

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

County //e	Instrument Location Burner EIK PD No. 008724 Barner EIK, NC
Instrument Serial	No. 008724 Basser E1K, NC
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 cand Human Service	the <u>lag</u> day of <u>October</u> , 20 <u>2</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF NO. 17.2	Signature of Certifying Official Certificate Number

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

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 10/01/2021

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: AG107502 Exp Date: 03/16/2023

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:58pm 4:59pm 5:00pm 5:01pm 5:01pm 5:02pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 684
Test Date: 10/01/2021 Test Time: 5:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:08pm
FLO	Pass	5:08pm
FC	Pass	5:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:09pm
SRC	Pass	5:09pm
DET	Pass	5:09pm
BAR	Pass	5:09pm
BT	Pass	5:09pm

Blank Tests

Test	Status	Time
AIR	Pass	5:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:09pm
CAL	Pass	5:09pm

Preventive Maintenance Status: Pass

Analyst

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

County R	Instrument Location Reaufort 6 Courthous
Instrument Se	erial No. 008586 112 w 2nd St. Washingto
1	N
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 or were performe and Human Ser	n the 12 day of October, 2021 the forgoing preventive maintenance procedures do not the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
THE START OF THE S	To an addition is functioning property.
QUAM VIDE	Ker 643
	Signature of Certifying Official Certificate Number

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 10/12/2021

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: Guard, Kelly G Permit Number: 0037-7722

Effective:

09/28/2020-09/28/2022

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:42pm
ACCY CHK	.00	12:43pm 12:43pm
AIR BLK	.00	12:44pm
SUB TEST AIR BLK	.00	12:45pm
SUB TEST	.00	12:46pm 12:47pm
AIR BLK	.00	12:48pm

Reported AC:

.00 g/210L

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 COURTHOUSE 060

Serial Number: 008586 Test Date: 10/12/2021 Test Time: 12:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	12:50pm 12:50pm
	1 455	14:50pm
F'C	Pass	12:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:51pm 12:51pm

12:51pm

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)

	0
Instrument Serial No. 008909 117 w. 2nd St, Washington,	N
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced serial number 10,000 or higher) to be followed at least once every four months are:	with
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
(2) Verify instrument displays time and date;	
(3) Initiate breath test sequence;	
(4) Enter information as prompted;	
(5) Verify instrument accuracy;	
(6) When "PLEASE BLOW" appears, collect breath sample;	
(7) When "PLEASE BLOW" appears, collect breath sample;	
(8) Print test record;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twichever occurs first.	reath tests,
I certify that on the/a day of	dures lealth
THE STATE OF THE S	
Signature of Certifying Official Certificate Number	

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 10/12/2021

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: Guard, Kelly G
Permit Number: 0037-7722
Effoctive:

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	Pass .00 .08	12:28pm 12:29pm 12:29pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 3667

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

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

Preventive Maintenance Status: Pass

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

County Bo	and Instrument Location	on Belhauen PD
Instrument Se	erial No. 008928	125 W. Main St. Belhau
-		,
The preventive serial number	re maintenance procedures for the Intoximeters, Model 10,000 or higher) to be followed at least once every for	I Intox EC/IR II and Model Intox EC/IR II (Enhanced wour months are:
(1)	Verify the ethanol gas canister displays at least 5 breath simulator thermometer shows 34 degrees,	1 pounds per square inch (psi) of pressure, or the alcoho plus or minus .2 degree centigrade;
(2)	Verify instrument displays 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	sample;
(7)	When "PLEASE BLOW" appears, collect breath s	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive m	naintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being c simulator solution is being changed every four whichever occurs first.	changed before expiration date, or the alcoholic breat months or after 125 Alcoholic Breath Simulator test
I certify that on were performed and Human Ser	day of	the forgoing preventive maintenance procedure with current regulations of the N.C. Department of Health
STATE OF THE STATE	A CAROLINA C	
OF QUAM VIDER	Kell ()	643
	Signature of Certifying	Official Certificate Number

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 10/12/2021

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	11:04am 11:05am 11:05am 11:06am 11:07am 11:08am 11:10am

Reported AC: .00

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 463
Test Date: 10/12/2021 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	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

Status	Time
Pass	11:12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:13am
CAL	Pass	11:13am
	1 4.00	TT: T20111

Preventive Maintenance Status: Pass

Analyst

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

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	
serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	Windsor
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic 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 Breath whichever occurs first.	(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"; 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 Breath whichever occurs first.	, or the alcoholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic 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 Breath whichever occurs first.	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic 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 Breath whichever occurs first.	
 (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic 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 Breath whichever occurs first. 	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic 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 Breath whichever occurs first.	
(8) Print test record; (9) Run diagnostic 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 Breath whichever occurs first. I certify that on the day of day of 200, 200, 200, 200, 200, 200, 200, 200	
(9) Run diagnostic 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 Breath whichever occurs first. I certify that on the day of day	
(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 Breath whichever occurs first. I certify that on the	*
simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first. I certify that on the	
I certify that on the day of day of	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Deparand Human Services, and the instrument is functioning properly.	nance procedures
THE STATE OF THE S	3
Signature of Certifying Official Certificate	

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 10/21/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1426 Test Date: 10/21/2021 Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time

1050	Status	TIME
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance Status: Pass

Tell
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	INSWICK Instrument Location Brunswick County
Instrument Seria	INO. 008585 Instrument Location Brunswick County Detention Center
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.
were performed	the 44 day of October, 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.
ST STATE OF THE ST	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 10/04/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	4:07pm
AIR BLK	.00	4:08pm
ACCY CHK	.07	4:08pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.007	4:13pm
AZR BLK	100	4:14pm

eported AC:/ .00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 4749
Test Date: 10/04/2021 Test Time: 4:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:19pm
FLO	Pass	4:19pm
FC	Pass	4:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

Blank Tests

Test	Status	Time
λTD	Dage	4 • 20 mm

Printer Tests

Test	Status	Time	
PRNT	Pass	4:20pm	

CRC Tests

Test	Status	Time
COMP	Pass	4:20pm
CAL	Pass	4:20pm

reventive 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_150	No. 008607 Detention Center
Instrument Serial	No. 008602 Detention Center
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the 22 nd day of October, 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 PROPERTY OF THE P	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 10/22/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

Reported ACA .00 g/210L

Signature of Chemical Analyst

Court CVR

Lnalyst

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 5008
Test Date: 10/22/2021 Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	1:40pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time

Pass

Pass

1:40pm

1:40pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

County 13rd	inswick Instrument Location Bruns wick County
Instrument Serial	No. 008602 Defention Center
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
S SATE ON	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 10/04/2021

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: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:12pm
AIR BLK	.00	4:12pm
ACCY CHK	.08	4:13pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm
SUB FEST	.00 1	4:17pm
ATR BILK	00/	4 · 18pm

Reported MY:

/00 a/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

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 4997
Test Date: 10/04/2021 Test Time: 4:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

Blank Tests

Test	Status	Time	
ATR		4 : 20pm	

Printer Tests

Test _.	Status	Time
PRNT	Pass	4:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:21pm
CAL	Pass	4:21pm

Preventive Maintenance Status: Pass

alyst

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

County 13	runswick Instrument Location Oak Island
Instrument Serial	No. 008648 Police Department
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne 18 th day of October, 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.
	Signature of Ceptifying Official Certificate Number

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 10/18/2021

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: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
	_	

DIAG	Pass	1:51pm
AIR BLK	.00	1:52pm
ACCY CHK	.07	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00 ~	1:56pm
AIR BLK	.00/	1:57pm

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1754
Test Date: 10/18/2021 Test Time: 1:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:59pm
FLO	Pass	1:59pm
FC	Pass	2:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:00pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

2:00pm

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 Ba	unswick Instrument Location Leland Police
	No. 008787 Deputment Location Deputment
	· · · · · · · · · · · · · · · · · · ·
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne 22 nd Ochber , 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 STA	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Date: 10/22/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

m .		
Test	g/210L	Time

DIAG	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.08	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	00.	/2:52pm
ATR RIK	100 /	2.53pm

Reported ACM .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Record Number: 932 Test Date: 10/22/2021 Test Time: 3:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm

CRC Tests

Test	Status	Time
COMP	Pass	3:04pm
CAL	Pass	3:04pm

reventive Manintenance Status:/Pass

Analyst

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

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

Instrument Serial No. O 0 8 8 7 4 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 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 alcohorenth simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted;	28
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 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 algorithm breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence;	1
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 alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence;	
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence;	nced with
(3) Initiate breath test sequence;	alcoholic
(4) Enter information as prompted;	
(5) Verify instrument accuracy;	
(6) When "PLEASE BLOW" appears, collect breath sample;	
(7) When "PLEASE BLOW" appears, collect breath sample;	
(8) Print test record;	
(9) Run diagnostic program 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 Simulato whichever occurs first.	
I certify that on the day of October, 20 2 the forgoing preventive maintenance processor were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	orocedures of Health
Signature of Certifying Official Certificate Number	per

