROUND |
| SCHW NITH | Signature of Certifying Official Certificate Number |
| | Signature of Certifying Official Certificate Number |

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 08/16/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3564
Test Date: 08/16/2021 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| County Lin | Instrument Location Lincoln Co Courthouse Lincoln ton |
|--|---|
| Instrument Seria | INO. 008823 Lincolnton |
| (| |
| | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | he 3184 day of August, 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. |
| N SEATE OF THE SEA | Bryte Multiple Cortificate Number |

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 08/31/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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 | 12:38pm |
| AIR BLK | .00 | 12:39pm |
| ACCY CHK | .08 | 12:39pm |
| AIR BLK | .00 | 12:40pm |
| SUB TEST | .00 | 12:41pm |
| AIR BLK | .00 | 12:42pm |
| SUB TEST | .00 | 12:43pm |
| ATR BLK | .00 | 12:44pm |

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 1727

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

AIR Pass 12:46pm

Printer Tests

| Tanana Carana Ca | The state of the s | |
|--|--|--------|
| Test | Status | Time |
| TESL | Status | TTILLE |

PRNT 12:46pm Pass

CRC Tests

Status Time Test

COMP Pass 12:46pm

CAL Pass 12:46pm

Preventive Maintenance

Status: Pass

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

| County Lia | Instrument Location Lincoln County Juil al No. 00 8827 hincoln ton, NC |
|--------------------------------|--|
| Instrument Seria | al No. 008827 hincolaten, 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 12 day of 4 years, 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. |
| STATE | |
| GUAM VI | Signature of Certifying Official Certificate Number |

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Date: 08/12/2021

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: 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 | Pass | 1:40pm |
| AIR BLK | .00 | 1:41pm |
| ACCY CHK | .08 | 1:41pm |
| AIR BLK | .00 | 1:42pm |
| SUB TEST | .00 | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| SUB TEST | .00 | 1:45pm |
| AIR BLK | .00 | 1:46pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Record Number: 3589
Test Date: 08/12/2021 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:48pm |
| FLO | Pass | 1:48pm |
| FC | Pass | 1:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:48pm |
| SRC | Pass | 1:48pm |
| DET | Pass | 1:48pm |
| BAR | Pass | 1:48pm |
| BT | Pass | 1:48pm |

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:48pm

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 Mars H | .11 PD |
|----------|--|--|--|
| Ir | nstrument Ser | ial No. <u>009597</u> | S Hill, NC |
| - | | | |
| T | he preventive erial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and I 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 degr | inch (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 expi simulator solution is being changed every four months or after 12 whichever occurs first. | ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| VV | ere periorine | the day of, 20 the forgoing don the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly. | preventive maintenance procedures ns of the N.C. Department of Health |
| OREAT OF | STATE OF THE STATE | CAROLLA CAROLL | |
| | THE STATE OF THE S | Signature of Certifying Official | 668 |
| | | Signature of Certifying Official | Certificate Number |

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 08/05/2021

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: 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 | 12:19pm |
| AIR BLK | .00 | 12:19pm |
| ACCY CHK | .07 | 12:20pm |
| AIR BLK | .00 | 12:21pm |
| SUB TEST | .00 | 12:22pm |
| AIR BLK | .00 | 12:22pm |
| SUB TEST | .00 | 12:24pm |
| AIR BLK | .00 | 12:26pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1179
Test Date: 08/05/2021 Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:27pm |
| SRC | Pass | 12:27pm |
| DET | Pass | 12:27pm |
| BAR | Pass | 12:27pm |
| BT | Pass | 12:27pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:27pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:27pm |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:27pm |
| CAL | Pass | 12:27pm |

Preventive Maintenance Status: Pass

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

Analyst

Rev. 12/2007

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

| County Me | CKlenburg Instrument Location Mathews PD |
|--|---|
| Instrument Seria | al No. 008199 Marthews, NC |
| | |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on to were performed and Human Serv | the 12th 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 prices, and the instrument is functioning properly. |
| STATE ON STATE ON STATE OF STA | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 08/12/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

Officer's Name: ,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|-----------|
| DIAG | Pass | 12:18pm |
| AIR BLK | .00 | 12:19pm |
| ACCY CHK | .08 | 12:20pm |
| AIR BLK | .00 | 12:21pm |
| SUB TEST | .00 | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| SUB TEST | .00 | 12:27pm |
| ATR BLK | .00 | 12 · 27pm |

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2925 Test Date: 08/12/2021 Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| IR | Pass | 12:28pm |
| FLO | Pass | 12:28pm |
| FC | Pass | 12:28pm |

Temperature Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| FCl | Pass | 12:28pm |
| SRC | Pass | 12:28pm |
| DET | Pass | 12:28pm |
| BAR | Pass | 12:28pm |
| BT | Pass | 12:28pm |
| | | |

Blank Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| AIR | Pass | 12:29pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:29pm |
| | CRC Tests | |

| Test | Sta tus | Time |
|------|----------------|---------|
| COMP | Pass | 12:29pm |
| CAL | Pass | 12:29pm |

Preventive Maintenance Status: Pass

Analyst

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

| County Meci | Unburay Instrument Location CMPD LEC |
|--|--|
| Instrument Serial | 000000 |
| | |
| 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. |
| | day of Houst , 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 STATE | Brya Reems 674 |
| | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 08/09/2021

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
04/20/2021-04/20/2023

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

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

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

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 4965 Test Date: 08/09/2021 Test Time: 10:01am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:01am 10:01am |
| FC | Pass | 10:01am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:02am |
| SRC | Pass | 10:02am |
| DET | Pass | 10:02am |
| BAR | Pass | 10:02am |
| BT | Pass | 10:02am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:02am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:02am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:02am |
| CAL | Pass | 10:02am |

Preventive Maintenance Status: Pass

Analyst

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

Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are: Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic (1) breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2)Verify instrument displays time and date; (3) Initiate breath test sequence; (4)Enter information as prompted; Verify instrument accuracy; (5)When "PLEASE BLOW" appears, collect breath sample; (6)(7)When "PLEASE BLOW" appears, collect breath sample; Print test record: (8) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (9) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath (10)simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. _, 20 Z1 the forgoing preventive maintenance procedures I certify that on the were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 08/09/2021

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: Helms, Bryce A

Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

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

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------|--|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 11:41am 11:42am 11:42am 11:43am |
| AIR BLK SUB TEST | .00 .00 | 11:44am |
| AIR BLK SUB TEST | .00 .00 | 11:45am 11:46am |
| ATR BLK | .00 | 11:47am |

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 4995 Test Date: 08/09/2021 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:48am |
| FLO | Pass | 11:48am |
| FC | Pass | 11:49am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:49am |
| SRC | Pass | 11:49am |
| DET | Pass | 11:49am |
| BAR | Pass | 11:49am |
| BT | Pass | 11:49am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:49am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:49am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:49am |
|------|------|---------|
| CAL | Pass | 11:49am |

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_ | CKlenburg Instrument Location Mcklenburg County Sc |
|--|---|
| Instrument Serial | No. 008190 Charloste, NC |
| | |
| The preventive m serial number 10, | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that on th were performed o and Human Service | eday of |
| SAME ON A SAME O | |

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 08/09/2021

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: Helms, Bryce A

Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

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

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:46am |
| AIR BLK | .00 | 11:47am |
| ACCY CHK | .08 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 11:52am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Test Record Number: 6809 Serial Number: 008690

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:53am |
| FLO | Pass | 11:53am |
| FC | Pass | 11:53am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:53am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:53am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:53am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:54am |
| CAL | Pass | 11:54am |