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 10/18/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:49pm
ACCY CHK	.07	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	n.00 / /	3:55pm

Reported Ag: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 773
Test Date: 10/18/2021 Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

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
CAL	Pass	3:57pm

Preventive Maintenance Status: Pass

Analyst

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

County_15r	INO. 008901 Defention Center
Instrument Seria	INO. 008901 Detention Center
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he 22 ^{hd} day of October, 2021 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STATE OF THE STATE	670
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008901 Test Date: 10/22/2021

Citation Number: M0000000-0
Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:45pm
AIR BLK	.00	12:45pm
ACCY CHK	.08	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:51pm

/210F T

Reported/ACI

00 g/210L

Signature of Memical Analyst

Court CVR

Apalyst

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008901 Test Record Number: 1413
Test Date: 10/22/2021 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
		9
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm
SRC	Pass	12:53pm
DET	Pass	12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm

CRC Tests

Test	Status	Time
COMP	Pass	12:54pm
CAL	Pass	12:54pm

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 COL	amus Instrument Location Cabamus County &
Instrument Serial	No. 008590 Concovd, 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 14th day of 0ctober, 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.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 10/14/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	6:03pm
AIR BLK	.00	6:03pm
ACCY CHK	.08	6:04pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:05pm
AIR BLK	.00	6:06pm
SUB TEST	.00	6:08pm
ATR BLK	- 00	6:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 3826 Test Date: 10/14/2021 Test Time: 6:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:11pm
FLO	Pass	6:11pm
FC	Pass	6:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:11pm
SRC	Pass	6:11pm
DET	Pass	6:11pm
BAR	Pass	6:11pm
BT	Pass	6:11pm

Blank Tests

Test	Status	Time
AIR	Pass	6:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:12pm
	CRC Tests	
Test	Status	Time

Pass

Pass

6:12pm

6:12pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

County	ibanus County 80
Instrument Seria	1 No. 008625 Concord, N.C.
The preventive is serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t were performed and Human Serv	the Honor day of October, 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.
STATE ON STATE ON	

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

Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 10/14/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

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om

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 5894
Test Date: 10/14/2021 Test Time: 6:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:09pm
FLO	Pass	6:09pm
FC	Pass	6:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:09pm
SRC	Pass	6:09pm
DET	Pass	6:09pm
BAR	Pass	6:09pm
BT	Pass	6:09pm

Blank Tests

Test	Status	Time	
AIR	Pass	6:10pm	

Printer Tests

Test	Status	Time
PRNT	Pass	6:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:10pm
CAL	Pass	6:10pm

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 Oct	Darrus Instrument Location Cabarnes County &
Instrument Serial	No. <u>2008792</u> <u>Concord</u> , NE
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on th were performed o and Human Service	e Hand day of da
AND STATE OF THE S	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Date: 10/14/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	6:01pm
AIR BLK	.00	6:02pm
ACCY CHK	.08	6:02pm
AIR BLK	.00	6:04pm
SUB TEST	.00	6:04pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:07pm
AIR BLK	.00	6:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792

Test Record Number: 3318

Test Date: 10/14/2021

Test Time: 6:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:09pm
FLO	Pass	6:09pm
FC	Pass	6:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:09pm
SRC	Pass	6:09pm
DET	Pass	6:09pm
BAR	Pass	6:09pm
BT	Pass	6:09pm

Blank Tests

Test	Status	Time
AIR	Pass	6:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:10pm

CRC Tests

Test	Status	Time
COMP	Pass	6:10pm
CAL	Pass	6:10pm

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 Ca	barrus Instrument Location Kanapoli's PD
Instrument Ser	ial No. 008896 Instrument Location Kanapolis PD Kanapolis, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	in the
AN GUAM YER	138 Sall Sall Sall Sall Sall Sall Sall Sal
	Signature of Certifying Official Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008896 Test Date: 10/04/2021

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: 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: 12/05/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	6:54pm 6:55pm 6:57pm 6:57pm 6:57pm 6:58pm 7:00pm
AIR BLK	.00	7:00pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008896 Test Record Number: 1445 Test Date: 10/04/2021 Test Time: 7:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:01pm
FLO	Pass	7:01pm
FC	Pass	7:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:02pm
SRC	Pass	7:02pm
DET	Pass	7:02pm
BAR	Pass	7:02pm
BT	Pass	7:02pm

Blank Tests

Test	Status	Time
AIR	Pass	7:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:02pm
	CRC Tests	
Test	Status	Time

Pass CALPass 7:02pm

7:02pm

COMP

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.
I certify that on were performed and Human Ser	the day of day of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE PROPERTY OF THE PROPERTY O	GARON 667
	Signature of Certifying Official Certificate Number

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 10/01/2021

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	3:21pm
AIR BLK	.00	3:22pm
ACCY CHK	.08	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

Reported AC: .00 g/210L

Signature al Analyst

Court CVR

Analyst

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 2593
Test Date: 10/01/2021 Test Time: 3:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
BT	Pass	3:29pm

Blank Tests

Test	Status	Time
AIR	Pagg	3 · 3 0 mm

Printer Tests

rest	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:30pm
CAL	Pass	3:30pm

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)

(1) (2) (3)	Verify the ethanol gas canister displays at 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;
(3)	
	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on theday of

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 10/01/2021

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	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Record Number: 1507 Test Date: 10/01/2021 Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:36pm	

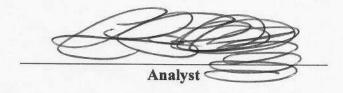
Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm

CRC Tests

	Test	Status	Time
CAL Pass 2:36pm	COMP	Pass	2:36pm
100 - 100 -	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 (Instrument Location Chougn 6 Public Safety
Instrument Seria	INO. 008895 Center, 305 Freemason St. Eden
The preventive r serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t were performed and Human Serv	he day of day of , 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
THE STATE OF AN 20 100 AN AND 20 100 AND 20 AND 2	Tue 643
	Signature of Certifying Official Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 10/21/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Guard, Kelly G

Permit Number: 0037-7722 Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:56am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am

SUB TEST .00 10:59am
AIR BLK .00 10:59am

SUB TEST .00 11:01am

AIR BLK .00 11:02am

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

Hun Analyst

Rev. 12/2007

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1060 Test Date: 10/21/2021 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

Blank Tests

Test	Status	Time	
AIR	Pass	11:04am	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Dave (6.	S.O Hatteras
Instrument Ser	ial No. 00 8867 50347 He	-y NC 12, Buxton
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	theday of, 20the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures ns of the N.C. Department of Health
O THE STATE OF THE	ON CAROLINA	
TO QUAM VILLEY	- You C	643
	Signature of Certifying Official	Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 10/25/2021

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	9:13am
AIR BLK	.00	9:14am
ACCY CHK	.07	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am

Reported AC: .00

.00 g/210L

Signature of Chemical Analyst

Court CVR

Hun Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1255
Test Date: 10/25/2021 Test Time: 9:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:20am 9:20am
FC	Pass	9:21am

Temperature Tests

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

Blank Tests

Status	Time
Pass	9:21am

Printer Tests

Test	Status	Time
PRNT	Pass	9:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:21am
CAL	Pass	9:21am

Preventive Maintenance Status: Pass

Analyst

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

County	Dunn	Instrument Location Outlyn Co Jaje		
Instrum	ent Serial	1 No. 00 8859 219 5. Margan 57 Dub	cus Ne	
The pre	eventive m umber 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance),000 or higher) 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 alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	olic breath lator tests,	
I certify were pe and Hu	that on the thorned comman Service	he day of	procedures of Health	
STATE GREAT SEA	STATE COLORS	Smin Aokes Sarres 642		
		Signature of Certifying Official Certificate Numb	er	

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/14/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	5:03pm
AIR BLK	.00	5:04pm
ACCY CHK	.08	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:08pm
AIR BLK	-00	5:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2602
Test Date: 10/14/2021 Test Time: 5:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:10pm
FLO	Pass	5:10pm
FC	Pass .	5:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:10pm
SRC	Pass	5:10pm
DET	Pass	5:10pm
BAR	Pass	5:10pm
BT	Pass	5:10pm

Blank Tests

Test	Status	Time	
AIR	Pass	5:10pm	

Printer Tests

rest	Status	Time
PRNT	Pass	5:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:11pm 5:11pm

Preventive Maintenance Status: Pass

Som Soles Son

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 Delagra Go JAIL
Instrument S	erial No. 008878 2195. Margen St Dubam, NC
The preventi- 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.
Perron.	on the
THE STATE OF THE S	Synin Stokes Baces 642
	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 10/14/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	5:01pm
AIR BLK	.00	5:02pm
ACCY CHK	.08	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm

Reported AC: .00 g/230L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 5192
Test Date: 10/14/2021 Test Time: 5:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:12pm 5:12pm
FC	Pass	5:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:12pm
SRC	Pass	5:12pm
DET	Pass	5:12pm
BAR	Pass	5:12pm
BT	Pass	5:12pm

Blank Tests

Test	Status	Time	
AIR	Pass	5:13pm	

Printer Tests

Test	Status	Time
PRNT	Pass	5:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:13pm 5:13pm

Preventive Maintenance Status: Pass

Analyst

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

		200	1
Insti	rument Seria	ial No. 008891 219 5. Margan St Du	Man 1
		e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Er 10,000 or higher) to be followed at least once every four months are:	nhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	the alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first.	oholic breath mulator tests,
wei	re performed	on the day of	e procedures nent of Health
A.	OF THE STATE OF	210h	
EALS	THE S		
18			
B	TARIL 12 1776	Somme 8 toke Some 66	2

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 10/14/2021

Citation Number: M0000000-0 Subject's Name:

PEVENTIVE, MAINTENANCE

Subject'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	5:02pm
AIR BLK	.00	5:03pm
ACCY CHK	.08	5:04pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4459
Test Date: 10/14/2021 Test Time: 5:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:09pm
FLO	Pass	5:09pm
FC	Pass	5:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:09pm
SRC	Pass	5:09pm
DET	Pass	5:09pm
BAR	Pass	5:09pm
BT	Pass	5:09pm

Blank Tests

Test	Status	Time
AIR	Pass	5:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:10pm
CAL	Pass	5:10pm

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 GO	Ston Instrument Location Gaston Cainty 80
	Instrument Serial	No. 008643 Gaston, MC
	The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on th were performed o and Human Service	e day of day of 2000, 20 1 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.
	NA STATE ON ON THE PROPERTY OF	
	THE COM YEAR	1654 Alems 674
		Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Date: 10/06/2021

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: 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: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG	Pass	6:06pm
AIR BLK	.00	6:07pm
ACCY CHK	.07	6:08pm
AIR BLK	.00	6:09pm
SUB TEST	.00	6:09pm
AIR BLK	.00	6:10pm
SUB TEST	.00	6:12pm
ATR BLK	-00	6:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Date: 10/06/2021

Test Record Number: 3789 Test Time: 6:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:15pm 6:15pm
FC	Pass	6:15pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	6:15pm 6:15pm 6:15pm 6:15pm
BT	Pass	6:15pm

Blank Tests

Test	Status	Time
AIR	Pass	6:15pm

Printer Tests

Test

PRNT	Pass	6:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	6:16pm 6:16pm

Status

Time

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 Ga	Ston Instrument Location Gaston County So
Instrument Serial	No.008684 Gaston, MC
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	the day of day of 2000 day of 2000 day of 2000 day of day
THE STATE ON TO THE STATE OF TH	Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 10/06/2021

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: 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	6:05pm
AIR BLK	.00	6:06pm
ACCY CHK	.07	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	.00	6:08pm
AIR BLK	.00	6:09pm
SUB TEST	.00	6:10pm
AIR BLK	.00	6:11pm

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 GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 5223
Test Date: 10/06/2021 Test Time: 6:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:14pm 6:14pm
FC	Pass	6:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:14pm
SRC	Pass	6:14pm
DET	Pass	6:14pm
BAR	Pass	6:14pm
BT	Pass	6:14pm

Blank Tests

Test	Status	Time
AIR	Pass	6:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:15pm

Pass 6:15pm

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	Gaston	Instrument Location	BAT MOBILE	UNIT 2
Instrument Seri	al No <i>00</i> 897 <i>0</i>		Castonia	
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	ne Intoximeters, Model Into d at least once every four m	x EC/IR II and Model Intox onths are:	EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 pour eter shows 34 degrees, plus	ands per square inch (psi) of or minus .2 degree centigrad	pressure, or the alcoholic
(2)	Verify instrument displays	s time and date;		
(3)	Initiate breath test sequence	ce;		
(4)	Enter information as prom	pted;		
(5)	Verify instrument accurac	y;		
(6)	When "PLEASE BLOW"	appears, collect breath samp	ole;	
(7)	When "PLEASE BLOW"	appears, collect breath samp	ole;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive main	enance status of "Pass"; and	i
(10)	Verify that the ethanol g simulator solution is being whichever occurs first.	gas canister is being changing changed every four mo	ged before expiration date nths or after 125 Alcoholi	, or the alcoholic breath c Breath Simulator tests
were performed	the 201d day of 00 do not the instrument indicated rvices, and the instrument is fu	above, in accordance with	1_ the forgoing preventive current regulations of the N	maintenance procedure I.C. Department of Healtl
STATE OF STA		Q_1 z		<i>673</i>
		Signature of Certifying Of	ficial	Certificate Number

GASTON BAT MOBILE UNIT 2 350

Serial Number: 008970 Test Date: 10/22/2021

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

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

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

Analyst's Name: Barrier II, Dennis J Permit Number: 0014-7953 Effective: 09/21/2020-09/21/2022

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

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

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK	.00	9:39pm
ACCY CHK	.08	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglyst

GASTON BAT MOBILE UNIT 2 350

Serial Number: 008970 Test Record Number: 838 Test Date: 10/22/2021 Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

PRNT Pass	s Time
	9:47pm

CRC Tests

Test	Status	Time
COMP	Pass	9:47pm
CAL	Pass	9:47pm

Preventive Maintenance Status: Pass

Analyst

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

County Ga	Instrument Location_ Gates 10 S.O.
Instrument Seri	al No. 008884 202 Court St., Gatesville, 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 day of, 20_7 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
OCIAM VICES	Some CAROUNA TO THE PARTY OF TH
AND THE PROPERTY OF	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 10/18/2021

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: 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 .07 .00 .00	10:54am 10:54am 10:55am 10:56am 10:57am 10:58am 10:59am
AIR BLK	.00	11:00am

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 1024 Test Date: 10/18/2021 Test Time: 11:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:03am
CAL	Pass	11:03am

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)

	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.
	theday of, 20, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
THE STATE OF THE S	

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 10/01/2021

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	11:12am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
ATR BLK	.00	11:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 2001 Test Date: 10/01/2021 Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:19am
Pass	11:19am
Pass	11:19am
	Pass Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:20am

Preventive Maintenance Status: Pass

CAL

Pass

11:20am

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. 008655 Instrument Location HIGH POINT, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced v 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 alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.
were performe	the day of day o
THE STATE OF THE S	ACAROL AROLL
APRIL 12 1776	1 1069
-	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 10/12/2021

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, 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	4:02pm
AIR BLK	.00	4:03pm
ACCY CHK	.08	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 3728
Test Date: 10/12/2021 Test Time: 4:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:10pm
SRC	Pass	4:10pm
DET	Pass	4:10pm
BAR	Pass	4:10pm
BT	Pass	4:10pm

Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm
	CRC Tests	
Tost	Status	Time
COMP	Pass	4:11pm
CAL	Pass	4:11pm

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	FUILFORD Instrument Location GREENSBORD JAIL
I	Instrument Seri	al No. 008660 GREENSBORO, NC
J s	Γhe preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
W	certify that on vere performed nd Human Serv	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.
CREAT	STATE ON THE STATE OF THE STATE	ON THE CANON THE
	OR QUAM VIDER	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Date: 10/11/2021

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: 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: AG118803

Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.08	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
ATR BLK	0.0	12:29pm

 SUB TEST .00
 12:33pm

 AIR BLK .00
 12:33pm

AIR DIR .00 12.331

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Record Number: 4410 Test Date: 10/11/2021 Test Time: 12:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	CRC Tests	
Test	Status	Time

ille
:37pm
:37pm

Preventive Maintenance Status: Pass

Analyst

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

County G	-UILFORD Instrument Location GREENSBORD POLICE
Instrument Seria	No. 008725 DEPARTMENT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of 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.
NA STATE ON THE PROPERTY OF TH	2162-110
Kurra	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 10/19/2021

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: 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: AG107502 Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	1:10pm
AIR BLK	.00	1:11pm
ACCY CHK	.08	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of 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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4686
Test Date: 10/19/2021 Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm

CRC	Tes	ts
-----	-----	----

Test	Status	Time
COMP	Pass	1:19pm
CAL	Pass	1:19pm

Preventive Maintenance Status: Pass

is used when performing Preventive Maintenance procedu

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

	8	
		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 12 TA day of OCTOBER , 20 21 the forgoing preventive maintenance procedures
	were performed	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.
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	* 100 12 1776 *	

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 10/12/2021

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	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:55pm
SUB TEST	-00	1:57pm
AIR BLK	-00	1:58pm
SUB TEST	-00	2:00pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 3839
Test Date: 10/12/2021 Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:02pm
FLO	Pass	2:02pm
FC	Pass	2:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass	2:02pm

Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:03pm
CAL	Pass	2:03pm

Preventive Maintenance Status: Pass

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

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)

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of	T	he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	10del Intox 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"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of da		(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	nch (psi) of pressure, or the alcoholic ee centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of day of 2000 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(2)	Verify instrument displays time and date;	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of day of day of day, 20 december the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(3)	Initiate breath test sequence;	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of day of the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(4)	Enter information as prompted;	H - H
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of day o	1	(5)	Verify instrument accuracy;	3
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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	E.	(6)	When "PLEASE BLOW" appears, collect breath sample;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		(7)	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		(8)	Print test record;	5
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
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	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	W	ere performed	d on the instrument indicated above, in accordance with current regulation	preventive maintenance procedures as of the N.C. Department of Health
	ZEAT	HAME	E C	
E PART SE	N.			117
		TO QUAM VIDER		(001
Simple Control of the	1		Signature of Certifying Official	Certificate Number

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 10/21/2021

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1520

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

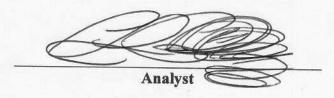
Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:44am

Preventive Maintenance Status: Pass

Pass

11:44am

CAL



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

		intenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 00 or higher) to be followed at least once every four months are:
(1		Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2	2)	Verify instrument displays time and date;
(3	3)	Initiate breath test sequence;
(4	(4	Enter information as prompted;
(5	5)	Verify instrument accuracy;
(6	5)	When "PLEASE BLOW" appears, collect breath sample;
(7	7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	3)	Print test record;
(9	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, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	formed or	day of
	and the second second	
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HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 10/21/2021

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:14am
AIR BLK	.00	9:15am
ACCY CHK	.07	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
AIR BLK	.00	9:17am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2508
Test Date: 10/21/2021 Test Time: 9:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:22am

Printer Tests

Test	Status	Time
PRNT	Pass	9:23am
	CRC Tests	
Test	Status	Time

- CC C	Deacus	TIME
COMP	Pass	9:23am
CAL	Pass	9:23am

Preventive Maintenance Status: Pass

Analyst

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

C	County	HARNETT Instrument Location HARNET	T COUNTY
Iı	nstrument Ser	ial No. 008730 DETENTA	ON CENTER
т Т	he preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and M	Model Intox EC/IR II (Enhanced with
S	(1)	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 in	nch (nsi) of pressure or the alcoholic
		breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	ee 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 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,
W	ere performe	the day of day of day of day of day of day of do n the instrument indicated above, in accordance with current regulation rvices, and the instrument is functioning properly.	preventive maintenance procedures ns of the N.C. Department of Health
DEAT	STATE OF THE STATE	ASSETTION OF THE PARTY OF THE P	
N.	SE QUAM VIDE		1/17
	A STATE OF THE PARTY OF THE PAR	Signature of Certifying Official	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 10/21/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:16am
AIR BLK	.00	9:17am
ACCY CHK	.07	9:17am
AIR BLK	.00	9:18am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:21am
ATR BLK	0.0	9.22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 3765
Test Date: 10/21/2021 Test Time: 9:23am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:24am
FLO	Pass	9:24am
FC	Pass	9:24am

Temperature Tests

Test	Status	Time
FC1	Pass	9:24am
SRC	Pass	9:24am
DET	Pass	9:24am
BAR	Pass	9:24am
BT	Pass	9:24am

Blank Tests

rest	Status	Time	
AIR	Pass	9:25am	

Printer Tests

Test	Status	Time
PRNT	Pass	9:25am
	AND THE PARTY OF T	

CRC Tests

Test	Status	Time
COMP	Pass	9:25am
CAL	Pass	9:25am

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_H	Instrument Location Hyde Co. S.O Ocyacoke
Instrument Se	rial No. 008797 Instrument Location Hyde Co. S.O Ocyacoke MIZ, Ocyacoke N.C.
Service Control of the Control of th	
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 of were perform and Human S	on the
STATE OF WAY TO THE STATE OF TH	Total Carlos
The second of th	Signature of Certifying Official Certificate Number
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HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 10/25/2021

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

Tab Namb

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

Test	g/210L	Time
DIAG	Pass	11:42am
AIR BLK	.00	11:43am
ACCY CHK	.08	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am

Reported AC:

AIR BLK .00

.00 g/210L

11:49am

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 627 Test Date: 10/25/2021 Test Time: 11:50am 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	Status	Time
PRNT	Pass	11:52am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:52am 11:52am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	ial No. 008929 Mooresville PD
	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 29 day of Office . 2021 the forgoing preventive maintenance procedures to the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
OW VER	Signature of Certifying Official Certificate Number

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

IREDELL COUNTY BAT MOBILE UNIT 4 480



Serial Number: 008929 Test Date: 10/29/2021

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: 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	9:37pm
AIR BLK	.00	9:38pm
ACCY CHK	.08	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 4 480

Serial Number: 008929 Test Record Number: 1165 Test Date: 10/29/2021 Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:51pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance Status: Pass

Analyst

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

T	ne preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
.50	(1)	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;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
***	re periormed	the day of day of 27882, 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.
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A signed original of the preventive maintenance record shall be kept on file for at least three years.

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 10/08/2021

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:31pm
AIR BLK	.00	4:32pm
ACCY CHK	.08	4:32pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 1765
Test Date: 10/08/2021 Test Time: 4:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:40pm
SRC	Pass	4:40pm
DET	Pass	4:40pm
BAR	Pass	4:40pm
BT	Pass	4:40pm

Blank Tests

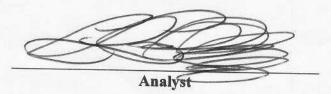
Test	Status	Time	
AIR	Pass	4:41pm	

Printer Tests

rest	Status	Time
PRNT	Pass	4:41pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:41pm
CAL	Pass	4:41pm

Preventive Maintenance Status: Pass





County	Instrument Location BAT Mobile Unit 4 Signal No. COBGOO(Signal No. COBGOO(Signal PD
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	the 30 day of 0.50 , 2021 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.
STATE OF THE PROPERTY OF THE P	

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

Signature of Certifying Official

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008601 Test Date: 10/30/2021

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

Analyst's Name: Smith, Jason R
Permit Number: 0024-7428
Effective:

Driver's License Number: NONE

09/29/2020-09/29/2022

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

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

Test	g/210L	Time
DIAG	Pass	10:19pm
AIR BLK	- 00	10:20pm
ACCY CHK	.08	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm

Reported AC: 00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

JUENSTON COUNTY BAT MUBILE UNIT 4 500

Serial Number: 008601 Test Record Number: 1393 Test Date: 10/30/2021 Test Time: 10:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

Temperature Tests

Test	Status	Time
PC1	Pass	10:26pm
SEC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

Blank Tests

Test	Status	Time	
AIR	Pass	10:27 pm	

Printer Tests

Test	Status	Time
PRIVI	Pass	10:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27pm
CAL		10:27pm

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 d	Instrument Location BAT Mobile Unit 4 INO. 2005 615 Smithfield PD
Instrument Seria	No. 208613 Smithfield P()
	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 <u>Joday of Defoler</u> , 20 <u>J1</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.
	Signature of Certifying Official Certificate Number

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

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008615 Test Date: 10/30/2021

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: 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	10:20pm
AIR BLK	.00	10:21pm
ACCY CHK	.08	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:23pm
AIR BLK	- 00	10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm

Reported AC: 00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008615 Test Record Number: 5704
Test Date: 10/30/2021 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	10:31pm
Pass	10:31pm
Pass	10:31pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	10:32pm
SRC	Pass	10:32pm
DET	Pass	10:32pm
BAR	Pass	10:32pm
BT	Pass	10:32pm

Blank Tests

Test	Status	Time 10:32pm
AIR	Pass	

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
1'est	Status	Tine
COMP	Pass	10:32pm
CAL	Pass	10:32pm

Preventive Maintenance Status: Pass

Analyst

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

County Joh	, D. 7. 1. 100 ic 7. 17.
Instrument Seria	INO 208816 Smithfield PD
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date:
(3)	Initiate breath test sequence;
(4)	Enter information as prompted,
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30 day of October, 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.
	Signature of Certifying Official Certificate Number

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

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008816 Test Date: 10/30/2021

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: 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: AG107501 Exp Date: 03/16/2023

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

Reported AC: 00 g/210L

Ignature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008816 Test Record Number: 7525 Test Date: 10/30/2021 Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	10:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
BT	Pass	10:33pm

Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33pm
CAL	Pass	10:33pm

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	ONES	Instrument Location	JONES	Cou	N TY
Instrument Seria	INO. 008819		DETEN	TION	CENTER
	naintenance procedures for the 0,000 or higher) to be followed			l Intox EC/I	R II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermometer				ure, or the alcoholic
(2)	Verify instrument displays t	ime and date;			
(3)	Initiate breath test sequence;	í			
(4)	Enter information as prompt	ed;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" ap	ppears, collect breath sam	ple;		
(7)	When "PLEASE BLOW" ap	pears, collect breath sam	ple;		
(8)	Print test record;				
(9)	Run diagnostic program and	confirm preventive main	tenance status of "Pas	s"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
I certify that on the 11 day of OCTOBER, 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.					
		7 4		,	
OLAN VELE	_ Ulu_s	ignature of Certifying Off	ficial	Certific	ate Number

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

DHHS 4080 (04/20)

JONES COUNTY DETENTION CENTER 510

Serial Number: 008819 Test Date: 10/11/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	12:45pm
AIR BLK	.00	12:46pm
ACCY CHK	.08	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

JONES COUNTY DETENTION CENTER 510

Serial Number: 008819 Test Record Number: 835 Test Date: 10/11/2021 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	12:53pm	

Printer Tests

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

CAL Pass 12:53pm

Preventive Maintenance
Status: Pass

Pass

12:53pm

COMP

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	LEE Instrument Location LEE COUNTY	
Instrument Seri	ial No. 008645 DETENTION CENTER	
	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:	ed with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alebreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	coholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program 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 Simulato whichever occurs first.	breath r tests,
were performed	n the	cedures Health
O IN STATE OF THE	CAROLLINA CONTRACTOR OF THE PARTY OF THE PAR	
CANAN ALTER	Signature of Certifying Official Certificate Number	

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

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 10/01/2021

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: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 2136
Test Date: 10/01/2021 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	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

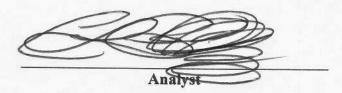
Blank Tests

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



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

The prevent 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	on theday of, 20 the forgoing preventive maintenance procedures ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/01/2021

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

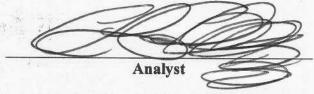
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:23am
AIR BLK	.00	11:24am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC 00 g/210L
Signature of Chemical Analyst

Court CVR



LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1261 Test Date: 10/01/2021 Test Time: 11:31am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

Blank Tests

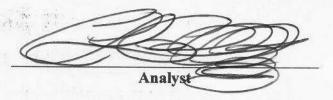
Test	Status	Time	
AIR	Pass	11:32am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:32am
	CRC Tests	

Test	Status	TIME
COMP	Pass	11:32am
CAL	Pass	11:32am

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)

Coun	ity_Mo	Instrument Location MontGome	ERY CO.
Instru	ıment Seria	al No. 8657 DETENTION	CENTER
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox on the Intoximeters on the Intoximeters of t	ntox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (ps. breath simulator thermometer shows 34 degrees, plus or minus .2 degree centi-	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass";	and
	(10)	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
		TH.	
were	performed	the	tive maintenance procedures e N.C. Department of Health
100	THE STATE OF A		
ST TO			
DIE!	APRIL 12 1776 SSE QUAM VIDE		669
	***************************************	Signature of Certifying Official	Certificate Number

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

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 10/15/2021

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

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

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

Analyst's Name: 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	11:41am
AIR BLK	.00	11:42am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

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

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 1855 Test Date: 10/15/2021 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:49am

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time	
AIR	Pass	11:50am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:50am
CAL	Pass	11:50am

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 Mo	No. 008709 DETENTION CENTER
Instru	ment Serial	NO. 008709 DETENTION CENTER
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were	performed of	the
THE GREAT SEL	IN SIATE ON NO.	ALO2 669

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

Signature of Certifying Official

Certificate Number

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 10/15/2021

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.07	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	-00	11:49am

Reported AC: .00 g/210L

Signature of Shemical 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

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1300 Test Date: 10/15/2021 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:50am
Pass	11:50am
Pass	11:50am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:51am

Pass 11:51am

Preventive Maintenance Status: Pass

CAL

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_ N	W Hanover Instrument Location New Hanover County
Instrument Serial	No. 008617 Instrument Location New Hanores County Detention Center
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
· (9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>75H</u> day of <u>October</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.
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NEW HANOVER COUNTY DETENTION CENTER 640

> Serial Number: 008617 Test Date: 10/25/2021

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:07pm
AIR BLK	.00	12:07pm
ACCY CHK	.07	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.000	12:12pm
AIR BLK	.øo /	12:13pm

.00 g/210L

Chemical Analyst

Court CVR

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 3872 Test Date: 10/25/2021 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
ATR	Pass	12 • 15pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:15pm
CAT.	Pass	12 • 15pm

Preventive Maintenance Status: Pass

Analyst

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

County_N66	No. 008626 Detention Center
Instrument Serial	No. 008626 Detention Center
0	
The preventive magnitude serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	ne 28H _{day} of October, 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.
	Signature of Certifying Official Certificate Number
	Signayary of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Date: 10/25/2021

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

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

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

rest	G/ZIOT	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	100/	11:38am

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

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Record Number: 8056 Test Date: 10/25/2021 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time '
	3 × ×	
IR.	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	^o Status	Time
FC1	Pass	11:40am
SRC	Pass '	11:40am
· DÉT	Pass	11:40am
BAR	Pass	'11:40am'
BT	Pass	11:40am

Blank Tests

Test	Status	. Т	ime
	a de		
	¥7/	*	

AIR Pass 11:41am

Printer Tests

Test	Status	Time
7.74		
PRNT	Dagg .	11 • 41 am

CRC Tests

Test	Status	Time
		i
COMP	Pass	'11:41am

CAL Pass 11:41am

Preventive Maintenance

alyst

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

he preventiv rial 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.

Signature of Certifying Official

665

Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Date: 10/30/2021

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

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

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

rest	g/210L	Time
DIAG	Pass	11:15pm
AIR BLK	.00	11:16pm
ACCY CHK	.08	11:17pm
AIR BLK	.00	11:18pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:19pm
SUB TEST	.00	11:21pm
AIR BLK	.00	11:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Malyst Analyst

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 1691 Test Date: 10/30/2021 Test Time: 11:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:24pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	11:24pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

mark

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

Instrument Se	erial No. 008898 wilming ten
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
periorine c	the 29 day of 30.2 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
OF QUAM VILEN	man 665

NEW HANOVER COUNTY BAT MOBILE UNIT 1

Serial Number: 008898 Test Date: 10/29/2021

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:21pm 9:22pm 9:23pm
AIR BLK SUB TEST	.00	9:24pm 9:24pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm

Reported AC. .00 g/210L

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Court CVR

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NEW HANOVER COUNTY BAT MOBILE UNIT 1 640

Serial Number: 008898 Test Record Number: 1217
Test Date: 10/29/2021 Test Time: 9:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

Printer Tests

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

Pass 9:32pm

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 on.	Instrument Location BAT mobile unit 1
Instrument Seri	al No. 008898 Jacksonville
	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 30 day of 6 day of 9 day o
200 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CAROLINA
COAM VID	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 1 660

Serial Number: 008898 Test Date: 10/30/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	8:42pm
AIR BLK	.00	8:43pm
ACCY CHK	.07	8:43pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

27 m Analyst

ONSLOW COUNTY BAT MOBILE UNIT 1 660

Serial Number: 008898 Test Record Number: 1221
Test Date: 10/30/2021 Test Time: 8:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:54pm
	CRC Tests	
Test	Status	Time

COMP	Pass	8:54pm
CAL	Pass	8:54pm

Preventive Maintenance Status: Pass

In Contract Analyst

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

County 💍	Instrument Location BAT mobile U	nit 1
Instrument Se	Serial No. 008939 Jackson vilk	
The preventiv	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox per 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.	or the alcoholic breath Breath Simulator tests,
	on the 15 day of october, 2021 the forgoing preventive med on the instrument indicated above, in accordance with current regulations of the N. Services, and the instrument is functioning properly.	maintenance procedures C. Department of Health
STATE OF THE STATE	The state of the s	
	A	rtificate Number

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ONSLOW COUNTY BAT MOBILE UNIT 1 660

Serial Number: 008939 Test Date: 10/15/2021

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: 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

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 1 660

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Serial Number: 008939 Test Record Number: 1116
Test Date: 10/15/2021 Test Time: 12:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:21am
FLO	Pass	12:21am
FC	Pass	12:21am