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 Me | cklenburg Instrument Location Huntersuille PD |
|--|---|
| Instrument Serial | CKlenburg Instrument Location Huntersville PD No. 008747 Huntersville, NC |
| | |
| | aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on th were performed o and Human Service | e day of |
| STATE OF THE STATE | Bruho Holms (074 |

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

Signature of Certifying Official

Certificate Number

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 08/11/2021

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: Helms, Bryce A

Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

Officer's Name: 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 | 2:25pm |
| AIR BLK | .00 | 2:26pm |
| ACCY CHK | .08 | 2:26pm |
| AIR BLK | .00 | 2:27pm |
| SUB TEST | .00 | 2:28pm |
| AIR BLK | .00 | 2:29pm |
| SUB TEST | .00 | 2:30pm |
| ATR BLK | . 00 | 2:31pm |

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747

Test Record Number: 2845

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 |

2:33pm

Preventive Maintenance Status: Pass

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 MC | OKIENDURY Instrument Location CMPD LEC Charlotte, NC | | |
|--|--|--|--|
| The preventive r | 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 theday ofday of, 20 21 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. | | | |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number | | |

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008927 Test Date: 08/09/2021

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: Helms, Bryce A

Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

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 | 10:51am |
| AIR BLK | .00 | 10:52am |

Reported AC; 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008927 Test Record Number: 694 Test Date: 08/09/2021 Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| FC1 Pass 10:54am SRC Pass 10:54am DET Pass 10:54am BAR Pass 10:54am BT Pass 10:54am | Test | Status | Time |
|---|------|--------|---------|
| DET Pass 10:54am BAR Pass 10:54am | FC1 | Pass | 10:54am |
| BAR Pass 10:54am | SRC | Pass | 10:54am |
| | DET | Pass | 10:54am |
| BT Pass 10:54am | BAR | Pass | 10:54am |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | BT | Pass | 10:54am |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 10:55am | |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 10:55am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 10:55am 10:55am |

Preventive Maintenance Status: Pass

Analyst

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

| I | nstrument Seri | al No. 008 110 DEPARTMENT |
|--------|--|--|
|] S | The 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 | certify that on vere performed and Human Ser | theday of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| | STATE OF STATE OF | |
| V 300 | | CAROL |
| 4 | AFRIL 12 1775 QUAM VIDEN | 5 /1/7 |
| | 1100000 | Signature of Certifying Official Certificate Number |

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 08/16/2021

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: 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 | 12:11pm |
| AIR BLK | .00 | 12:12pm |
| ACCY CHK | .07 | 12:12pm |
| AIR BLK | .00 | 12:13pm |
| SUB TEST | .00 | 12:14pm |
| AIR BLK | .00 | 12:15pm |
| SUB TEST | .00 | 12:17pm |
| AIR BLK | .00 | 12:17pm |

Reported

Court CVR

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Record Number: 1829 Test Date: 08/16/2021 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

| Test Status | Time |
|-------------|---------|
| IR Pass | 12:21pm |
| FLO Pass | 12:21pm |
| FC Pass | 12:21pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:22pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:22pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 12:22pm |
|------|------|---------|
| CAL | Pass | 12:22pm |

Preventive Maintenance Status: Pass

Analyst

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

| County | MOORE Instrument Location SOUTHERN PINES |
|--|--|
| Instrument Seri | al No. 008720 POLICE DEPARTMENT |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | theday of, 20the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| O THE STATE OF THE | |
| CONTRACTOR OF STATE O | Signature of Certifying Official Certificate Number |

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 08/16/2021

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: 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 | 9:53am |
| AIR BLK | .00 | 9:54am |
| ACCY CHK | .07 | 9:55am |
| AIR BLK | .00 | 9:56am |
| SUB TEST | .00 | 9:57am |
| AIR BLK | .00 | 9:58am |
| SUB TEST | .00 | 9:59am |
| AIR BLK | .00 | 10:00am |

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

Analyst

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Record Number: 1255
Test Date: 08/16/2021 Test Time: 10:02am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|---------|
| IR FLO | Pass Pass | 10:02am |
| FC | Pass | 10:02am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 10:02am |
| | Pass Pass Pass Pass |

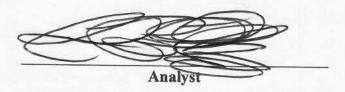
Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:03am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:03am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:03am 10:03am |

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. |
| | 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. |

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 08/16/2021

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: 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: AG107401 Exp Date: 03/15/2023

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:35pm |
| AIR BLK | .00 | 2:35pm |
| ACCY CHK | .08 | 2:36pm |
| AIR BLK | .00 | 2:37pm |
| SUB TEST | .00 | 2:38pm |
| AIR BLK | .00 | 2:39pm |
| SUB TEST | .00 | 2:40pm |
| AIR BLK | .00 | 2:41pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Record Number: 2653
Test Date: 08/16/2021 Test Time: 2:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

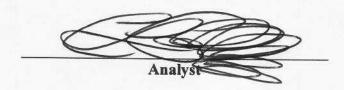
| AIR Pass 2:43pm | Test | Status | Time |
|-----------------|------|--------|--------|
| | AIR | Pass | 2:43pm |

Printer Tests

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

Preventive Maintenance Status: Pass

CAL Pass 2:44pm



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

| County No | Torthampton 1 Instrument Location No- | thoughous Co. S.O. |
|--|---|---|
| | | - West Jeffenson S |
| | Jack | son, no |
| The preventive serial number | tive maintenance procedures for the Intoximeters, Model Intox EC/I per 10,000 or higher) to be followed at least once every four months a | IR II and Model Intox EC/IR II (Enhanced wit are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds pe breath simulator thermometer shows 34 degrees, plus or min | er square inch (psi) of pressure, or the alcoholi us .2 degree centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance | status of "Pass"; and |
| (10) | | S |
| I certify that on were performed and Human Ser | on the day of, 20 the ned on the instrument indicated above, in accordance with current services, and the instrument is functioning properly. | forgoing preventive maintenance procedures regulations of the N.C. Department of Health |
| QUAM VILL | C/The matte | 671 |
| | Signature of Certifying Official | Certificate Number |

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 08/13/2021

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: AG018202 Exp Date: 06/30/2022

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:20am |
| AIR BLK | .00 | 11:21am |
| ACCY CHK | .07 | 11:22am |
| AIR BLK | .00 | 11:23am |
| SUB TEST | .00 | 11:24am |
| AIR BLK | .00 | 11:25am |
| SUB TEST | .00 | 11:26am |
| AIR BLK | .00 | 11:27am |

Reported AC: .00 g/2104

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1120 Test Date: 08/13/2021 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 11:29am |
| Pass | 11:29am |
| Pass | 11:29am |
| | Pass Pass |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:29am |

Printer Tests

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

| 11:30am |
|---------|
| 11:30am |
| |

Preventive Maintenance Status: Pass

Analyst

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

| County | The MP to Nor the | anpto Co. 5.0. |
|--|--|--|
| Instrument Ser | rial No. 008688 105 W | OT Jellerson St. |
| T | Jacks | ON, NC |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR I 10,000 or higher) to be followed at least once every four months are | II and Model Intox EC/IR II (Enhanced with: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per s breath simulator thermometer shows 34 degrees, plus or minus | equare inch (psi) of pressure, or the alcoholic 2 degree centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance sta | atus of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first. | e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests, |
| I certify that on were performed and Human Ser | the day of | going preventive maintenance procedures gulations of the N.C. Department of Health |
| THE STATE OF | A CANDULY CAND | |
| Co. C. STERI | | |