Temperature Tests

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

Blank Tests

Test	Status	Time.
AIR	Pass	12.22am

Printer Tests

Test	Status	Time
PRNT	Pass	12:22am
	CRC Tests	

Test	Status	Time
COMP	Pass	12:22am
CAL	Pass	12:22am

Preventive Maintenance Status: Pass

Analyst

27/00

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

Instrument Se	rial No. 008939 wilming ton
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
Were berrorine	the 29 day of 6, 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.
A CONTRACTOR OF THE PARTY OF TH	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 1 640

Serial Number: 008939 Test Date: 10/29/2021

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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NEW HANOVER COUNTY BAT MOBILE UNIT 1 640

Serial Number: 008939 Test Record Number: 1134
Test Date: 10/29/2021 Test Time: 9:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:21pm

Preventive Maintenance Status: Pass

Pass

9:21pm

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Analyst

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

		ient Location Bird 777	obile Unit I
Instrument Seria	INo. 008939	Jachson	ville
	naintenance procedures for the Intoximo,000 or higher) to be followed at least o		Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displa breath simulator thermometer shows		inch (psi) of pressure, or the alcoholic tree centigrade;
(2)	Verify instrument displays time and o	date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, co	ollect breath sample;	
(7)	When "PLEASE BLOW" appears, co	ollect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm	preventive maintenance status o	of "Pass"; and
(10)			piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
were performed	he 30 day of october on the instrument indicated above, in a ices, and the instrument is functioning p	accordance with current regulati	g preventive maintenance procedures ons of the N.C. Department of Health
STATE OF THE STATE	A CAROLINA C		
GSE QUAM VICER	my and	of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 1 660

Serial Number: 008939 Test Date: 10/30/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	8:40pm
AIR BLK	.00	8:41pm
ACCY CHK	.07	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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ONSLOW COUNTY BAT MOBILE UNIT 1 660

Serial Number: 008939

Test Record Number: 1138

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70 and 170 1 to 200

Part of the same

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8:53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

Blank Tests

Test	Status	Time
AIR	Pass	8:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:54pm

CRC Tests

Test	Status	Time
COMP	Pass	8:54pm
CAL	Pass	8:54pm

Preventive Maintenance Status: Pass

Analyst

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

(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	County Of	ANGE Instrument Location Chapel (1,11 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. I certify that on the day of	Instrument Seri	ial No. 008839 828 Martin Cotto King Blud
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of	1-	Chaple Hill, we
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of	The preventive 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:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(5)	Verify instrument accuracy;
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
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.	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performe	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
	STATE OF THE CREAT CO.	No Republication of the Control of t
Signature of Certifying Official Certificate Number	QUAM VICE	

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 10/14/2021

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

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

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

Analyst's Name: 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	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 2431 Test Date: 10/14/2021 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm

CAL Pass 1:15pm

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 OR	ANGE Instrument Location Chapel 11.11 PD
Instrument Ser	rial No. 008856 828 Martin Letter King Blus
-	Chapel A.II 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.
	the
STATE OF THE STATE	Sun Alas Bras 642
	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/14/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Some Holey Surs Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2762 Test Date: 10/14/2021 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:14pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm

Preventive Maintenance Status: Pass

Pass

1:15pm

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 Per	Instrument Location Pender County Detention Center
Instrument Seria	INO. 008935 Detention Center
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 11 Hay of October, 2021 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STATE ON STATE OF STA	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Continuate Number

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

DHHS 4080 (04/20)

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 10/11/2021

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: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

/040- -:

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK	.00	3:55pm
ACCY CHK	.08	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00 /	3:59pm
AIR BLK	,00/	4:00pm

Reported AC:

.00 g/210L

Signature of Chamical 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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 2929
Test Date: 10/11/2021 Test Time: 4:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:02pm
FLO	Pass	4:02pm
FC	Pass	4:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

CRC Tests

Test ·	Status	Time
COMP	Pass	4:03pm
CAL	Pass	4:03pm

Preventive Maintenance
Status: Pass

alyst

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

County	nder Instrument Location Pender County
Instrument Seria	Instrument Location Pender County LINO. 008948 Covernment Annex
	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>715th</u> day of <u>0ctober</u> , 20 <u>2</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STATE ON THE STATE OF THE STATE	Signature of Certificate Number
	1/ , 5

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

DHHS 4080 (04/20)

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 10/21/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:12pm
AIR BLK	.00	1:12pm
ACCY CHK	.07	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00 / /	1:17pm
AIR/BLK/	.00/ /	1:18pm

Reported/ACM ,00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1202
Test Date: 10/21/2021 Test Time: 1:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	1:18pm	
FLO	Pass	1:18pm	
FC	Pass	1:19pm	

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time	
PRNT	Pass	1:19pm	

CRC Tests

Test	Status	Time	
COMP	Pass	1:19pm	
CAT.	Pass	1:19pm	

Preventive Maintenance Status: Pass

Analyst

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

County Por	ui mans Instrument Location Perquinans (o. S.O.
Instrument Serial	No. 008921 110 N. Church St., Hertford,
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	day of
SE GLIM VILLEN	643
	Signature of Certifying Official Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 10/21/2021

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

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

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

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

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

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

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

Reported AC: .

.00 q/210L

Signature of Chemical Analyst

Court CVR

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1112 Test Date: 10/21/2021 Test Time: 10:11am EDT

System Check: Passed

Baseline Tests

Status	Time	
Pass	10:11am	
Pass	10:11am	
Pass	10:11am	
	Pass Pass	

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	10:12am	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	ounty_ <i>Pe</i>	mistallicit Location 147300 Co CC C	
In	strument Seri	120 Caras & Roxouro, NC	
Tł se	ne preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced vo.,000 or higher) to be followed at least once every four months are:	vith
	(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;	olic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	ath sts,
		the	res alth
AL GREAT S.	AN 20 177	Som States States 662	
		Signature of Certifying Official Certificate Number	

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 10/14/2021

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:20am
AIR BLK	.00	8:21am
ACCY CHK	.07	8:22am
AIR BLK	.00	8:23am
SUB TEST	.00	8:23am
AIR BLK	.00	8:24am
SUB TEST	.00	8:26am
AIR BLK	.00	8:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1841
Test Date: 10/14/2021 Test Time: 8:27am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	8:27am
Pass	8:27am
Pass	8:28am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	8:28am
SRC	Pass	8:28am
DET	Pass	8:28am
BAR	Pass	8:28am
BT	Pass	8:28am

Blank Tests

Test	Status	Time	
AIR	Pass	8:28am	

Printer Tests

Test	Status	Time
PRNT	Pass	8:28am

CRC Tests

Test	Status	Time	
COMP CAL	Pass Pass	8:29am 8:29am	

Preventive Maintenance Status: Pass

Analyst

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

C	ounty_ <i>R</i>	Instrument Location Person Co	LEC
In	istrument Ser	ial No.008880 120 Cont 5	RexBURD, NC
Ti	he preventive	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 inchbreath simulator thermometer shows 34 degrees, plus or minus .2 degree of	n (psi) of pressure, or the alcoholic centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
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	ec" 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.	425C3 43
Me GREATES	ertify that on re performed I Human Serv	the	ventive maintenance procedures f the N.C. Department of Health
M	* SEE QUAM VILLERY	Som Stoker In	112
		Signature of Certifying Official	Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 10/14/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

09/01/2020-09/01/2022

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:21am 8:22am 8:23am
AIR BLK SUB TEST	.00	8:24am 8:24am
AIR BLK SUB TEST	.00	8:25am 8:27am
AIR BLK	.00	8:28am

Reported AG:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1796
Test Date: 10/14/2021 Test Time: 8:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	8:28am
	Pass	8:28am
FC	Pass	8:29am

Temperature Tests

Test	Status	Time
FC1	Pass	8:29am
SRC	Pass	8:29am
DET	Pass	8:29am
BAR	Pass	8:29am
BT	Pass	8:29am

Blank Tests

Test	Status	Time
AIR	Pass	8:29am

Printer Tests

Test	Status	Time
PRNT	Pass	8:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:29am 8:29am

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)

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

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

Signature of Certifying Official

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008637 Test Date: 10/29/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.07	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008637 Test Record Number: 3158 Test Date: 10/29/2021 Test Time: 10:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

Printer Tests

Status Timo

1050	Status	TIME
PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:07pm
CAL	Pass	10:07pm

Preventive Maintenance Status: Pass

Analyst

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

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

Ir	nstrument Seri	Instrument Location SAT MORAT UND 6 LA FEW VOIE				
T	he 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;				
<u> </u>	(5)	Verify instrument accuracy;				
9	(6)	When "PLEASE BLOW" appears, collect breath sample;				
	(7)	When "PLEASE BLOW" appears, collect breath sample;				
	(8)	Print test record;				
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and				
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.				
W	ere performed	the 29 day of oconol , 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.				
GRATE	STATE OF THE STATE	CAROL				

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008776 Test Date: 10/29/2021