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 08/13/2021

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: yy

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

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:19am |
| AIR BLK | .00 | 11:19am |
| ACCY CHK | .07 | 11:20am |
| AIR BLK | .00 | 11:21am |
| SUB TEST | .00 | 11:22am |
| AIR BLK | .00 | 11:22am |
| SUB TEST | .00 | 11:24am |
| AIR BLK | .00 | 11:25am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 949
Test Date: 08/13/2021 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Status | Time |
|--------|---------|
| Pass | 11:26am |
| | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:26am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:27am |
| CAL | Pass | 11:27am |

Preventive Maintenance Status: Pass

Analyst

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

| County OR | ANGE Instrument Location Hills bord | rush PD |
|--|---|---|
| Instrument Ser | ial No. 008799 127 N. C | CHUTTON ST |
| | Hellsburg | sh, NC |
| The preventive serial number | maintenance procedures for the Intoximeters, Model Intox EC/IR II an 0,000 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 square breath simulator thermometer shows 34 degrees, plus or minus .2 de | re inch (psi) of pressure, or the alcoholic egree centigrade; |
| (2) | Verify instrument displays time and date; | 107 10 10 |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status | of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first. | St. 3 |
| | the day of | ng preventive maintenance procedures tions of the N.C. Department of Health |
| STATE OF STA | State State | 662 |
| | Signature of Certifying Official | Certificate Number |

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 08/04/2021

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, 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: AG118804 Exp Date: 07/07/2023

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

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 3504

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

10:35am

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

| County Page | squotank Instrument Location Stizubeth City P.D. |
|--|--|
| Instrument Se | rial No. 00 8941 315 Min St., Elizabeth City, |
| 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 o were perform and Human So | n the |
| THE STATE OF THE S | Company (43 |
| | Signature of Certifying Official Certificate Number |

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 08/30/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:45am |
| AIR BLK | .00 | 10:46am |
| ACCY CHK | .07 | 10:46am |
| AIR BLK | .00 | 10:47am |
| SUB TEST | .00 | 10:48am |
| AIR BLK | .00 | 10:49am |
| SUB TEST | .00 | 10:51am |
| AIR BLK | .00 | 10:51am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1503 Test Date: 08/30/2021 Test Time: 10:52am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:53am |
| FLO | Pass | 10:53am |
| FC | Pass | 10:53am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 10:53am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:54am |
| | | |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:54am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:54am 10:54am |

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 Pos | Scotenk Instrument Location Pasquotank Co. Public Scho |
|---|--|
| Instrument Ser | ial No. 008950 Bld. 2006, Colonial St. |
| | Elizabeth City, No |
| The preventive serial number | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the |
| OF THE STATE OF THE OF | Carried The Carrie |
| | Signature of Certifying Official Certificate Number |

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 08/27/2021

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1880 Test Date: 08/27/2021 Test Time: 10:18am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:18am |
| FLO | Pass | 10:18am |
| FC | Pass | 10:18am |
| | | |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:19am |
| SRC | Pass | 10:19am |
| DET | Pass | 10:19am |
| BAR | Pass | 10:19am |
| BT | Pass | 10:19am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:19am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:19am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:19am 10:19am |

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 Mec | No. 008703 Instrument Location Pineuille Police Department Pineuille, NC |
|--|--|
| Instrument Serial | No.008703 Pineville, NC |
| | aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed o | the <u>20th</u> day of <u>Hugust</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 ces, and the instrument is functioning properly. |
| STATE OF THE PROPERTY OF THE P | Brys Delms 674 |

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 08/20/2021

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: Helms, Bryce A

Permit Number: 0084-9845

Effective:

04/20/2021-04/20/2023

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:44am |
| AIR BLK | .00 | 8:45am |
| ACCY CHK | .08 | 8:45am |
| AIR BLK | .00 | 8:46am |
| SUB TEST | .00 | 8:47am |
| AIR BLK | .00 | 8:48am |
| SUB TEST | .00 | 8:49am |
| AIR BLK | .00 | 8:50am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Record Number: 5968 Test Date: 08/20/2021 Test Time: 8:51am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:51am |
| FLO | Pass | 8:51am |
| FC | Pass | 8:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:51am |
| SRC | Pass | 8:51am |
| DET | Pass | 8:51am |
| BAR | Pass | 8:51am |
| BT | Pass | 8:51am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:52am |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 8:52am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 8:52am 8:52am |

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 P | + | | Instrument Locat | ion Agde | n P.D | |
|--|-----------------------------|--|---|---|--|---|
| Instrument Seria | 1 No. 00 | Eldap | | 4144 WE | est Ave, | Aydon, NC. |
| The preventive n | maintenance ,000 or high | e procedures for the Inher) to be followed at | ntoximeters, Mod | el Intox EC/IR II a | and Model Intox E | C/IR II (Enhanced with |
| (1) | Verify the breath sir | ne ethanol gas canister mulator thermometer | r displays at least shows 34 degrees | 51 pounds per squ , plus or minus .2 | are inch (psi) of pr degree centigrade; | essure, or the alcoholic |
| (2) | Verify in | strument displays tim | ne and date; | | | |
| (3) | Initiate bi | reath test sequence; | | | | |
| (4) | Enter info | ormation as prompted | d; | | | |
| (5) | Verify in | strument accuracy; | | | | |
| (6) | When "P | LEASE BLOW" appe | ears, collect breat | h sample; | | |
| (7) | When "P | LEASE BLOW" appo | ears, collect breat | h sample; | | |
| (8) | Print test | record; | | | | |
| (9) | Run diagi | nostic program and co | onfirm preventive | maintenance statu | is of "Pass"; and | |
| (10) | simulator | nat the ethanol gas r solution is being c er occurs first. | canister is being changed every for | changed before ur months or afte | expiration date, o r 125 Alcoholic I | r the alcoholic breath Breath Simulator tests, |
| I certify that on to were performed and Human Serv | on the instr | _ day of | ve. in accordance | 20 the forgowith current regul | oing preventive m lations of the N.C. | aintenance procedures Department of Health |
| THE STATE OF ANY TO STATE OF A | CAROUNG | Veg | | | | 4.3 |
| | | Sig | nature of Certifyi | ng Official | Cert | ificate Number |

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 08/16/2021

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: NCNE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

| Test | g/2 10L | 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

Analyst

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1332 Test Date: 08/16/2021 Test Time: 12:32pm 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 | 12:33pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:33pm |
| | 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 PH | Instrument Location Pit Co. Defeating Canter |
|--|--|
| Instrument Ser | ial No. DO 8668 124 New Hope RJ., Grancill |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the day of 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 revices, and the instrument is functioning properly. |
| A STATE OF THE OWN | 643 |
| | Signature of Certifying Official Certificate Number |

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 08/24/2021

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: AG107501 Exp Date: 03/16/2023

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | Pass | 11:58am |
| AIR BLK | .00 | 11:59am |
| ACCY CHK | .07 | 11:59am |
| AIR BLK | .00 | 12:00pm |
| SUB TEST | .00 | 12:01pm |
| AIR BLK | .00 | 12:02 bm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | .00 | 12:04pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008663 Test Record Number: 4046

System Check: Passed

Baseline Tests

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

emperature Tests

| Test | Status | Time |
|------|--------|----------|
| FC1 | Pass | 12:07pm |
| SRC | Pass | 12:07pm |
| DE | 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 |
| | | |

12:08pm

12:08pm Preventive Maintenance Status: Pass

COMP Pass

CAL 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 S | Serial No. 008791 Instrument Location ARCHDALE POLICE DEA |
|--|---|
| | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| were perforn | on the day of |
| SIATE WE STATE OF STA | |
| | |

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 08/12/2021

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

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 | 11:35am |
| AIR BLK | .00 | 11:36am |
| ACCY CIIK | .08 | 11:37am |
| AIR BLK | .00 | 11:38am |
| SUB TEST | .00 | 11:39am |
| AIR BLK | .00 | 11:40am |
| SUB TEST | .00 | 11:41am |
| AIR BLK | .00 | 11:42am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1461 Test Date: 08/12/2021 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Pass

11:44am

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_RA | NDOLPH Instrument Location LIBERTY POLICE DEPT. |
|---|-------------------|--|
| | Instrument Serial | No. 008830 LIBERTY, NC |
| | | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| 1 | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | were performed of | ne 12 TH day of AUGUST, 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 OAK | CARO |
| | *ADE QUAM VIDEU | Stamulle 669 |
| 1 | | Signature of Certifying Official Certificate Number |

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 08/12/2021

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

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

> > Lot Number: AG934001 Exp Date: 12/06/2021

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:31am |
| AIR BLK | .00 | 10:32am |
| ACCY CHK | .08 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:34am |
| AIR BLK | .00 | 10:35am |
| SUB TEST | .00 | 10:37am |
| AIR BLK | .00 | 10:37am |

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 719 Test Date: 08/12/2021 Test Time: 10:38am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:38am |
| FLO | Pass | 10:38am |
| FC | Pass | 10:38am |

Temperature Tests

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

Blank Tests

| Status | Time |
|--------|---------|
| Pass | 10:39am |
| | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:39am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:39am |
| CAL | Pass | 10:39am |

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)

| Instr | ument Seria | INO. 008737 DEPARTMENT |
|-----------|----------------|---|
| | | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were | performed | the 5 day of AuGust, 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. |
| GREAT SEA | WA STATE OF AN | CAROL |

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 08/05/2021

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: 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: AG934001 Exp Date: 12/06/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:17pm |
| AIR BLK | .00 | 4:18pm |
| ACCY CHK | .08 | 4:19pm |
| AIR BLK | .00 | 4:19pm |
| SUB TEST | .00 | 4:21pm |
| AIR BLK | .00 | 4:22pm |
| SUB TEST | .00 | 4:23pm |
| AIR BLK | .00 | 4:24pm |

Reported AC: .00 g/210L

ture of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 1288
Test Date: 08/05/2021 Test Time: 4:25pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:25pm |
| FLO | Pass | 4:25pm |
| FC | Pass | 4:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:25pm |
| SRC | Pass | 4:25pm |
| DET | Pass | 4:25pm |
| BAR | Pass | 4:25pm |
| BT | Pass | 4:25pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pass | 4:26pm |

Printer Tests

| rest | Status | 111116 |
|------|--------|--------|
| PRNT | Pass | 4:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:26pm |
| CAL | Pass | 4:26pm |

Preventive Maintenance Status: Pass

Analyst

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

| County R | Instrument Location RICHMOND COUNTY |
|--------------------------------|---|
| Instrument Seri | ial No. 00870/ MAGISTRATE'S OFFICE |
| The preventive serial number 1 | 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 alcohobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program 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 test whichever occurs first. |
| were performed | the 15 day of 1051, 20 1/2 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hear vices, and the instrument is functioning properly. |
| O THE STATE OF | |
| CRIAM VIDER | Signature of Certifying Official Certificate Number |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 08/25/2021

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: 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 | 4:08pm |
| AIR BLK | .00 | 4:08pm |
| ACCY CHK | .08 | 4:09pm |
| AIR BLK | .00 | 4:10pm |
| SUB TEST | .00 | 4:11pm |
| AIR BLK | .00 | 4:11pm |
| SUB TEST | .00 | 4:13pm |
| AIR BLK | .00 | 4:14pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1272
Test Date: 08/25/2021 Test Time: 4:15pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:15pm |
| FLO | Pass | 4:15pm |
| FC | Pass | 4:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:16pm |
| SRC | Pass | 4:16pm |
| DET | Pass | 4:16pm |
| BAR | Pass | 4:16pm |
| BT | Pass | 4:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:16pm |

Printer Tests

| rest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:16pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:17pm |
| CAL | Pass | 4:17pm |

Preventive Maintenance Status: Pass

Analyst

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

| The preve serial nun | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ber 10,000 or higher) to be followed at least once every four months are: |
|-------------------------|---|
| (1 | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 |
| (1 | Verify that the ethanol gas canister is being changed before 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 perf | at on the |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 08/25/2021

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: 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 | 4:09pm |
| AIR BLK | .00 | 4:09pm |
| ACCY CHK | .07 | 4:10pm |
| AIR BLK | .00 | 4:11pm |
| SUB TEST | .00 | 4:12pm |
| AIR BLK | .00 | 4:13pm |
| SUB TEST | .00 | 4:14pm |
| AIR BLK | .00 | 4:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2629 Test Date: 08/25/2021 Test Time: 4:16pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:16pm |
| FLO | Pass | 4:16pm |
| FC | Pass | 4:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:17pm |
| SRC | Pass | 4:17pm |
| DET | Pass | 4:17pm |
| BAR | Pass | 4:17pm |
| BT | Pass | 4:17pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:17pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:17pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:17pm |
| CAL | Pass | 4:17pm |

Preventive Maintenance Status: Pass



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

| breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. | County | ROBESON Instrument Location LUMBERTON POLICE DEPARTMENT |
|--|--|---|
| serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, 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 day of day | Instrument Se | nai No. |
| breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister 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 day of | | |
| (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 test whichever occurs first. I certify that on the | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the day of Algust 1, 20 december 1, 20 december 2, 20 december 2, 20 december 2, 20 december 2, 20 december 3, 20 dece | (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 day of day | (3) | Initiate breath test sequence; |
| (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the day of | (5) | Verify instrument accuracy; |
| (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes 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 tess 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 tes whichever occurs first. I certify that on the | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal 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 whichever occurs first. |
| THE STATE OF THE S | were perform | ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health |
| * SER CRIAM VIEW * | THE PARTY OF THE P | O LO |
| Signature of Cartifuing Official Cartificate Number | # SOF QUAM VID | 6 5 66/ |

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 08/30/2021

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 | 3:16pm |
| AIR BLK | .00 | 3:16pm |
| ACCY CHK | .07 | 3:17pm |
| AIR BLK | .00 | 3:18pm |
| SUB TEST | .00 | 3:19pm |
| AIR BLK | .00 | 3:20pm |
| SUB TEST | .00 | 3:21pm |
| AIR BLK | .00 | 3:22pm |

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 1037 Test Date: 08/30/2021 Test Time: 3:23pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:24pm |
| FLO | Pass | 3:24pm |
| FC | Pass | 3:24pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:24pm |
| SRC | Pass | 3:24pm |
| DET | Pass | 3:24pm |
| BAR | Pass | 3:24pm |
| BT | Pass | 3:24pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:25pm |

Printer Tests

| Test PRNT | Status Pass | Time 3:25pm |
|--------------|----------------|-------------|
|--------------|----------------|-------------|

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:25pm |
| CAL | Pass | 3:25pm |

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)

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

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 08/18/2021

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

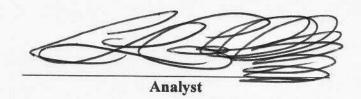
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:17pm |
| AIR BLK | .00 | 2:18pm |
| ACCY CHK | .07 | 2:19pm |
| AIR BLK | .00 | 2:20pm |
| SUB TEST | .00 | 2:20pm |
| AIR BLK | .00 | 2:21pm |
| SUB TEST | .00 | 2:23pm |
| AIR BLK | .00 | 2:24pm |