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

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

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

- /0707

rest	g/210L	Time
DIAG	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008776 Test Record Number: 3688
Test Date: 10/29/2021 Test Time: 10:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	10:07pm	
FLO	Pass	10:07pm	
FC	Pass	10:07pm	

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time	
AIR	Pass	10:07pm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:08pm

Preventive Maintenance Status: Pass

Analyst

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

County P+	Instrument Location Pitt Co. Detection Center
Instrument Seria	al No. 008668 124 New Ape Rd, Greenville,
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 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 tes whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal vices, and the instrument is functioning properly.
THE STATE OF THE S	OMAN CAROLANA
A CO QUAM VIDENT	hen 0 643
	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 10/22/2021

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

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	9:33am
AIR BLK	.00	9:33am
ACCY CHK	.07	9:34am
AIR BLK	.00	9:36am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:39am
AIR BLK	.00	9:39am

Reported AC: .0

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 4118

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:41am
FLO	Pass	9:41am
FC	Pass	9:41am

Temperature Tests

Test	Status	Time
FC1	Pass	9:41am
SRC	Pass	9:41am
DET	Pass	9:41am
BAR	Pass	9:41am
BT	Pass	9:41am

Blank Tests

Test	Status	Time
AIR	Pass	9:42am

Printer Tests

Test	Status	Time
PRNT	Pass	9:42am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:42am 9:42am

Preventive Maintenance Status: Pass

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

Instrument Seri	al No. 008860 Instrument Location RANDOLPH CO. DETENTION CENTE ASHEBORO, NC
instrument Seri	
	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 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.
THE STATE OF THE S	AND CANDON
* STORIL 12 TITE	1 110 669

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

DHHS 4080 (04/20)

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Date: 10/01/2021

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

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

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

Reported AC: .00 g/210L

ature of Chemical Analys

Court CVR

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 3034 Test Date: 10/01/2021 Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

IR Pass 10:14an	
FLO Pass 10:14a	m
FC Pass 10:14a	m

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time	
AIR	Pass	10:15am	

Printer Tests

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

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)

Coun	ty RA	NOUPH Instrument Location RANDOLPH CO. DETENTION CE
Instru	ıment Serial	No. 008899 ASHEBORO, 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 alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were	performed of	ne day of october, 2021 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt ces, and the instrument is functioning properly.
GREAT EX	THE STATE OF AND AND THE STATE OF THE STATE OF AND THE STATE OF THE	AROUND TO THE PROPERTY OF THE
No.	SSP QUAM VIDEO	X182 669
	anacara a	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Date: 10/01/2021

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: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	10:03am
AIR BLK	.00	10:04am
ACCY CHK	.07	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 3705
Test Date: 10/01/2021 Test Time: 10:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:12am
SRC	Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

Blank Tests

	Time
Pass	10:12am
	Pass

Printer Tests

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

CAL Pass 10:12am

Preventive Maintenance Status: Pass

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

Analyst

Department of Health and Human Services Rev. 12/2007

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

C	County_F	OBESON Instrument Location ROBESO	IN COUNTY
Iı	nstrument Seri	al No. 008805 DETENTION	N CENTER
_			
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inches breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath lcoholic Breath Simulator tests,
ν		the day of day of day of day of don the instrument indicated above, in accordance with current regulations of the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
	OF THE STATE OF MANY 20, 1975		
	THE STATE OF THE S	E E	
	AGE QUAM VICES		ldo7
		Signature of Certifying Official	Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 10/18/2021

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: AG107401 Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 4773
Test Date: 10/18/2021 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	3:06pm	

Printer Tests

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

COMP Pass 3:06pm CAL Pass 3:06pm

Preventive Maintenance Status: Pass

Analyst

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

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

Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 10/18/2021

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

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	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.07	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	-00	3 · 05pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysis

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 6109
Test Date: 10/18/2021 Test Time: 3:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

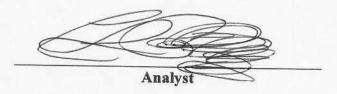
Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

Printer Tests

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

Preventive Maintenance Status: Pass



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

	Instrument Seri	rial No. 008857	ARTMENT
	The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/I 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;	sure, or the alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
1	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or t simulator solution is being changed every four months or after 125 Alcoholic Bre whichever occurs first.	he alcoholic breath ath Simulator tests,
	I certify that on were performed and Human Ser	n the day of day of 20 21 the forgoing preventive mained on the instrument indicated above, in accordance with current regulations of the N.C. Dervices, and the instrument is functioning properly.	ntenance procedures epartment of Health
	O IN STATE OF THE PROPERTY OF	CS C	17
	SINW AIDES	Signature of Certifying Official Certify	01

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 10/18/2021

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: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	12:50pm
AIR BLK	.00	12:51pm
ACCY CHK	.08	12:51pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 645 Test Date: 10/18/2021 Test Time: 12:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

Blank Tests

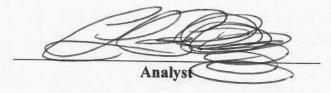
Test	Status	Time
AIR	Pass	12:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:59pm
CAL	Pass	12:59pm

Preventive Maintenance Status: Pass



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

serial number 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 3 day of OCTOBER, 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.
MA STATE OF	
1 100 12 17TB	669

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 10/13/2021

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: 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: AG107502 Exp Date: 03/16/2023

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	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Analyst

Court CVR

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2249
Test Date: 10/13/2021 Test Time: 2:12pm 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 Pass	2:14pm 2:14pm
C1 111	rapp	Z: 14 PIII

Preventive Maintenance Status: Pass

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

(1) (2) (3) (4) (5) (6)	Verify the ethanol gas canister displays at 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;
(3) (4) (5)	Initiate breath test sequence; Enter information as prompted;
(4) (5)	Enter information as prompted;
(5)	
(6)	Verify instrument accuracy;
	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of day o
THE STATE OF THE S	CAROLL CA

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 10/13/2021

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: 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: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	11:42am
AIR BLK	.00	11:43am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1282
Test Date: 10/13/2021 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:49am

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time	
AIR	Pass	11:50am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:50am

Preventive Maintenance Status: Pass

Pass

11:50am

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)

		al No. 008796 Instrument Location ROCKINGHAM COUNTY JAIL WENTWORTH, NC
	msdument sen	
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed	theday of, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	THE STATE OF	
	All all and a second	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 10/13/2021

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

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 3199
Test Date: 10/13/2021 Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

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

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_	Roci	KINGHAM Instrument Location MADISON POLICE
Instrumer	nt Serial N	10.00880Z DEPARTMENT
		intenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 00 or higher) to be followed at least once every four months are:
(1		Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2	2)	Verify instrument displays time and date;
(3	3)	Initiate breath test sequence;
(4	1)	Enter information as prompted;
(5	5)	Verify instrument accuracy;
(6	5)	When "PLEASE BLOW" appears, collect breath sample;
(7	7)	When "PLEASE BLOW" appears, collect breath sample;
(8	3)	Print test record;
(9	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	formed on	day of
GRENISC	IAIE OF A	
TOP QUE	AM VIDEN	Al 2000 669

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 10/13/2021

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: 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: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	3:10pm
AIR BLK	.00	3:11pm
ACCY CHK	.08	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 927 Test Date: 10/13/2021 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
FC	Pass	3:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:18pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:19pm

Pass

3:19pm

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 Sa	Jain Instrument Location Swain County Tail
	Instrument Ser	ial No. 008723 Instrument Location Swain County Jail Bryson City, NC
	The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
j	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	Transfer and the second	the
The state of the s	STATE OF ANY SOLITOR	
		Signature of Certifying Official Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 10/18/2021

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	8:35am
AIR BLK	.00	8:36am
ACCY CHK	.08	8:36am
AIR BLK	.00	8:38am
SUB TEST	.00	8:38am
AIR BLK	.00	8:39am
SUB TEST	.00	8:41am
AIR BLK	.00	8:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 838
Test Date: 10/18/2021 Test Time: 8:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:43am
FLO	Pass	8:43am
FC	Pass	8:43am
		Juli

Temperature Tests

Test	Status	Time
FC1	Pass	8:43am
SRC	Pass	8:43am
DET	Pass	8:43am
BAR	Pass	8:43am
BT	Pass	8:43am

Blank Tests

Test	Status	Time	
AIR	Pass	8:44am	

Printer Tests

Test	Status	Time
PRNT	Pass	8:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:44am
CAL	Pass	8:44am

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_Su	Instrument Location Swain Co. Jail
Instrument Ser	ial No. 068727 Bryson City, NC
0	
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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the day of
AND STATE OF	CAR CAR
The same of	Signature of Certifying Official Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 10/18/2021

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: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	8:40am
AIR BLK	.00	8:41am
ACCY CHK	.08	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:43am
AIR BLK	.00	8:44am
SUB TEST	.00	8:46am
AIR BLK	.00	8:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1441 Test Date: 10/18/2021 Test Time: 8:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:48am 8:48am
FC	Pass	8:48am