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

Court CVR



ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1120 Test Date: 08/18/2021 Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

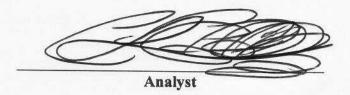
Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2.27pm | |

Printer Tests

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

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)

| ; | The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 2,000 or higher) to be followed at least 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. |
| 1 | were performed | theday of, 20the forgoing preventive maintenance procedur on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal vices, and the instrument is functioning properly. |
| | STATE OF | |
| | 3/18 V 3 | |
| 1 | | |
| , | ASSE QUAM VIDEO | 3 (11) |
| | | Signature of Certifying Official Certificate Number |

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 08/25/2021

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: 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: AG934001 Exp Date: 12/06/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:42pm |
| AIR BLK | .00 | 2:42pm |
| ACCY CHK | .08 | 2:43pm |
| AIR BLK | .00 | 2:44pm |
| SUB TEST | .00 | 2:44pm |
| AIR BLK | .00 | 2:45pm |
| SUB TEST | .00 | 2:47pm |
| AIR BLK | .00 | 2:48pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 1027 Test Date: 08/25/2021 Test Time: 2:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2:50pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:50pm |
| | CRC Tests | |

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 2:50pm | |
| CAL | Pass | 2:50pm | |

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)

| - | ent Serial | |
|--------------------|-------------------------|--|
| The present all nu | ventive m imber 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; |
| 1 | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| (| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were per | rformed o | e |
| WE GREAT SEA | STATE | |
| Mas | KIAM VIDES | Signature of Certifying Official Certificate Number |

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 08/25/2021

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: 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 | 1:48pm |
| AIR BLK | .00 | 1:48pm |
| ACCY CHK | .08 | 1:49pm |
| AIR BLK | .00 | 1:50pm |
| SUB TEST | .00 | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| SUB TEST | .00 | 1:53pm |
| AIR BLK | .00 | 1:54pm |

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1761 Test Date: 08/25/2021 Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:56pm |
| FLO | Pass | 1:56pm |
| FC | Pass | 1:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:56pm |
| SRC | Pass | 1:56pm |
| DET | Pass | 1:56pm |
| BAR | Pass | 1:56pm |
| BT | Pass | 1:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:57pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:57pm |
| | CRC Tests | |

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 1:57pm | |
| CAL | Pass | 1:57pm | |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Seri | ial No. 008609 Brevard, NC | |
|--|--|------------------|
| moutament ber | Dievard, NC | |
| | | |
| The preventive serial number 1 | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 10,000 or higher) to be followed at least once every four months are: | d witl |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | oholi |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. | breath tests |
| certify that on were performed and Human Ser | the day of, 20 the forgoing preventive maintenance proceed on the instrument indicated above, in accordance with current regulations of the N.C. Department of process, and the instrument is functioning properly. | edures Health |
| STATE OF THE STATE | A CAROLLA SALVANIA SA | |
| TOP OLIAM VIDEN | | |

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 08/04/2021

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 | 11:44am |
| AIR BLK | .00 | 11:45am |
| ACCY CHK | .08 | 11:45am |
| AIR BLK | .00 | 11:46am |
| SUB TEST | .00 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:50am |
| AIR BLK | .00 | 11:50am |

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 978
Test Date: 08/04/2021 Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| FC | Pass | 11:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:52am |

Printer Tests

Test

| PRNT | Pass | 11:52am |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:52am |
| CAL | Pass | 11:52am |

Status Time

Preventive Maintenance Status: Pass

Analyst

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

| Co | ounty | Instrument Location | Ivania Co. Ja. 1 |
|--------------------|---|--|--|
| Ins | strument Seria | al No. 008820 | Brevord, NC |
| | | | |
| Th ser | e preventive ial number 10 | 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 of | are inch (psi) of pressure, or the alcoholic degree centigrade; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance statu | 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 ce wer and | ertify that on to be performed Human Serv | the day of, 20 the forgo on the instrument indicated above, in accordance with current regulices, and the instrument is functioning properly. | ing preventive maintenance procedures ations of the N.C. Department of Health |
| THE GREAT SEA | O WY STATE OF AN | CAROUN | |
| | QUAM VIDER | | 668 |
| | | Signature of Certifying Official | Certificate Number |

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 08/04/2021

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 | 11:45am |
| AIR BLK | .00 | 11:45am |
| ACCY CHK | .07 | 11:46am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:48am |
| AIR BLK | .00 | 11:49am |
| SUB TEST | .00 | 11:50am |
| AIR BLK | .00 | 11:51am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1389
Test Date: 08/04/2021 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

| IR Pass 11:52a FLO Pass 11:52a | Test | Status T | Lme |
|--|------|----------|--------|
| | IR | Pass 11 | L:52am |
| SECTION AND ADDRESS OF THE PROPERTY OF THE PRO | FLO | Pass 11 | L:52am |
| FC Pass 11:52a | FC | Pass 11 | L:52am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:53am |

Printer Tests

Test Status Time

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

Preventive Maintenance Status: Pass

Pass

11:53am

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 UNI | On Instrument Location Warman PD |
|---|---|
| Instrument Serial | No. 008598 Waxhaw, NC |
| | |
| 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; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on the were performed of and Human Service | the 3184 day of Jugust, 2021 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. |
| | |

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 08/31/2021

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

04/20/2021-04/20/2023

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

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

| Test | g/210L | Time |
|---------------------|--------|------------------|
| DIAG | Pass | 3:41pm 3:42pm |
| AIR BLK ACCY CHK | .00 | 3:42pm |
| AIR BLK | .00 | 3:43pm |
| SUB TEST | .00 | 3:44pm |
| AIR BLK | .00 | 3:45pm |
| SUB TEST | .00 | 3:46pm |
| AIR BLK | .00 | 3:47pm |

Reported AC:

Chemical Analyst trre of

Court CVR

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 886
Test Date: 08/31/2021 Test Time: 3:48pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:48pm |
| FLO | Pass | 3:48pm |
| FC | Pass | 3:48pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:49pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:49pm |
| | CRC Tests | |

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 3:49pm | |
| CAL | Pass | 3:49pm | |

Preventive Maintenance

Status: Pass

Analyst

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

| County Un | Instrument Location Union County 80 I No. 008866 Monroe, NC | | |
|---|--|--|--|
| Instrument Seria | Monroe, NC | | |
| - | | | |
| The preventive serial number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: | | |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | | |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| I certify that on were performed and Human Serv | the 12 day of Hugust, 20 21 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. | | |
| | Signature of Certifying Official Certificate Number | | |

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 08/12/2021

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

04/20/2021-04/20/2023

Officer's Name: 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 | 10:35am |
| AIR BLK | .00 | 10:36am |
| ACCY CHK | .07 | 10:37am |
| AIR BLK | .00 | 10:38am |
| SUB TEST | .00 | 10:38am |
| AIR BLK | .00 | 10:39am |
| SUB TEST | .00 | 10:41am |
| AIR BLK | .00 | 10:41am |

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 3884

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:42am |
| FLO | Pass | 10:42am |
| FC | Pass | 10:43am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:43am |
| SRC | Pass | 10:43am |
| DET | Pass | 10:43am |
| BAR | Pass | 10:43am |
| BT | Pass | 10:43am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:43am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:43am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:44am |