Temperature Tests

Test	Status	Time
FC1	Pass	8:48am
SRC	Pass	8:48am
DET	Pass	8:48am
BAR	Pass	8:48am
BT	Pass	8:48am

Blank Tests

Test	Status	Time	
AIR	Pass	8:49am	

Printer Tests

Test Status Time

	Deacus	TIME
PRNT	Pass	8:49am
	CRC Tests	

Test	Status	Time
COMP	Pass	8:49am
CAL	Pass	8:49am
		J . I

Preventive Maintenance Status: Pass

Analyst

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

C	County_5	wain Instrument Location Cherokes Tribal r) + 1
In	nstrument Se	rial No. 068782 Instrument Location Cheroker Tribal r	
TDI			
se	rial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alco breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	eath
I ce wer	ertify that on te performed Human Serv	the	ıres alth
THE GREAT SEA	STATE ON	S C C C C C C C C C C C C C C C C C C C	
100	STE QUAM VILEN	Pail R. Luth 635	
		Signature of Certifying Official Certificate Number	

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 10/19/2021

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	8:59am
AIR :		.00	9:00am
ACCY		.08	9:01am
AIR :		.00	9:02am
SUB '	TEST	.00	9:03am
AIR 1	BLK	.00	9:04am
SUB :	rest	.00	9:05am
AIR I	BLK	.00	9:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1290 Test Date: 10/19/2021 Test Time: 9:07am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:07am 9:07am
FC	Pass	9:07am

Temperature Tests

Test	Status	Time
FC1	Pass	9:07am
SRC	Pass	9:07am
DET	Pass	9:07am
BAR	Pass	9:07am
BT	Pass	9:07am

Blank Tests

Test	Status	Time
AIR	Pass	9:08am

Printer Tests

Test	Status	Time
PRNT	Pass	9:08am
	CRC Tests	
Test	Status	Time

Pass

Pass

9:08am

9:08am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

County	Instrument Location Tyrrell (0.5.0.
Instrument Seri	al No. 008847 412 Mains	t, Columbia, N
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch of breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	n date, or the alcoholic breath Icoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the	ventive maintenance procedures f the N.C. Department of Health
STATE OF THE STATE	CANOLINE TO THE PARTY OF THE PA	
ONAM MOES	Signature of Contifue Continue	643
	Signature of Certifying Official	Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008847 Test Date: 10/19/2021

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	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008847 Test Record Number: 726
Test Date: 10/19/2021 Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Status	Time
Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:09am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

11:09am

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 mai serial number 10,00	Intenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 00 or higher) to be followed at least once every four months are: Werify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Werify instrument displays time and date;
(1)	Of 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;
	preath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and data
N 50	verify institution displays time and date,
(3) I	Initiate breath test sequence;
(4) I	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8) I	Print test record;
(9) I	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
S	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed on	day of
THE STATE OF A DESCRIPTION OF THE STATE O	243 + 1 (-7)
William Mark	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)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 10/26/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
ver's License State: X

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	10:44am
AIR BLK	.00	10:44am
ACCY CHK	.08	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
ATR BLK	0.0	10.51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 3304
Test Date: 10/26/2021 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

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

Blank Tests

Test	Status	Time
AIR	Pass	10:53am

Printer Tests

Test	Status	Time
PRNT	Pass	10:54am
91	CRC Tests	
Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	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 VA	Instrument Location Vance	Co. S.D.
Instrument Ser	al No. <u>008937</u> <u>156 C</u>	Church St. Hendenson,
The preventive serial number 1	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	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 state	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or afte whichever occurs first.	expiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
were performed	the 26 day of 0000, 20 21 the forgod on the instrument indicated above, in accordance with current regulations, and the instrument is functioning properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
AND TO THE STATE OF THE STATE O	CAB MINISTER	671
	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 10/26/2021

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: 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	10:40am
AIR BLK	.00	10:40am
ACCY CHK	.08	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

/ Analys

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 3004 Test Date: 10/26/2021 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:49am
FC	Pass	10:49am 10:49am
	Labb	TO. TOalli

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	10:50am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10.50am

Preventive Maintenance Status: Pass

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	WAKE Instrument Location BAT MOBILE Unit Gerial No. 007580 Raleigh
Instrument Se	erial No. 008580 Raleigh
The preventiv	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.
were perform	on the one of the day of of the day of one of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health dervices, and the instrument is functioning properly.
STATE COMM TO	Lie 3
Winner.	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008580 Test Date: 10/01/2021

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

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

Driver's License Number: Unknown

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

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

Test	g/210L	Time
DIAG	Pass	10:01pm
AIR BLK	.00	10:02pm
ACCY CHK	.07	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008580 Test Record Number: 2648
Test Date: 10/01/2021 Test Time: 10:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:10pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	10:11pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

County	Instrument Location SAT MONDE	- UNI G
Instrument Serial	NO. O OYS 84 MAILTICH	
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 2000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that on the were performed of and Human Servio	the instrument indicated above, in accordance with current regulations of the instrument is functioning properly.	ventive maintenance procedures of the N.C. Department of Health
STATE OF A	CARO	
STOR QUAM VICENT		663
	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008584 Test Record Number: 2392 Test Date: 10/01/2021 Test Time: 9:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:21pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	9:21pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	9:21pm	

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

SUR

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008584 Test Date: 10/01/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.07	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: _00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County 4	MAKE Instrument Location SAT MOMILE UNIT 6 Prial No. 008686 RALETCH
Instrument Se	rial No. OOPG 84 RALETCH
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	n the day of octobed, 2021 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
O W. SLATE O W. SLATE O W. 20.172	Gele 3
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008686 Test Date: 10/01/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	8:44pm
AIR BLK	.00	8:45pm
ACCY CHK	.07	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008686 Test Record Number: 6796
Test Date: 10/01/2021 Test Time: 8:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8:53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:54pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	8:54pm	

CRC Tests

Test	Status	Time	
COMP	Pass	8:54pm	
CAL	Pass	8:54pm	

Preventive Maintenance Status: Pass

Analyst

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

County WAR	, , , , , , , , , , , , , , , , , , , ,
Instrument Serial	No. 008116 1AIDH
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 instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE	CEO
THE COUNTY VIEW	Sul 663
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008776 Test Date: 10/01/2021

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

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	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.07	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm

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: 3686 Test Date: 10/01/2021 Test Time: 10:00pm EDT

System Check: Passed

Baseline Tests

Test Status	
IR Pass	10:00pm
FLO Pass	10:00pm
FC Pass	10:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	10:01pm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:01pm

10:01pm

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)

Instrument Seri	Tal No. 008779 AALSCH
	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 Olday of Order, 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.

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008779 Test Date: 10/01/2021

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

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	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.07	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008779 Test Record Number: 3726 Test Date: 10/01/2021 Test Time: 10:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:00pm
FLO	Pass	10:00pm
FC	Pass	10:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
DET	Pass	10:00pm
BAR	Pass	10:00pm
BT	Pass	10:00pm

Blank Tests

Test	Status	Time
ATR	Dage	10 · 01 pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:01pm
CAL	Pass	10:01pm

Preventive Maintenance Status: Pass

Analyst

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

County Oa	shington Instrument Location Washington 6 5.0.
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	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
and Human Ser	vices, and the instrument is functioning properly.
	CAROLINIA CAROLI
TARE 12 THE QUAM VIDER	Zen (643
	Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 10/19/2021

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 AIR BLK ACCY CHK	Pass .00 .07	12:14pm 12:15pm
AIR BLK	.00	12:15pm 12:16pm
SUB TEST	.00	12:17pm
AIR BLK SUB TEST	.00	12:18pm 12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 1087 Test Date: 10/19/2021 Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

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

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

AIR Pass	
	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:23pm 12:23pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument S	Instrument Location SAF MOV DF UNIT 6 Perial No. 008580 LIDSON
The preventi serial numbe	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.
were perform	on the 30 day of or on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health dervices, and the instrument is functioning properly.

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580 Test Date: 10/30/2021

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

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

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

Test	g/210L	Time
DIAG	Pass	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.07	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580 Test Record Number: 2650 Test Date: 10/30/2021 Test Time: 10:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:23pm
FLO	Pass	10:23pm
FC	Pass	10:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:24pm
SRC	Pass	10:24pm
DET	Pass	10:24pm
BAR	Pass	10:24pm
BT	Pass	10:24pm

Blank Tests

Test	Status	Time
AIR	Pass	10:24pm

Printer Tests

Status	Time
Pass	10:24pm
CRC Tests	
Status	Time
Pass	10:24pm
	Pass CRC Tests Status

Preventive Maintenance Status: Pass

Analyst