Preventive Maintenance Status: Pass

CAL

Pass

10:44am

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

| County Un | Instrument Location Union County 80 I No. 008866 Monroe, NC | | |
|---|--|--|--|
| Instrument Seria | Monroe, NC | | |
| - | | | |
| The preventive serial number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: | | |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | | |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| I certify that on were performed and Human Serv | the 12 day of Hugust, 20 21 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. | | |
| | Signature of Certifying Official Certificate Number | | |

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 08/12/2021

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

04/20/2021-04/20/2023

Officer's Name: 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 | 10:35am |
| AIR BLK | .00 | 10:36am |
| ACCY CHK | .07 | 10:37am |
| AIR BLK | .00 | 10:38am |
| SUB TEST | .00 | 10:38am |
| AIR BLK | .00 | 10:39am |
| SUB TEST | .00 | 10:41am |
| AIR BLK | .00 | 10:41am |

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 3884

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:42am |
| FLO | Pass | 10:42am |
| FC | Pass | 10:43am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:43am |
| SRC | Pass | 10:43am |
| DET | Pass | 10:43am |
| BAR | Pass | 10:43am |
| BT | Pass | 10:43am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:43am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:43am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:44am |

Preventive Maintenance Status: Pass

CAL

Pass

10:44am

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

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

| County Uni | Instrument Location Union County 80 No. 008874 Monroe, NC |
|--|---|
| | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| | the 12 day of August , 20 21 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number |

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 08/12/2021

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

04/20/2021-04/20/2023

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

Test Type: Breath Test

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

| AIR BLK .00 10:32am ACCY CHK .07 10:32am AIR BLK .00 10:34am SUB TEST .00 10:34am | Test | g/210L | Time |
|---|----------------------------|---|--------------------|
| ACCY CHK .07 10:32am AIR BLK .00 10:34am SUB TEST .00 10:34am | | 100000000000000000000000000000000000000 | 10:31am |
| SUB TEST .00 10:34am | ACCY CHK | .07 | 10:32am |
| | | | 10:34am |
| | | ne lensen | |
| | AIR BLK | .00 | 10:35am 10:37am |
| | ISS Allebert Oniones occur | 707 | 10:37am |

Reported AC: 1,00 g/210L

Signature of Chemical Analyst

Court CVR

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Record Number: 6160
Test Date: 08/12/2021 Test Time: 10:39am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:39am 10:39am |
| FC | Pass | 10:39am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 10:39am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:40am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:40am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:40am 10:40am |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument So | erial No. 008577 Instrument Location Walke G Defention Gra 3301 Hammand 120 Raleigh, D |
|---|--|
| 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, |
| I certify that or were performe and Human Se | the day of, 2021_ the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| O IN STATE OF THE | To an |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 08/11/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:20pm |
| AIR BLK | .00 | 12:21pm |
| ACCY CHK | .07 | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| SUB TEST | .00 | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:27pm |

Reported AC: 100 g/210D

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 5671 Test Date: 08/11/2021 Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

| | me |
|-------------|-------|
| IR Pass 12 | :28pm |
| FLO Pass 12 | :28pm |
| | :28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:28pm |
| SRC | Pass | 12:28pm |
| DET | Pass | 12:28pm |
| BAR | Pass | 12:28pm |
| BT | Pass | 12:28pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:29pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:29pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:29pm 12:29pm |

Preventive Maintenance Status: Pass

Analyst

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

| County (// | Instrument Location (AM) PD |
|--|--|
| Instrument Seri | al No. 008587 120 Willerson Ave. Carry, 1 |
| 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 Z / the forgoing preventive maintenance procedures l 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 | CAROLLE CAROLL |
| | Signature of Certifying Official Certificate Number |

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 08/11/2021

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 4542 Test Date: 08/11/2021 Test Time: 11:09am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:09am |
| FLO | Pass | 11:09am |
| FC | Pass | 11:10am |
| | | |

Temperature Tests

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

Blank Tests

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

Printer Tests

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

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)

| | unty_ (1) | Instrument Location WAKO Go Defention CTA |
|--------------|------------------------------|--|
| Ins | strument Seri | al No.008612 3301 Hammans Ro Raloigh, |
| Th | e preventive ial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | | the day of |
| THE GREAT SE | THE STATE OF MAN 20 DOS | Snum Stoles Parens 642 |
| | | Signature of Certifying Official Certificate Number |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 08/11/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:21pm |
| AIR BLK | .00 | 12:21pm |
| ACCY CHK | .07 | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| SUB TEST | .00 | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:27pm |

Reported Ag: | .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 4806 Test Date: 08/11/2021 Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:28pm |
| FLO | Pass | 12:28pm |
| FC | Pass | 12:28pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:29pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:29pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:30pm |
| CAL | Pass | 12:30pm |

Preventive Maintenance Status: Pass

Analyst

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

| County WA | Instrument Location Apex PD STATION 4 |
|--|--|
| Instrument Ser | ial No. 008621 1615 E. Williams ST Apex NK |
| 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. |
| periorine | 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. |
| SECULAR STATE OF THE STATE OF T | Som Stolles Som 662 |
| | Signature of Certifying Official Certificate Number |

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 08/11/2021

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, 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: AG107501 Exp Date: 03/16/2023

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

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 APEX PD

Serial Number: 008621 Test Record Number: 3071 Test Date: 08/11/2021 Test Time: 10:01am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:01am |
| FLO | Pass | 10:01am |
| FC | Pass | 10:02am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 10:02am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:02am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:02am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:03am |

Preventive Maintenance Status: Pass

Analyst

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

| County/ | Jake Instrument Location Raleigh 2.0. My thoast |
|--|--|
| Instrument Se | rial No. DO8623 5228 Greens Dairy Rd |
| | KA leish, NC. |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of were performand Human So | on the day of da |
| STATE GRAN IN | |
| The state of the s | Signature of Cartifying Official Contificate Number |

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 08/06/2021

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: 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 | 3:32pm |
| AIR BLK | .00 | 3:32pm |
| ACCY CHK | .07 | 3:33pm |
| AIR BLK | .00 | 3:34pm |
| SUB TEST | .00 | 3:34pm |
| AIR BLK | .00 | 3:35pm |
| SUB TEST | .00 | 3:37pm |
| AIR BLK | .00 | 3:37pm |

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4256 Test Date: 08/06/2021 Test Time: 3:40pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:40pm |
| FLO | Pass | 3:40pm |
| FC | Pass | 3:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:40pm |
| SRC | Pass | 3:40pm |
| DET | Pass | 3:40pm |
| BAR | Pass | 3:40pm |
| BT | Pass | 3:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:41pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:41pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:41pm |
| CAL | Pass | 3:41pm |

Preventive Maintenance Status: Pass

Analyst

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

| County Wa | ke Instrument Location Wake Forest PD |
|--|--|
| Instrument Se | ial No. 008651 225 S. Taylor St Wake Furst, NC |
| | woke Furest, NC |
| The preventiv serial number | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or were performed and Human Ser | the day of August, 20 1 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. |
| GREAT CONTROL OF STATE OF STAT | OR THE CARD |
| A SE QUAM VIDEN | Externets 671 |
| | Signature of Certifying Official Certificate Number |

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008651 Test Date: 08/06/2021

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: 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 | 1:04pm |
| AIR BLK | .00 | 1:05pm |
| ACCY CHK | .08 | 1:05pm |
| AIR BLK | .00 | 1:06pm |
| SUB TEST | .00 | 1:07pm |
| AIR BLK | .00 | 1:08pm |
| SUB TEST | .00 | 1:09pm |
| AIR BLK | .00 | 1:10pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008651 Test Record Number: 1516 Test Date: 08/06/2021 Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 1:11pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:12pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:12pm

CAL

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

Rev. 12/2007

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

| County | Instrument Location Nake | |
|--|--|--|
| Instrument Se | rial No. 008700 225 | 5. Taylor 5+ |
| (S | Wake | Forest, 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: | d 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 degrees. | e inch (psi) of pressure, or the alcoholic gree centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status | of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first. | epiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests, |
| were perform | n the day of, 20 the forgoin ed on the instrument indicated above, in accordance with current regulatervices, and the instrument is functioning properly. | ng preventive maintenance procedures tions of the N.C. Department of Health |
| THE STATE OF THE S | CAROLINA CAR | |
| SEEF QUAM VIDE | - Exposit | 671 |
| | Signature of Certifying Official | Certificate Number |

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 08/09/2021

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 1882
Test Date: 08/09/2021 Test Time: 2:10pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:10pm |
| FLO | Pass | 2:10pm |
| FC | Pass | 2:11pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:11pm |
| SRC | Pass | 2:11pm |
| DET | Pass | 2:11pm |
| BAR | Pass | 2:11pm |
| BT | Pass | 2:11pm |

Blank Tests

| Test | Status | Time |
|------|--------|-----------|
| AIR | Pass | 2 · 11 nm |

Printer Tests

| Test | Status | Time |
|------|---------------------------|--------|
| PRNT | Pass | 2:11pm |
| | NUMBER OF THE PROPERTY OF | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:12pm |
| CAL | Pass | 2:12pm |
| | | |

Preventive Maintenance Status: Pass

Apalyst

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

| County_WA | |
|--------------------------------|--|
| Instrument Seri | al No. 608760 3301 Hammand Ro Raleigh, N |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the day of |
| STATE OF STATE OF | Somm Stokes Agers 642 |
| | Signature of Certifying Official Certificate Number |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 08/11/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:19pm |
| AIR BLK | .00 | 12:20pm |
| ACCY CHK | .08 | 12:20pm |
| AIR BLK | .00 | 12:21pm |
| SUB TEST | .00 | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| SUB TEST | .00 | 12:25pm |
| AIR BLK | .00 | 12:26pm |

Reported AC: , .00 9(210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 4437 Test Date: 08/11/2021 Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:27pm |
| FLO | Pass | 12:27pm |
| FC | Pass | 12:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:27pm |
| SRC | Pass | 12:27pm |
| DET | Pass | 12:27pm |
| BAR | Pass | 12:27pm |
| BT | Pass | 12:27pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:28pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:28pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:28pm 12:28pm |

Preventive Maintenance Status: Pass

Analyst States

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

| | ounty | AKE Instrument Location SAT MOID CURS C al No. 00 8114 HOLLY SARDICS |
|----------|---|--|
| Th | ne preventive rial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| we | re performed | the day of Aucust, 2011 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| CREAT S. | STATE ON A STATE ON A STATE OF A | S-5 463 |
| | Towns of the last | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008776 Test Date: 08/06/2021

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: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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 | 9:48pm |
| AIR BLK | .00 | 9:49pm |
| ACCY CHK | .07 | 9:49pm |
| AIR BLK | .00 | 9:50pm |
| SUB TEST | .00 | 9:50pm |
| AIR BLK | .00 | 9:51pm |
| SUB TEST | .00 | 9:53pm |
| AIR BLK | .00 | 9:54pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008776 Test Record Number: 3657
Test Date: 08/06/2021 Test Time: 9:57pm EDT

System Check: Passed

Baseline Tests

| Test | Status Time | |
|------|-------------|--------|
| IR | Pass | 9:58pm |
| FLO | Pass | 9:58pm |
| FC | Pass | 9:58pm |

Temperature Tests

| Test Status | Time | |
|-------------|--------|--|
| FC1 Pass | 9:58pm | |
| SRC Pass | 9:58pm | |
| DET Pass | 9:58pm | |
| BAR Pass | 9:58pm | |
| BT Pass | 9:58pm | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 9:59pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:59pm |
| | CRC Tests | |
| Test | Status | Time |

COMP Pass 9:59pm CAL Pass 9:59pm

Preventive Maintenance Status: Pass

Analyst

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

| County 4/ | 4 Ke | Instrument Location | n Wake | 60 | Defent | in l | CTZ |
|--|---|--|--------------------------------------|------------|--|-------------------|------------------------|
| Instrument Ser | rial No. <u>008778</u> | | 3301 | 140 | ишир | RD | Pale |
| The preventive serial number | e maintenance procedures for the 10,000 or higher) to be followed | Intoximeters, Model at least once every for | Intox EC/IR II our months are: | and Mod | el Intox EC/IR | l II (Enh | anced with |
| (1) | Verify the ethanol gas canisibreath simulator thermometer | ter displays at least 5 er shows 34 degrees, | 1 pounds per squ plus or minus .2 | are inch | (psi) of pressu | ire, or th | e alcoholic |
| (2) | Verify instrument displays to | | | 9 | , and the second | | |
| (3) | Initiate breath test sequence; | | | | | | |
| (4) | Enter information as prompt | ed; | | | | | |
| (5) | Verify instrument accuracy; | | | | | | |
| (6) | When "PLEASE BLOW" ap | pears, collect breath | sample; | | | | |
| (7) | When "PLEASE BLOW" ap | | | | | | |
| (8) | Print test record; | | | | | | |
| (9) | Run diagnostic program and | confirm preventive n | naintenance statu | ıs of "Pas | ss"; and | | |
| (10) | Verify that the ethanol gas simulator solution is being whichever occurs first. | canister is being a | honord L.C | | 55 PACE - 17 | alcoho h Simul | lic breath ator tests, |
| I certify that on were performed and Human Ser | the day of on the instrument indicated abovices, and the instrument is function | ove, in accordance witioning properly. | 2/ the forgoith current regul | oing prev | entive mainte | nance p | rocedures of Health |
| O THE STATE OF | Som Caroling | Stokes | SA | | /_/ | .2 | |
| | Sig | gnature of Certifying | Official | | Certificat | | er |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 08/11/2021

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

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

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

| g/210L | Time |
|--------|----------------------------------|
| Pass | 12:19pm |
| .00 | 12:20pm |
| .07 | 12:21pm |
| .00 | 12:22pm |
| .00 | 12:22pm |
| .00 | 12:23pm |
| .00 | 12:25pm |
| .00 | 12:26pm |
| | Pass .00 .07 .00 .00 |

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 6126 Test Date: 08/11/2021 Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:27pm 12:27pm |
| FC | Pass | 12:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:28pm |
| SRC | Pass | 12:28pm |
| DET | Pass | 12:28pm |
| BAR | Pass | 12:28pm |
| BT | Pass | 12:28pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 12:28pm | |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:28pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:29pm 12:29pm |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Seria | INO. 008793 128 RAFTERS LANE WArrenton, NC: |
|--|---|
| | Warrenton, NC: |
| The preventive serial number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. |
| were performe | n the |
| STATE OF STA | CAROLL |
| 1 ARIL 12 1776 | 5 AB M |

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 08/04/2021

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: AG107501 Exp Date: 03/16/2023

| g/210L | Time |
|--------|----------------------------------|
| Pass | 11:51am |
| .00 | 11:52am |
| .07 | 11:53am |
| .00 | 11:53am |
| .00 | 11:54am |
| .00 | 11:55am |
| .00 | 11:56am |
| .00 | 11:57am |
| | Pass .00 .07 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Zoff Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1726 Test Date: 08/04/2021 Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|-------------------------------|
| IR | Pass | 11:58am |
| FLO | Pass | 11:58am |
| FC | Pass | 11:59am |
| | | CONTRACTOR DE TRACTOR AL COMP |

Temperature Tests

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

Blank Tests

| Status | Time | |
|--------|---------|--|
| 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

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 Wat | auga Instrument Location Boone PD |
|--|---|
| Instrument Seria | Instrument Location Boone PD INO. 008716 Boone, NC |
| | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on t were performed and Human Serv | the 24 day of 4 day of 4 day of 201 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. |
| ON THE STATE OF A STAT | Signature of Certifying Official Certificate Number |

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 08/24/2021

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: AG035001 Exp Date: 12/15/2022

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 | 2:28pm 2:29pm 2:29pm 2:30pm 2:31pm 2:32pm 2:34pm |
| AIR BLK | .00 | 2:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 2710

Test Date: 08/24/2021 Test Time: 2:35pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:35pm 2:35pm |
| FC | Pass | 2:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:36pm |
| SRC | Pass | 2:36pm |
| DET | Pass | 2:36pm |
| BAR | Pass | 2:36pm |
| BT | Pass | 2:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:36pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:36pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:36pm |
| CAL | Pass | 2:36pm |

Preventive Maintenance Status: Pass

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

| County 1 | yne Instrument Location Wayne Ca Detention Confe |
|--|--|
| Instrument Seria | No. 008649 207E. Chestnut St., 60/dsh |
| The preventive n serial number 10 | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on the were performed and Human Service | day of |
| THE STATE OF AND THE ST | Key 643 |
| | Signature of Certifying Official Certificate Number |

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 08/23/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:31am |
| AIR BLK | .00 | 11:32am |
| ACCY CHK | .08 | 11:33am |
| AIR BLK | .00 | 11:34am |
| SUB TEST | .00 | 11:35am |
| AIR BLK | .00 | 11:36am |
| SUB TEST | .00 | 11:37am |
| AIR BLK | .00 | 11:38am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 4852 Test Date: 08/23/2021 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:39am |
| FLO | Pass | 11:39am |
| FC | Pass | 11:39am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:39am |
| SRC | Pass | 11:39am |
| DET | Pass | 11:39am |
| BAR | Pass | 11:39am |
| BT | Pass | 11:39am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:40am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:40am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:40am |

Pass 11:40am

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 Wayne | Instrument Location Seymour | Johnson A.F.B. |
|--|---|--|
| Instrument Serial No. | 8786 1010 Vermo | nt Garrison Rd. |
| | | Goldsboro, M.C. |
| The preventive maintenance serial number 10,000 or high | procedures for the Intoximeters, Model Intox EC/IR II and Mer) to be followed at least once every four months are: | Iodel Intox EC/IR II (Enhanced with |
| (1) Verify the breath sin | e ethanol gas canister displays at least 51 pounds per square in nulator thermometer shows 34 degrees, plus or minus .2 degrees | ach (psi) of pressure, or the alcoholic e centigrade; |
| (2) Verify ins | strument displays time and date; | |
| (3) Initiate br | reath test sequence; | |
| (4) Enter info | ormation as prompted; | |
| (5) Verify ins | strument accuracy; | |
| (6) When "PI | LEASE BLOW" appears, collect breath sample; | |
| (7) When "PI | LEASE BLOW" appears, collect breath sample; | |
| (8) Print test | record; | |
| (9) Run diagr | nostic program and confirm preventive maintenance status of " | 'Pass"; and |
| simulator | at the ethanol gas canister is being changed before expiral solution is being changed every four months or after 125 roccurs first. | ation date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| were performed on the instru | day of | preventive maintenance procedures as of the N.C. Department of Health |
| THE STATE OF THE PARTY TO THE STATE OF THE S | 7/ | 1.11.7 |
| WAN IN | Signature of Certifying Official | Certificate Number |

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 08/23/2021

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: 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 | Pass | 10:23am |
| AIR BLK | .00 | 10:24am |
| ACCY CHK | .08 | 10:25am |
| AIR BLK | .00 | 10:26am |
| SUB TEST | .00 | 10:27am |
| AIR BLK | .00 | 10:27am |
| SUB TEST | .00 | 10:30am |
| AIR BLK | .00 | 10:31am |

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 08/23/2021 Test Time: 10:32am EDT

7, 1011 1000 11mc. 10.32am En

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:32am |
| FLO | Pass | 10:32am |
| FC | Pass | 10:32am |
| | | |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:32am |
| SRC | Pass | 10:32am |
| DET | Pass | 10:32am |
| BAR | Pass | 10:32am |
| BT | Pass | 10:32am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:33am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:33am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:33am 10:33am |

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 Va | Instrument Location Wayne Co Detention (| enter |
|--|---|-----------------------------|
| Instrument Ser | ial No. 008879 207 E. Chestnut St., Gold | dshor |
| | | M. |
| The preventive serial number 1 | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance) to be followed at least once every four months are: | anced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | e alcoholic |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoho simulator solution is being changed every four months or after 125 Alcoholic Breath Simul whichever occurs first. | olic breath lator tests, |
| I certify that on were performed and Human Ser | the day of | procedures of Health |
| THE STATE OF THE PROPERTY OF T | Key 643 | |
| | Signature of Certifying Official Certificate Numb | er |

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 08/23/2021

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: 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: AG018202 Exp Date: 06/30/2022

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:46am |
| AIR BLK | .00 | 11:46am |
| ACCY CHK | .07 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 11.52am |

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1597
Test Date: 08/23/2021 Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|---------|
| IR FLO | Pass 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 | 11.54am |

Printer Tests

| | | 5 |
|------|-----------|---------|
| Test | Status | Time |
| PRNT | Pass | 11:54am |
| | CRC Tests | |
| Test | Status | Time : |
| COMP | Pass | 11:55am |

Preventive Maintenance Status: Pass

Pass

11:55am

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 Wil | Kes Instrument Location Wilkes Co. Detention |
|--|--|
| Instrument Seria | Instrument Location Wilkes Co. Detention No. 008843 Wilkesboro, NC |
| | naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed of | ne 2/ day of , 20 2/ the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly. |
| THE STATE OF THE S | 1 649 649 |
| | Signature of Certifying Official Certificate Number |

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 08/11/2021

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: AG933901 Exp Date: 12/05/2021

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:25am |
| AIR BLK | .00 | 11:26am |
| ACCY CHK | .08 | 11:26am |
| AIR BLK | .00 | 11:27am |
| SUB TEST | .00 | 11:28am |
| AIR BLK | .00 | 11:28am |
| SUB TEST | .00 | 11:30am |
| ATR RIK | 0.0 | 11.31am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2572 Test Date: 08/11/2021 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:33am |
| SRC | Pass | 11:33am |
| DET | Pass | 11:33am |
| BAR | Pass | 11:33am |
| BT | Pass | 11:33am |

Blank Tests

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

Printer Tests

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

| COMP | Pass | 11:33am |
|------|------|---------|
| CAL | Pass | 11:33am |

Preventive Maintenance Status: Pass

Analyst

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

| County Wil | Kes Instrument Location Wilkes Co. Detention Wilkes Soio, NC |
|------------------|--|
| Instrument Seria | No. 008865 Wilkesboio, NC |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 2/ day of |
| STATE OF | Signature of Certifying Official Certificate Number |

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 08/11/2021

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: AG933901 Exp Date: 12/05/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 843 Test Date: 08/11/2021 Test Time: 11:31am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass | 11:32am |
| FC | Pass Pass | 11:32am 11:32am |
| 1 | Labb | 11.JZa |

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Pass

Pass

11:33am

11:33am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst