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

| County_A | lexander Instrument Location Alexander Gunty 50 |
|--|---|
| Instrument Ser | rial No. 008813 91 Commercia (Park Pr. Alexan |
| - | County, Taylorsville |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| were performed | the day of |
| STATE OF WANTED TO STATE OF THE | |
| | |
| SSE QUAM VICES | 18 Jul 8 16 500 |
| | 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)

ALEXANDER COUNTY ALEXANDER COUNTY SO

Serial Number: 008813 Test Date: 01/25/2021

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: Hutchinson, Joseph E Permit Number: 0035-6075 Effective:

10/13/2020-10/13/2022

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/2101 | Time |
|----------|--------|---------|
| DIAG | Pass | 6:31pm |
| AIR BLK | .00 | 6:32pm |
| ACCY CHK | .03 | 6:33jom |
| AIR BLK | .00 | 6:34pm |
| SUB TEST | .00 | 6:34pm |
| AIR BLK | .00 | 6:35jpm |
| SUB TEST | .00 | 6:37pm |
| AIR BLK | .00 | 6:38pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Record Number: 1997 Test Date: 01/25/2021 Test Time: 6:39pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:40pm |
| FLO | Pass | 6:40pm |
| FC | Pass | 6:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:40pm |
| SRC | Pass | 6:40pm |
| DET | Pass | 6:40pm |
| BAR | Pass | 6:40pm |
| BT | Pass | 6:40pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:40pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:41pm |

CRC Tests

| Status | Ti,me |
|--------|--------|
| Pass | 6:41pm |
| Pass | 6:41pm |
| | Pass |

Preventive Maintenance Status: Pass

Analyst



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

| erify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic reath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
|--|
| erify instrument displays time and date; |
| nitiate breath test sequence; |
| nter information as prompted; |
| erify instrument accuracy; |
| When "PLEASE BLOW" appears, collect breath sample; |
| When "PLEASE BLOW" appears, collect breath sample; |
| rint test record; |
| un diagnostic program and confirm preventive maintenance status of "Pass"; and |
| Terify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath mulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| |

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 01/22/2021

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: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2020-10/01/2022

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

Agency: DHHS

Test Type: Breath Test

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

| g/210L | Time |
|--------|----------------------------------|
| Pass | 12:49pm |
| .00 | 12:50pm |
| .08 | 12:51pm |
| .00 | 12:52pm |
| .00 | 12:53pm |
| .00 | 12:54pm |
| .00 | 12:55pm |
| .00 | 12:56pm |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1420 Test Date: 01/22/2021 Test Time: 12:57pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 12:58pm | |

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

12:58pm

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

| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
|--------------------------------|---|
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the Say of Jensey , 2024 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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 01/08/2021

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: Burnette, Anthony J
Permit Number: 0018-4401
Effective:
10/01/2020-10/01/2022

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

Test Type: Breath Test

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

| Tes | t | g/210L | Time |
|-----|-------|--------|--------|
| DIA | G | Pass | 4:14pm |
| AIR | BLK | .00 | 4:15pm |
| ACC | Y CHK | .08 | 4:16pm |
| AIR | BLK | .00 | 4:17pm |
| SUB | TEST | .00 | 4:17pm |
| AIR | BLK | .00 | 4:18pm |
| SUB | TEST | .00 | 4:19pm |
| AIR | BLK | -00 | 4:20pm |
| | | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1059
Test Date: 01/08/2021 Test Time: 4:21pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:21pm |
| FLO | Pass | 4:21pm |
| FC | Pass | 4:21pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:21pm |
| SRC | Pass | 4:21pm |
| DET | Pass | 4:21pm |
| BAR | Pass | 4:21pm |
| BT | Pass | 4:21pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 4:22pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:22pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 4:22pm |
| CAL | Pass | 4:22pm |

Preventive Maintenance Status: Pass

Analyst -

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

| | 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 second secon | the day of |

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 01/06/2021

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: 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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:34am |
| AIR BLK | .00 | 11:34am |
| ACCY CHK | .08 | 11:35am |
| AIR BLK | .00 | 11:36am |
| SUB TEST | .00 | 11:36am |
| AIR BLK | .00 | 11:37am |
| SUB TEST | .00 | 11:39am |
| AIR-BLK | .00 | 11:40am |

Reported AC. 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 4531 Test Date: 01/06/2021 Test Time: 11:41am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:42am |
| SRC | Pass | 11:42am |
| DET | Pass | 11:42am |
| BAR | Pass | 11:42am |
| BT | Pass | 11:42am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:43am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:43am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:43am |
| CAL | Pass | 11:43am |

Preventive Maintenance Status: Pass

Apayst

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

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

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 01/06/2021

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: 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: AG007601 Exp Date: 03/16/2022

| Test | g/210L | 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 |
| ATR BLK | 0.0 | 11:39am |

Signature of Memical Analyst

Court CVR

Analysi

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 4823
Test Date: 01/06/2021 Test Time: 11:41am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 11:42am | |

Printer Tests

| rest | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:42am |

Ctatus Timo

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:42am |
| CAL | Pass | 11:42am |
| | | |

Preventive Maintenance
Status: Aass

Analyst

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

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 01/06/2021

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: 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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:23pm |
| AIR BLK | .00 | 3:24pm |
| ACCY CHK | .07 | 3:24pm |
| AIR BLK | .00 | 3:25pm |
| SUB TEST | .00 | 3:26pm |
| AIR BLK | .00 | 3:27pm |
| SUB TEST | .00 | 3:29pm |
| AIR BLK | .00/ | 3:30pm |
| AIR BLK | .00/ | 3:30pm |

Reported ACA .00 g/2101

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 OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1690 Test Date: 01/06/2021 Test Time: 3:30pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:31pm |
| FLO | Pass | 3:31pm |
| FC | Pass | 3:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:31pm |
| SRC | Pass | 3:31pm |
| DET | Pass | 3:31pm |
| BAR | Pass | 3:31pm |
| BT | Pass | 3:31pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 3:31pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:31pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:32pm |
| CAL | Pass | 3:32pm |

Preventive Maintenance Status: Pass

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

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

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 01/06/2021

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: 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: AG920301 Exp Date: 07/22/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:17pm |
| AIR BLK | .00 | 1:18pm |
| ACCY CHK | .08 | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| SUB TEST | .00 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| SUB TEST | .00 | 1:23pm |
| AIR BIK | .00 | 1:24pm |

Reported AC: | .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 729
Test Date: 01/06/2021 Test Time: 1:27pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:27pm |
| FLO | Pass | 1:27pm |
| FC | Pass | 1:27pm |
| FLO | Pass | 1:27pr |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:27pm |
| SRC | Pass | 1:27pm |
| DET | Pass | 1:27pm |
| BAR | Pass | 1:27pm |
| BT | Pass | 1:27pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 1:28pm | |

Printer Tests

| Test | Status | Time | |
|------|--------|--------|--|
| PRNT | Pass | 1:28pm | |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 1:28pm | |
| CAL | Pass | 1:28pm | |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Cari | al No. 008831 | | 00 | l six |
|--|--|---|---|---|
| nistrument Sen | ar No. <u>OF</u> 7 8 8 2 1 | | 1110190 | HOO, NC |
| The preventive serial number 1 | maintenance procedures for the 0,000 or higher) to be followe | ne Intoximeters, Model I d at least once every fou | Intox EC/IR II and Morr months are: | odel Intox EC/IR II (Enhanced wi |
| (1) | Verify the ethanol gas can breath simulator thermome | | | ch (psi) of pressure, or the alcohol centigrade; |
| (2) | Verify instrument displays | s time and date; | | |
| (3) | Initiate breath test sequence | ce; | | |
| (4) | Enter information as prom | ppted; | | |
| (5) | Verify instrument accuracy | y; | | |
| (6) | When "PLEASE BLOW" | appears, collect breath s | ample; | |
| (7) | When "PLEASE BLOW" | appears, collect breath s | ample; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program ar | nd confirm preventive m | aintenance status of " | Pass"; and |
| (10) | Verify that the ethanol g simulator solution is beir whichever occurs first. | gas canister is being cl ng changed every four | hanged before expira months or after 125 | ation date, or the alcoholic brea Alcoholic Breath Simulator tes |
| I certify that on were performed and Human Ser | the | above, in accordance winctioning properly. | the forgoing pith current regulation | preventive maintenance procedures of the N.C. Department of Hea |

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

DHHS 4080 (04/20)

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Date: 01/05/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective: 09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:42am |
| AIR BLK | .00 | 10:43am |
| ACCY CHK | .08 | 10:43am |
| AIR BLK | .00 | 10:44am |
| SUB TEST | .00 | 10:45am |
| AIR BLK | .00 | 10:46am |
| SUB TEST | .00 | 10:48am |
| ATR BLK | 0.0 | 10.48am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Analyst

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

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Record Number: 2318
Test Date: 01/05/2021 Test Time: 10:49am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

| | A. 202 A |
|--------------|--|
| Instrument 8 | ial No. 003904 morgoston, NC |
| | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| were perforn | n the |
| THE COM VE | F 2 668 |
| CONW AND | Signature of Certifying Official Certificate Number |

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

DHHS 4080 (04/20)

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Date: 01/05/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:43am |
| AIR BLK | .00 | 10:45am |
| 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 | .00 | 10:50am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Record Number: 2553 Test Date: 01/05/2021 Test Time: 10:51am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:51am |
| FLO | Pass | 10:51am |
| FC | Pass | 10:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:51am |
| SRC | Pass | 10:51am |
| DET | Pass | 10:51am |
| BAR | Pass | 10:51am |
| BT | Pass | 10:51am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:52am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:52am |
| | CRC Tests | |
| | | |

| Status | Time |
|--------|---------|
| Pass | 10:52am |
| Pass | 10:52am |
| | Pass |

Preventive Maintenance Status: Pass

Analyst

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

| CountyC | abarrus Instrument Location Cabarrus County 50 |
|--|---|
| Instrument Se | rial No. 008625 30 Coopen Ave, Concord |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performe | n the day of day of , 20 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health prvices, and the instrument is functioning properly. |
| STATE OF THE STATE | ORTH CAR |
| ASTRICE OF THE | South & Att |
| | Signature of Certifying Official Certificate Number |

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 01/26/2021

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 State: XX Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

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 | 3 | Pass | 3:53pm |
| AIR | BLK | .00 | 3:54pm |
| ACCY | CHK | .08 | 3:55pm |
| AIR | BLK | .00 | 3:56pm |
| SUB | TEST | .00 | 3:56pm |
| AIR | BLK | .00 | 3:57pm |
| SUB | TEST | .00 | 3:59pm |
| ATR | BLK | 0.0 | 4 . 00pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 5590 Test Date: 01/26/2021 Test Time: 4:01pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:02pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:02pm |
| | CRC Tests | |
| | | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:02pm |
| CAL | Pass | 4:02pm |

Preventive Maintenance Status: Pass

Analyst

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

| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model II 0,000 or higher) to be followed at least once every four | ntox EC/IR II and Model Intox EC/In months are: | IR II (Enhanced with |
|--------------------------------|---|--|--|
| (1) | Verify the ethanol gas canister displays at least 51 per breath simulator thermometer shows 34 degrees, play | pounds per square inch (psi) of pres us 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; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect breath sa | mple; | |
| (7) | When "PLEASE BLOW" appears, collect breath sa | mple; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm preventive ma | intenance status of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is being chasimulator solution is being changed every four numbers whichever occurs first. | | |
| were performed | the 14 day of January , 20 do not the instrument indicated above, in accordance with vices, and the instrument is functioning properly. | 2 I the forgoing preventive main h current regulations of the N.C. De | atenance procedures epartment of Health |
| | | | |
| TOTAL TOTAL | 11. Va Ba | (a | 48 |

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Date: 01/14/2021

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 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: AG034902 Exp Date: 12/14/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| ACCY CHK | .08 | 1:59pm |
| AIR BLK | .00 | 2:00pm |
| SUB TEST | .00 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:03pm |
| ATR BLK | .00 | 2:04pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Record Number: 4006 Test Date: 01/14/2021 Test Time: 2:05pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Preventive Maintenance Status: Pass

Pass 2:06pm

CAL

Agalyst

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 | RTERET | Instrument Location | EMERAL | DEPT. |
|--|---|---|---|---|
| Instrument Ser | ial No. 008620 | _ | POLICE | DEPT. |
| The preventive serial number | maintenance procedures for the Ir 10,000 or higher) to be followed at | ntoximeters, Model Into | ox EC/IR II and Moononths are: | del Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister breath simulator thermometer: | displays at least 51 po shows 34 degrees, plus | or minus .2 degree o | n (psi) of pressure, or the alcoholic centigrade; |
| (2) | Verify instrument displays tim | e and date; | | |
| (3) | Initiate breath test sequence; | | | |
| (4) | Enter information as prompted; | | | |
| (5) | Verify instrument accuracy; | | | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | | | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | | | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program and co | onfirm preventive mair | tenance status of "Pa | ass"; and |
| (10) | Verify that the ethanol gas of simulator solution is being considered whichever occurs first. | canister is being char hanged every four mo | nged before expirationths or after 125 | ion date, or the alcoholic breatl Alcoholic Breath Simulator tests |
| I certify that on were performed and Human Ser | the 19 day of Januard on the instrument indicated above vices, and the instrument is function | ye, in accordance with oning properly. | -1 the forgoing pr current regulations | eventive maintenance procedure of the N.C. Department of Healt |

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 01/19/2021

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: 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: AG034902 Exp Date: 12/14/2022

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:42pm |
| AIR BLK | .00 | 12:43pm |
| ACCY CHK | .08 | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| SUB TEST | .00 | 12:46pm |
| AIR BLK | .00 | 12:47pm |
| SUB TEST | .00 | 12:48pm |
| AIR BLK | .00 | 12:49pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 2134
Test Date: 01/19/2021 Test Time: 12:50pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 12:51pm | |

Printer Tests

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

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)

| CountyC | ARTERET | _ Instrument Location_ | MOREHEA. | D CITY |
|--|--|---|---|---|
| Instrument Seria | al No. <i>0</i> 08731 | - | POLICE | DEPT. |
| | maintenance procedures for t 0,000 or higher) to be followed | | | ox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas car breath simulator thermom | nister displays at least 51 p eter shows 34 degrees, plu | ounds per square inch (psi) s or minus .2 degree centigu | of pressure, or the alcoholic rade; |
| (2) | Verify instrument display | s time and date; | | |
| (3) | Initiate breath test sequen | ce; | | |
| (4) | Enter information as pron | npted; | | |
| (5) | Verify instrument accurac | y; | | |
| (6) | When "PLEASE BLOW" | appears, collect breath sar | mple; | |
| (7) | When "PLEASE BLOW" | appears, collect breath sar | mple; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program a | nd confirm preventive mai | ntenance status of "Pass"; a | and |
| (10) | | | | te, or the alcoholic breath blic Breath Simulator tests, |
| I certify that on were performed and Human Ser | the 14 day of A do not the instrument indicated vices, and the instrument is fully | above, in accordance with anctioning properly. | ZI the forgoing preventing current regulations of the | ve maintenance procedures N.C. Department of Health |
| QUAM VIDE | | - MI Ver | -2 | 1040 |

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

DHHS 4080 (04/20)

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 01/14/2021

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, 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: AG034902 Exp Date: 12/14/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| ACCY CHK | .07 | 3:58pm |
| AIR BLK | .00 | 3:59pm |
| SUB TEST | .00 | 4:00pm |
| AIR BLK | .00 | 4:01pm |
| SUB TEST | .00 | 4:02pm |
| AIR BLK | .00 | 4:03pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 2300 Test Date: 01/14/2021 Test Time: 4:04pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:04pm |
| FLO | Pass | 4:04pm |
| FC | Pass | 4:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:04pm |
| SRC | Pass | 4:04pm |
| DET | Pass | 4:04pm |
| BAR | Pass | 4:04pm |
| BT | Pass | 4:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:05pm |

Printer Tests

| Status | Time |
|--------|------------|
| Pass | 4:05pm |
| | 25,530,500 |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:05pm |
| CAL | Pass | 4:05pm |

Preventive Maintenance Status: Pass

Analyst

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

| County CA | LTERET | Instrument Location | ATLANTIC POLICE ? | BEACH |
|--|---|---|--|--|
| Instrument Seri | al No008785 | | POLICE ? | DEPT |
| The preventive serial number 1 | maintenance procedures for t 0,000 or higher) to be followe | he Intoximeters, Model Into d at least once every four n | ox EC/IR II and Model I | ntox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas can breath simulator thermom | nister displays at least 51 po eter shows 34 degrees, plus | unds per square inch (ps or minus .2 degree centi | i) of pressure, or the alcoholic grade; |
| (2) | Verify instrument displays | s time and date; | | |
| (3) | Initiate breath test sequen | ce; | | |
| (4) | Enter information as pron | npted; | | |
| (5) | Verify instrument accurac | y; | | |
| (6) | When "PLEASE BLOW" | appears, collect breath sam | ole; | |
| (7) | When "PLEASE BLOW" | appears, collect breath sam | ple; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program a | nd confirm preventive main | tenance status of "Pass"; | and |
| (10) | | | | date, or the alcoholic breath holic Breath Simulator tests, |
| I certify that on were performed and Human Ser | the 04 day of 14. day of 15. do not the instrument indicated vices, and the instrument is fulfactories. | above, in accordance with unctioning properly. | \$ | tive maintenance procedures to N.C. Department of Health |

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

DHHS 4080 (04/20)

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 01/04/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, 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: AG007601 Exp Date: 03/16/2022

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:39am |
| AIR BLK | .00 | 11:40am |
| ACCY CHK | .08 | 11:40am |
| AIR BLK | .00 | 11:41am |
| SUB TEST | .00 | 11:42am |
| AIR BLK | .00 | 11:43am |
| SUB TEST | .00 | 11:45am |
| AIR BLK | .00 | 11:46am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

all Pa 13 and a Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1244
Test Date: 01/04/2021 Test Time: 11:48am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:48am |
| SRC | Pass | 11:48am |
| DET | Pass | 11:48am |
| BAR | Pass | 11:48am |
| BT | Pass | 11:48am |

Blank Tests

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

Printer Tests

| Test | Status | Time |
|--------------|--------|-----------|
| and the same | | |
| DRMT | Pass | 11 · 49am |

CRC Tests

| Status | Time |
|--------|-----------------------|
| Pass | 11:49am |
| Pass | 11:49am |
| | and the second second |

Preventive Maintenance Status: Pass

Analyst

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

| | Instrument Seri | ial No. <u>008882</u> | DETENTION CENTE |
|-------|--------------------------------|--|--|
| 20 00 | The preventive serial number 1 | e maintenance procedures for the Intoximeters 10,000 or higher) to be followed at least once | s, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with |
| | (1) | | it least 51 pounds per square inch (psi) of pressure, or the alcoholidegrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect | t breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect | t breath sample; |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm pre- | ventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is simulator solution is being changed ev whichever occurs first. | being changed before expiration date, or the alcoholic breath ery four months or after 125 Alcoholic Breath Simulator tests |



Signature of Certifying Official

Certificate Number

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

and Human Services, and the instrument is functioning properly.

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Date: 01/14/2021

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, 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: AG034902 Exp Date: 12/14/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:59pm |
| AIR BLK | .00 | 2:00pm |
| ACCY CHK | .08 | 2:00pm |
| AIR BLK | .00 | 2:01pm |
| SUB TEST | .00 | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| SUB TEST | .00 | 2:04pm |
| AIR BLK | .00 | 2:05pm |

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

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CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Record Number: 2059
Test Date: 01/14/2021 Test Time: 2:07pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:08pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:08pm |
| | NEWS DOWN | |

CRC Tests

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

Preventive Maintenance Status: Pass

ale 12 15 an

Analyst

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

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

DHHS 4080 (04/20)

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 01/15/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:49pm |
| AIR BLK | .00 | 1:50pm |
| ACCY CHK | .07 | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| SUB TEST | .00 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:55pm |
| ATR BLK | .00 | 1:55pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1146 Test Date: 01/15/2021 Test Time: 1:56pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:57pm |
| FLO | Pass | 1:57pm |
| FC | Pass | 1:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:57pm |
| SRC | Pass | 1:57pm |
| DET | Pass | 1:57pm |
| BAR | Pass | 1:57pm |
| BT | Pass | 1:57pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:58pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:58pm |
| CAL | Pass | 1:58pm |

Preventive Maintenance Status: Pass

Analyst

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

| Instrument Seria | al No. 008711 Murphy, NC |
|--|--|
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on were performed and Human Ser | the |
| STATE OF THE PROPERTY OF THE P | O THE CARD |

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

DHHS 4080 (04/20)

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

> Serial Number: 008711 Test Date: 01/15/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:50pm |
| AIR BLK | .00 | 1:51pm |
| ACCY CHK | .07 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:57pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 1104
Test Date: 01/15/2021 Test Time: 1:57pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:58pm |
| FLO | Pass | 1:58pm |
| FC | Pass | 1:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:58pm |
| SRC | Pass | 1:58pm |
| DET | Pass | 1:58pm |
| BAR | Pass | 1:58pm |
| BT | Pass | 1:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pass | 1:59pm |

Printer Tests

| rest | status | TIME |
|------|--------|--------|
| PRNT | Pass | 1:59pm |
| | | |

Ctatua

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CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:59pm |
| CAL | Pass | 1:59pm |

Preventive Maintenance Status: Pass

Analyst

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

| 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. |
| certify that or | the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health |

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

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 01/21/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

| DIAG | Pass | 1:50pm |
|----------|------|--------|
| AIR BLK | .00 | 1:51pm |
| ACCY CHK | .08 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:54pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:57pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

TREAT DEW

Analyst

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

Rev. 12/2007

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COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Record Number: 2389
Test Date: 01/21/2021 Test Time: 2:13pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:14pm |
| SRC | Pass | 2:14pm |
| DET | Pass | 2:14pm |
| BAR | Pass | 2:14pm |
| BT | Pass | 2:14pm |

Blank Tests

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

Printer Tests

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

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

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)

| Instrument Seri | ial No. 008947 407-A MAPLE LP., MAPLE, N |
|--|---|
| 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 alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that on were performed and Human Ser | theday of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| 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.

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 01/13/2021

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tins A. Keepe Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 2773

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:27pm |

Printer Tests

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

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:28pm |
| CAL | Pass | 2:28pm |

Preventive Maintenance Status: Pass

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

| The preventiv | re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are: |
|-----------------|---|
| (1) | Verify the ethanol gas canister displays at least 51 nounds are: |
| | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |
| | va for |
| certify that on | the day of, 20 the forgoing preventive maintenance procedure |
| nd Human Ser | d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly. |
| S THE STATE OF | |
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| Ton 12 mg | |
| The constant | |

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 01/19/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

| Test | g/210L | Time |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 10:58am 10:59am 10:59am 11:00am 11:01am 11:02am 11:03am |
| AIR BLK | .00 | 11:05am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 977 Test Date: 01/19/2021 Test Time: 11:05am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:06am |
| FLO | Pass | 11:06am |
| FC | Pass | 11:06am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:06am |
| SRC | Pass | 11:06am |
| DET | Pass | 11:06am |
| BAR | Pass | 11:06am |
| BT | Pass | 11:06am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:07am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:07am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:07am 11:07am |

Preventive Maintenance Status: Pass

Analyst

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

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 01/19/2021

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2472 Test Date: 01/19/2021 Test Time: 11:18am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:18am |
| SRC | Pass | 11:18am |
| DET | Pass | 11:18am |
| BAR | Pass | 11:18am |
| BT | Pass | 11:18am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:19am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:19am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:19am |

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)

| 5 | The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 10,000 or higher) to be followed at least once every four months are: | lel 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 of | (psi) of pressure, or the alcoholic entigrade; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pas | ss"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first. | on date, or the alcoholic breath lcoholic Breath Simulator tests, |
| W | certify that on were performed nd Human Ser | theday of, 20 the forgoing preval on the instrument indicated above, in accordance with current regulations of vices, and the instrument is functioning properly. | ventive maintenance procedures f the N.C. Department of Health |
| | | Signature of Certifying Official | Certificate Number |

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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 01/19/2021

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

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

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

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:01am |
| AIR BLK | .00 | 11:02am |
| ACCY CHK | .07 | 11:03am |
| AIR BLK | .00 | 11:04am |
| SUB TEST | .00 | 11:04am |
| AIR BLK | .00 | 11:05am |
| SUB TEST | .00 | 11:07am |
| AIR BLK | .00 | 11:08am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fines Ruce Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1206
Test Date: 01/19/2021 Test Time: 11:09am EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 11:09am |
| Pass | 11:09am |
| Pass | 11:09am |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:09am |
| SRC | Pass | 11:09am |
| DET | Pass | 11:09am |
| BAR | Pass | 11:09am |
| BT | Pass | 11:09am |
| | | |

Blank Tests

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

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:10am |
| | CRC Tests | |
| | | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:10am |
| CAL | Pass | 11:10am |

Preventive Maintenance Status: Pass

Analyst

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

| County DA | umsard | _ Instrument Loca | ation DACIDS IS | 1 COULTY | JAIL |
|-----------------|---|----------------------|-----------------------|--|----------------------|
| Instrument Seri | al No. 0088 45 | - | LEXINGS | -ON NC | |
| | maintenance procedures for the 0,000 or higher) to be followe | | | d Model Intox EC/IR | II (Enhanced with |
| (1) | Verify the ethanol gas can breath simulator thermome | | | | re, or the alcoholic |
| (2) | Verify instrument displays | s time and date; | | | |
| (3) | Initiate breath test sequence | ee; | | | |
| (4) | Enter information as prom | pted; | | | |
| (5) | Verify instrument accuracy | y; | | | |
| (6) | When "PLEASE BLOW" | appears, collect bre | ath sample; | | |
| (7) | When "PLEASE BLOW" | appears, collect bre | ath sample; | | |
| (8) | Print test record; | | | | |
| (9) | Run diagnostic program ar | nd confirm preventi | ve maintenance status | of "Pass"; and | |
| (10) | Verify that the ethanol g simulator solution is being whichever occurs first. | | | | |
| were performed | the day of I on the instrument indicated vices, and the instrument is fur | above, in accordance | | ng preventive mainte ions of the N.C. Dep | |
| | 0 | Signature of Certif | ying Official | Certificat | te Number |

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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 01/12/2021

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, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:05pm |
| AIR BLK | .00 | 2:06pm |
| ACCY CHK | .08 | 2:06pm |
| AIR BLK | .00 | 2:07pm |
| SUB TEST | .00 | 2:08pm |
| AIR BLK | .00 | 2:09pm |
| SUB TEST | .00 | 2:11pm |
| AIR BLK | .00 | 2:12pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3524
Test Date: 01/12/2021 Test Time: 2:30pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:31pm |
| FLO | Pass | 2:31pm |
| FC | Pass | 2:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:31pm |
| SRC | Pass | 2:31pm |
| DET | Pass | 2:31pm |
| BAR | Pass | 2:31pm |
| BT | Pass | 2:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:32pm |
| | | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:32pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 2:32pm |
|------|------|--------|
| CAL | Pass | 2:32pm |

Preventive Maintenance Status: Pass

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

Department of Health and Human Servi 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)

| | | | 3 | 7-8- |
|---|-----------------|---|--------------------------------|---|
| | Instrument Seri | al No. 008872 | POLICE | DEPARTMENT |
| | | maintenance procedures for the Intoxion 0,000 or higher) to be followed at least | | and Model Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister disp breath simulator thermometer show | | are inch (psi) of pressure, or the alcoholic degree centigrade; |
| | (2) | Verify instrument displays time and | d 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 | m preventive maintenance statu | us of "Pass"; and |
| | (10) | | | expiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests, |
| | were performed | the Z day of JANUARY I on the instrument indicated above, in vices, and the instrument is functioning | accordance with current regu | oing preventive maintenance procedures lations of the N.C. Department of Health |
| | STE QUAM VIDER | 3 J.M. | 00. 2 | 669 |

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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 01/12/2021

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, Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:26am |
| AIR BLK | .00 | 11:27am |
| ACCY CHK | .07 | 11:28am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:32am |
| ATR BLK | 0.0 | 11.33am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1506 Test Date: 01/12/2021 Test Time: 11:33am EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 11:34am |
| Pass | 11:34am |
| Pass | 11:34am |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:34am |
| SRC | Pass | 11:34am |
| DET | Pass | 11:34am |
| BAR | Pass | 11:34am |
| BT | Pass | 11:34am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:35am |

Printer Tests

Togt Status Time

| rest | Status | TIME |
|------|-----------|---------|
| PRNT | Pass | 11:35am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:35am |
| CAL | Pass | 11:35am |

Preventive Maintenance Status: Pass

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

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 01/12/2021

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,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Amalyst

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

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DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2276
Test Date: 01/12/2021 Test Time: 1:16pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:16pm |
| FLO | Pass | 1:16pm |
| FC | Pass | 1:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:16pm |
| SRC | Pass | 1:16pm |
| DET | Pass | 1:16pm |
| BAR | Pass | 1:16pm |
| BT | Pass | 1:16pm |
| | | |

Blank Tests

| Deacab | Time |
|--------|----------------|
| Pass | 1:17pm |
| | Status Pass |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:17pm |

CRC Tests

| 1:17pm 1:17pm |
|------------------|
| |

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

| County 3 | Instrument Location DUPLIN COUNTY JETENTION CENTER |
|--------------------------------|--|
| Instrument Seri | al No. 008864 DETENTION CENTER |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. |
| were performed | the 21 day of 3 AURIH, 2021 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heat revices, and the instrument is functioning properly. |
| S COMMENT | Signature of dertifying Official Certificate Number |

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

DHHS 4080 (04/20)

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Date: 01/21/2021

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: Barnes, Alvin R

Permit Number: 0014-6279

Effective:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| Test | 9/2101 | TIME |
| DIAG | Pass | 10:03am |
| AIR BLK | .00 | 10:03am |
| ACCY CHK | .08 | 10:04am |
| AIR BLK | .00 | 10:05am |
| SUB TEST | .00 | 10:05am |
| AIR BLK | .00 | 10:06am |
| SUB TEST | .00 | 10:08am |
| AIR BLK | .00 | 10:09am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 4025 Test Date: 01/21/2021 Test Time: 10:09am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:09am |
| FLO | Pass | 10:09am |
| FC | Pass | 10:09am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 10:10am |

Printer Tests

Test

| PRNT | Pass | 10:10am |
|------|-----------|---------|
| | CRC Tests | |
| | | |

Status Time

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

Preventive Maintenance Status: Pass

alu Ra Baro

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

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

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

Signature of Certifying Official

Certificate Number

DHHS 4080 (04/20)

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 01/15/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:06pm |
| AIR BLK | .00 | 12:07pm |
| ACCY CHI | 80. 3 | 12:07pm |
| AIR BLK | .00 | 12:09pm |
| SUB TEST | 00. 1 | 12:09pm |
| AIR BLK | .00 | 12:10pm |
| SUB TEST | 00. 1 | 12:12pm |
| AIR BLK | .00 | 12:13pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 829
Test Date: 01/15/2021 Test Time: 12:15pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:15pm |
| FLO | Pass | 12:15pm |
| FC | Pass | 12:15pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:15pm |
| SRC | Pass | 12:15pm |
| DET | Pass | 12:15pm |
| BAR | Pass | 12:15pm |
| BT | Pass | 12:15pm |
| | | |

Blank Tests

| rest | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:16pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:16pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:16pm |
| CAL | Pass | 12:16pm |

Preventive Maintenance Status: Pass

Analyst

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

| | County_GA | |
|--|--------------------------------|--|
| | Instrument Ser | ial No. 0086111 111 HA Sergie Si Cuesdaron Ne |
| The state of the s | The preventive serial number 1 | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| V | were periorified | theday of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| | | Signature of Certifying Official Certificate Number |

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 01/12/2021

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: 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: AG034901 Exp Date: 12/14/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:53pm |
| AIR BLK | .00 | 2:53pm |
| ACCY CHK | .08 | 2:54pm |
| AIR BLK | .00 | 2:55pm |
| SUB TEST | .00 | 2:56pm |
| AIR BLK | .00 | 2:57pm |
| SUB TEST | .00 | 2:58pm |
| AIR BLK | .00 | 2:59pm |

Reported Ag: 1.00 g/310L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1351
Test Date: 01/12/2021 Test Time: 2:59pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|----------------------|
| Pass | 3:00pm |
| | Pass Pass Pass |

Blank Tests

| Test | Status | Time | |
|------|--------|-----------|--|
| ATR | Pagg | 3 · 01 pm | |

Printer Tests

| resc | Status | Time | |
|------|--------|--------|--|
| PRNT | Pass | 3:01pm | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:01pm |
| CAL | Pass | 3:01pm |

Preventive Maintenance Status: Pass

Analyst

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

| | County | Instrument Location REECHE Co. S. O. |
|----|--|--|
| | Instrument Seri | al No. 008670 301 W. BREENE ST. SNOW! |
| | | N.C |
| | The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| Y. | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before 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 | theday of, 20the 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 OF THE STATE | CARRELL CARREL |
| | * EGG QUAM VILERIA | Jines Reed 647 |
| | | Signature of Certifying Official Certificate Number |

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 01/11/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:29pm |
| AIR BLK | .00 | 4:29pm |
| ACCY CHK | .08 | 4:30pm |
| AIR BLK | .00 | 4:31pm |
| SUB TEST | .00 | 4:32pm |
| AIR BLK | .00 | 4:33pm |
| SUB TEST | .00 | 4:34pm |
| AIR BLK | .00 | 4:35pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2030 Test Date: 01/11/2021 Test Time: 4:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:36pm |
| FLO | Pass | 4:36pm |
| FC | Pass | 4:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:36pm |
| SRC | Pass | 4:36pm |
| DET | Pass | 4:36pm |
| BAR | Pass | 4:36pm |
| BT | Pass | 4:36pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 4:37pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:37pm |
| | CRC Tests | |
| Test | Status | Time |

COMP Pass 4:37pm CAL Pass 4:37pm

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)

| I | nstrument Seri | al No. <u>008638</u> | GREE | ENS/30RU |
|---|--|---|--|---|
| T | The preventive erial number 1 | maintenance procedures for the Intoximo 0,000 or higher) to be followed at least o | eters, Model Intox EC/IR II and Mode once every four months are: | el Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister displa breath simulator thermometer shows | ays at least 51 pounds per square inch 34 degrees, plus or minus .2 degree co | (psi) of pressure, or the alcoholic entigrade; |
| | (2) | Verify instrument displays time and | date; | |
| | (3) | Initiate breath test sequence; | | |
| | (4) | Enter information as prompted; | | |
| 1 | (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 of "Pa | ss"; and |
| | (10) | Verify that the ethanol gas caniste simulator solution is being changed whichever occurs first. | er is being changed before expiration d every four months or after 125 A | on date, or the alcoholic breath lcoholic Breath Simulator tests, |
| Ţ | were performe | the day ofdo on the instrument indicated above, in vices, and the instrument is functioning | accordance with current regulations of | ventive maintenance procedures of the N.C. Department of Health |
| 4 | The same of the sa | \\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 0 | 669 |

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 01/04/2021

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

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

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

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

Lot Number: AG919902 Exp Date: 07/18/2021

| Test | g/210L | Time |
|-----------|--------|---------|
| DIAG | Pass | 10:24am |
| AIR BLK | .00 | 10:25am |
| ACCY CIIK | .08 | 10:26am |
| AIR BLK | .00 | 10:27am |
| SUB TEST | .00 | 10:28am |
| AIR BLK | .00 | 10:29am |
| SUB TEST | .00 | 10:30am |
| AIR BLK | .00 | 10:31am |

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

St agantle Analyst

Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4741 Test Date: 01/04/2021 Test Time: 10:36am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:37am |
| SRC | Pass | 10:37am |
| DET | Pass | 10:37am |
| BAR | Pass | 10:37am |
| BT | Pass | 10:37am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:37am |

Printer Tests

| Status | Time |
|--------|--------------------|
| Pass | 10:37am |
| | 10, 3, 02, 31, 302 |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:37am |
| CAL | Pass | 10:37am |

Preventive Maintenance Status: Pass

Analyst S

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

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 01/04/2021

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst S

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 7126 Test Date: 01/04/2021 Test Time: 10:29am EST

System Check: Passed

Baseline Tests

| tatus | Time |
|-------|----------------------------|
| ass | 10:30am |
| ass | 10:30am |
| ass | 10:30am |
| | tatus ass ass ass |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:30am |
| SRC | Pass | 10:30am |
| DET | Pass | 10:30am |
| BAR | Pass | 10:30am |
| BT | Pass | 10:30am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:30am |

Printer Tests

| Status | Time |
|--------|---------|
| Pass | 10:31am |
| | |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:31am |
| CAL | Pass | 10:31am |

Preventive Maintenance Status: Pass

Analyst S

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

| | | naintenance procedures for the 000 or higher) to be followed | | | el Intox EC/IR | II (Enhanced with |
|----------|--------|--|---|---|----------------------------------|---|
| (| 1) | Verify the ethanol gas canis breath simulator thermomet | | | | re, or the alcoholic |
| | 2) | Verify instrument displays t | ime and date; | | | |
| (| 3) | Initiate breath test sequence | ; | | | |
| (- | 4) | Enter information as promp | ted; | | | |
| (| 5) | Verify instrument accuracy; | | | | |
| (| 6) | When "PLEASE BLOW" ap | ppears, collect breath sar | mple; | | |
| (| 7) | When "PLEASE BLOW" a | ppears, collect breath sar | mple; | | |
| (| 8) | Print test record; | | | | |
| (| 9) | Run diagnostic program and | l confirm preventive mai | intenance status of "Pas | ss"; and | |
| (| 10) | Verify that the ethanol gasimulator solution is being whichever occurs first. | s canister is being cha changed every four m | inged before expiration on the or after 125 A | on date, or the lcoholic Brea | e alcoholic breath th Simulator tests, |
| were per | formed | ne day of | bove, in accordance with | the forgoing prehamment the forgoing prehamment regulations o | ventive maint f the N.C. De | enance procedures partment of Health |

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 01/04/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:18am |
| AIR BLK | .00 | 10:19am |
| ACCY CHK | .07 | 10:20am |
| AIR BLK | .00 | 10:21am |
| SUB TEST | .00 | 10:22am |
| AIR BLK | .00 | 10:23am |
| SUB TEST | .00 | 10:24am |
| AIR BLK | .00 | 10:25am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst (

Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 7097
Test Date: 01/04/2021 Test Time: 10:28am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:29am |
| FLO | Pass | 10:29am |
| FC | Pass | 10:29am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:29am |
| SRC | Pass | 10:29am |
| DET | Pass | 10:29am |
| BAR | Pass | 10:29am |
| BT | Pass | 10:29am |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 10:29am | |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:29am |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:30am |
| CAL | Pass | 10:30am |

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

| County 60 | ILFURD | Instrument Locat | ion Gibsonuill | 2 PD |
|------------------------------|--|---|---|--|
| Instrument Ser | ial No. 008812 | | 129 W. MA | - ST GENNILLE, N |
| The preventive serial number | maintenance procedures for the I | ntoximeters, Mod t least once every | el Intox EC/IR II and M four months are: | Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister breath simulator thermometer | r displays at least shows 34 degrees | 51 pounds per square in , plus or minus .2 degre | nch (psi) of pressure, or the alcoholic ee centigrade; |
| (2) | Verify instrument displays tim | ne and date; | | |
| (3) | Initiate breath test sequence; | | | |
| (4) | Enter information as prompted | d; | | |
| (5) | Verify instrument accuracy; | | | |
| (6) | When "PLEASE BLOW" app | ears, collect breatl | ı sample; | |
| (7) | When "PLEASE BLOW" appe | ears, collect breatl | ı sample; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program and co | onfirm preventive | maintenance status of | 'Pass"; and |
| (10) | Verify that the ethanol gas simulator solution is being continuous whichever occurs first. | canister is being hanged every for | changed before expir ir months or after 125 | ation date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| were performed | the day of I on the instrument indicated above vices, and the instrument is function | ve, in accordance | 20 Z I the forgoing with current regulation | preventive maintenance procedures s of the N.C. Department of Health |
| | Sign | nature of Certifyin | g Official | Certificate Number |

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Date: 01/06/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:52pm |
| AIR BLK | .00 | 2:53pm |
| ACCY CHK | .08 | 2:54pm |
| AIR BLK | .00 | 2:55pm |
| SUB TEST | .00 | 2:56pm |
| AIR BLK | .00 | 2:57pm |
| SUB TEST | .00 | 2:58pm |
| AIR BLK | .00 | 2:59pm |
| | | |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Record Number: 3511 Test Date: 01/06/2021 Test Time: 3:05pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:06pm |
| FLO | Pass | 3:06pm |
| 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 |
| DET BAR | Pass Pass | 3:06p 3:06p |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 3:07pm | |

Printer Tests

| rest | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:07pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Preventive Maintenance Status: Pass

Pass

Pass

3:07pm

3:07pm

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)

| | | Instrument Location Haywood Co. Jail Waynesville, NC |
|--------------|--|---|
| Inst | rument Seria | No. 008712 Waynesville, NC |
| | | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I ce wer | ertify that on e performed Human Ser | the 4 day of January, 2021 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| THE GREATER. | STATE OF STA | 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | STAM VEG | Signature of Certifying Official Certificate Number |

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 01/14/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:38pm |
| AIR BLK | .00 | 12:39pm |
| ACCY CHK | .08 | 12:39pm |
| AIR BLK | .00 | 12:40pm |
| SUB TEST | .00 | 12:41pm |
| AIR BLK | .00 | 12:42pm |
| SUB TEST | .00 | 12:43pm |
| ATR BLK | 0.0 | 12:44pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2294
Test Date: 01/14/2021 Test Time: 12:45pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:45pm |
| FLO | Pass | 12:45pm |
| FC | Pass | 12:46pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:46pm |
| SRC | Pass | 12:46pm |
| DET | Pass | 12:46pm |
| BAR | Pass | 12:46pm |
| BT | Pass | 12:46pm |

Blank Tests

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

Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:47pm |
| CAL | Pass | 12:47pm |
| | | |

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)

| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are: |
|------------------------------|---|
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |
| were performe | on the 19 day of 7 and 4, 2021 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal ervices, and the instrument is functioning properly. |

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Date: 01/19/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:36pm |
| AIR BLK | .00 | 12:37pm |
| ACCY CHK | .07 | 12:38pm |
| AIR BLK | .00 | 12:39pm |
| SUB TEST | .00 | 12:40pm |
| AIR BLK | .00 | 12:41pm |
| SUB TEST | .00 | 12:42pm |
| AIR BLK | .00 | 12:43pm |
| | | |

Reported AS: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Record Number: 2955 Test Date: 01/19/2021 Test Time: 12:45pm EST

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

| rest | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:46pm |
| | | |

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| | 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 19 day of |

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

DHHS 4080 (04/20)

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

> Serial Number: 008822 Test Date: 01/19/2021

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

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

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

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

Reported AC; .00 g/240L

Signature of igal Analyst

Court OVR

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

Rev. 12/2007

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2746 Test Date: 01/19/2021 Test Time: 12:15pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:15pm |
| FLO | Pass | 12:15pm |
| FC | Pass | 12:15pm |

Temperature Tests

| m |
|---|
| m |
| m |
| m |
| m |
| |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:16pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:16pm |
| | CRC Tests | |
| Test | Status | Time |

| | 200000 | |
|------|--------|---------|
| COMP | Pass | 12:16pm |
| CAL | Pass | 12:16pm |

Preventive Maintenance Status: Pass

Analyst

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

| County_ | Instrument Location | OSKIE P. D |
|--|--|---|
| Instrument Ser | erial No. 008848 703 | W.MAIN ST. AMSKIE, |
| The preventive serial number | ve maintenance procedures for the Intoximeters, Model Intox EC/r 10,000 or higher) to be followed at least once every four months | IR II and Model Intox EC/IR II (Enhanced with are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds preath simulator thermometer shows 34 degrees, plus or mis | per square inch (psi) of pressure, or the alcoholic nus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance | e status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months of whichever occurs first. | |
| were performed | on the day of, 20 the ed on the instrument indicated above, in accordance with curren ervices, and the instrument is functioning properly. | forgoing preventive maintenance procedures t regulations of the N.C. Department of Health |
| THE STATE OF THE S | CAROLLI CAROLL | |
| QUAM VIDES | Simulation of the second | 647 |
| | Signature of Certifying Official | Certificate Number |

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 01/12/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| ACCY CHK | .07 | 1:44pm |
| AIR BLK | .00 | 1:46pm |
| SUB TEST | .00 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:49pm |
| AIR BLK | .00 | 1:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinax. Muse

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1565 Test Date: 01/12/2021 Test Time: 1:50pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------|
| IR FLO | Pass Pass | 1:51pm |
| | | 1:51pm |
| FC | Pass | 1:51pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:51pm |
| SRC | Pass | 1:51pm |
| DET | Pass | 1:51pm |
| BAR | Pass | 1:51pm |
| BT | Pass | 1:51pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| ATR | Pagg | 1.51pm | |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:51pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:52pm 1:52pm |

Preventive Maintenance Status: Pass

Analyst

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

| Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; |
|--|
| Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; |
| Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; |
| Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; |
| When "PLEASE BLOW" appears, collect breath sample; |
| |
| When "PLEASE BLOW" appears, collect breath sample; |
| |
| Print test record; |
| Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| theday of |
| ec |

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 01/04/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:06pm |
| AIR BLK | .00 | 1:07pm |
| ACCY CHK | .08 | 1:07pm |
| AIR BLK | .00 | 1:09pm |
| 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

Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 788
Test Date: 01/04/2021 Test Time: 1:13pm EST

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 | 1:14pm |
| SRC | Pass | 1:14pm |
| DET | Pass | 1:14pm |
| BAR | Pass | 1:14pm |
| BT | Pass | 1:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:15pm |

Printer Tests

| Time |
|--------|
| 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)

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

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 01/19/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

09/16/2020-09/16/2022

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:42pm |
| AIR BLK | .00 | 1:43pm |
| ACCY CHK | .08 | 1:43pm |
| AIR BLK | .00 | 1:45pm |
| SUB TEST | .00 | 1:45pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 604

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:50pm |
| FLO | Pass | 1:50pm |
| FC | Pass | 1:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:51pm |
| SRC | Pass | 1:51pm |
| DET | Pass | 1:51pm |
| BAR | Pass | 1:51pm |
| BT | Pass | 1:51pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:51pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:51pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:51pm 1:51pm |
| | | |

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)

| 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 | n the day of, 20 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 01/04/2021

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: yv

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 576 Test Date: 01/04/2021 Test Time: 12:53pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 12:53pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:54pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:54pm

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_Tq | ckson Instrument Location Tackson Co. Jail |
|-----------------|--|
| Instrument Seri | al No. 008708 Sylva, NC |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the |
| S SE CHAM VIDO | Drif R. Coth 635 |
| | Signature of Certifying Official Certificate Number |

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 01/14/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:02am |
| AIR BLK | .00 | 11:03am |
| ACCY CHK | .08 | 11:04am |
| AIR BLK | .00 | 11:05am |
| SUB TEST | .00 | 11:05am |
| AIR BLK | .00 | 11:06am |
| SUB TEST | .00 | 11:08am |
| ATR BLK | . 00 | 11:09am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1538
Test Date: 01/14/2021 Test Time: 11:10am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

| rest | Status | Time | |
|------|--------|---------|--|
| PRNT | Pass | 11:11am | |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:12am |
| CAL | Pass | 11:12am |

Preventive Maintenance Status: Pass

Analyst

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

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

| Instrument Seri | al No. 008582 Mass Hill, NC |
|-----------------|--|
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the Zl day of Javay, 20 21 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. |
| STE QUAM VICES | 5000 |

DHHS 4080 (04/20)

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 01/21/2021

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

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

Lot Number: AG911506 Exp Date: 04/25/2021

| T | est | E . | g/210L | Time |
|---|-----|-------|--------|--------|
| D | IA | 3 | Pass | 2:02pm |
| A | IR | BLK | .00 | 2:03pm |
| A | CC | Y CHK | .07 | 2:04pm |
| A | IR | BLK | .00 | 2:05pm |
| S | UB | TEST | .00 | 2:06pm |
| A | IR | BLK | .00 | 2:06pm |
| S | UB | TEST | .00 | 2:08pm |
| A | IR | BLK | .00 | 2:09pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1166
Test Date: 01/21/2021 Test Time: 2:10pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:10pm |
| FLO | Pass | 2:10pm |
| FC | Pass | 2:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:10pm |
| SRC | Pass | 2:10pm |
| DET | Pass | 2:10pm |
| BAR | Pass | 2:10pm |
| BT | Pass | 2:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:11pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:11pm |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:11pm |
| CAL | Pass | 2:11pm |

Preventive Maintenance Status: Pass

Analyst

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

| The preventive | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are: |
|--|---|
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol: |
| (1) | breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program 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. |
| certify that or were performed and Human Ser | the Z day of J , 20 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healtwices, and the instrument is functioning properly. |
| GO QUAM VIDEN | 668 |

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 01/21/2021

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: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1154 Test Date: 01/21/2021 Test Time: 1:38pm EST

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 |
| COMP | Pass | 1:40pm |
| CAT | Dagg | 7 . 10mm |

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)

| Th | ne preventive rial number 1 (1) | maintenance procedures for the Intoximeters, Model Intox EC/IR II at 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 squa breath simulator thermometer shows 34 degrees, plus or minus .2 d | |
|-----|--|---|---|
| i | | Verify the ethanol gas canister displays at least 51 pounds per squa breath simulator thermometer shows 34 degrees, plus or minus 2 d | main at (c. N. C. |
| | (2) | 2. Edition 13 | egree 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 ex- simulator solution is being changed every four months or after whichever occurs first. | |
| wer | ertify that on re performed Human Serv | the day of, 20 the forgoin on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly. | ng preventive maintenance procedures tions of the N.C. Department of Health |
| | The same of the sa | Signature of Certifying Official | Certificate Number |

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008851 Test Date: 01/07/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

| g/210L | Time |
|---|--|
| Pass .00 .08 .00 .00 .00 | 12:23pm 12:23pm 12:24pm 12:25pm 12:25pm 12:26pm 12:28pm 12:28pm |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008851 Test Record Number: 688
Test Date: 01/07/2021 Test Time: 12:31pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 12:31pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:32pm |
| | | |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 01/22/2021

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: 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 | 9:47am |
| AIR BLK | .00 | 9:47am |
| ACCY CHK | .08 | 9:48am |
| AIR BLK | .00 | 9:50am |
| SUB TEST | .00 | 9:51am |
| AIR BLK | .00 | 9:51am |
| SUB TEST | .00 | 9:53am |
| AIR BLK | .00 | 9.54am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1675
Test Date: 01/22/2021 Test Time: 9:55am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:55am |
| FLO | Pass | 9:55am |
| FC | Pass | 9:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:56am |
| SRC | Pass | 9:56am |
| DET | Pass | 9:56am |
| BAR | Pass | 9:56am |
| BT | Pass | 9:56am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:56am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:56am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:56am |
| CAL | Pass | 9:56am |

Preventive Maintenance Status: Pass

Analyst

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

| County Me | ecklenburg Instrument Location Matthews PD |
|--|--|
| Instrument Ser | rial No. 008910 1201 Crews Rd, Matthe |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass": and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the day of day o |
| STATE OF THE STATE | Joseph 2. Harris 654 |
| | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008910 Test Date: 01/26/2021

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: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
10/13/2020-10/13/2022

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008910 Test Record Number: 1154
Test Date: 01/26/2021 Test Time: 2:55pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:56pm |
| FLO | Pass | 2:56pm |
| FC | Pass | 2:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:56pm |
| SRC | Pass | 2:56pm |
| DET | Pass | 2:56pm |
| BAR | Pass | 2:56pm |
| BT | Pass | 2:56pm |

Blank Tests

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

Printer Tests

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

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 | More Co. Instrument Location Pinehuest Police Dept. |
|-----------------|---|
| Instrument Seri | looke Co. Instrument Location Pinehuest Police Dept. al No. 008410 Pinehuest, NC |
| | |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed | the 20 day of 7 AMUARY, 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. |
| ON STATE OF | 654 |
| | Signature of Certifying Official Certificate Number |

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 01/20/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

10/08/2020-10/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | Pass | 12:55pm |
| AIR BLK | .00 | 12:56pm |
| ACCY CHK | .07 | 12:56pm |
| AIR BLK | .00 | 12:57pm |
| SUB TEST | .00 | 12:58pm |
| AIR BLK | .00 | 12:59pm |
| SUB TEST | .00 | 1:00pm |
| ATR RIK | 0.0 | 1 · 01 m |

Reported AG:

.9∕8″g/210J√

Signature of Chemical Analyst

Court CVR

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710

Test Record Number: 1744

Test Date: 01/20/2021 Test Time: 1:02pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pass | 1:03pm |

Printer Tests

| rest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:03pm |
| CAL | Pass | 1:03pm |

Preventive Maintenance

Status: Pass

Analyst

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

| | TAT | ODED 1141 OA EC/IR II (Enhanced with serial number 10,000 of ingher) |
|-------|--------------|---|
| Cour | nty// | Moore Co. Instrument Location Southern Pines Police Depi- al No. 008720 Southern Pines, NC |
| Instr | ument Seri | al No. 008720 Instrument Location Southern Pines to like Define al No. 008720 |
| The | preventive | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; |
| | (3) | Initiate breath test sequence; |
| | (4) | Enter information as prompted; |
| | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I cer | tify that or | the 20 day of ANUARY, 2021 the forgoing preventive maintenance procedures |

I certify that on the day of Artury, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 01/20/2021

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

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

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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 | 1:44pm |
| AIR | BLK | .00 | 1:45pm |
| ACCY | CHK | .07 | 1:45pm |
| AIR | BLK | .00 | 1:46pm |
| SUB | TEST | .00 | 1:47pm |
| AIR | BLK | .00 | 1:48pm |
| SUB | TEST | .00 | 1:49pm |
| AIR | BLK | .00 | 1:50pm |

Reported AC: 00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Record Number: 1199
Test Date: 01/20/2021 Test Time: 1:51pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:51pm 1:51pm |
| FC | Pass | 1:51pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 SRC | Pass Pass | 1:51pm 1:51pm |
| DET | Pass | 1:51pm |
| BAR | Pass | 1:51pm |
| BT | Pass | 1:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:5200 |

Printer Tests

| Test | Status | Time | |
|------|--------|--------|--|
| PRNT | Pass | 1:52pm | |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 1:52pm | |
| CAL | Pass | 1:52pm | |

Preventive Maintenance Status: Pass

Analyst and the state of the st

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

| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
|---------------|---|
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performe | the 20 day of JANUARY, 2021 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |

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

Signature of Certifying Official

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 01/20/2021

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

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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 | 2:39pm |
| AIR BLK | .00 | 2:39pm |
| ACCY CHK | .08 | 2:40pm |
| AIR BLK | .00 | 2:41pm |
| SUB TEST | .00 | 2:42pm |
| AIR BLK | .00 | 2:43pm |
| SUB TEST | .00 | 2:44pm |
| AIR BLK | .00 | 2:45pm |

Reported AC, 100 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

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Record Number: 2553 Test Date: 01/20/2021 Test Time: 2:47pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:47pm |
| FLO | Pass | 2:47pm |
| FC | Pass | 2:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:47pm |
| SRC | Pass | 2:47pm |
| DET | Pass | 2:47pm |
| BAR | Pass | 2:47pm |
| BT | Pass | 2:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:48pm |

Printer Tests

| Test | Status | Time | |
|------|--------|--------|--|
| PRNT | Pass | 2:48pm | |

CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

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

| | nstrument Ser | ial No. 1/48/230 | 317 - | 72.00 |
|--------|---------------|---|--|--|
| | asirament Sci | iai ivo | Neskuller | n C |
| T S | he preventive | e maintenance procedures for the Intoxim 10,000 or higher) to be followed at least of | eters, Model Intox EC/IR II and Monce every four months are: | Model Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister displate breath simulator thermometer shows | rys at least 51 pounds per square in 34 degrees, plus or minus .2 degrees. | nch (psi) of pressure, or the alcoholic ee centigrade; |
| | (2) | Verify instrument displays time and | date; | |
| | (3) | Initiate breath test sequence; | | |
| | (4) | Enter information as prompted; | | |
| | (5) | Verify instrument accuracy; | | |
| | (6) | When "PLEASE BLOW" appears, co | ellect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, co | ellect breath sample; | |
| | (8) | Print test record; | | |
| | (9) | Run diagnostic program and confirm | preventive maintenance status of | 'Pass''; and |
| | (10) | Verify that the ethanol gas canister simulator solution is being changed whichever occurs first. | r is being changed before expir every four months or after 125 | ation date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| W | ere performed | the day of | coordance with current regulation | preventive maintenance procedures s of the N.C. Department of Health |

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Date: 01/05/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG007601 Exp Date: 03/16/2022

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

| DIAG | Pass | 1:40pm |
|----------|------|--------|
| AIR BLK | .00 | 1:41pm |
| ACCY CHK | .08 | 1:42pm |
| AIR BLK | .00 | 1:43pm |
| SUB TEST | .00 | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| SUB TEST | .00 | 1:46pm |
| AIR BLK | .00 | 1:47pm |

.00 g/210L Reported AC:

Signature of Chemacal Analyst

Court CVR

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Record Number: 4955 Test Date: 01/05/2021 Test Time: 1:48pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|------------|
| AIR | Pass | 1 · 4 9 mm |

Printer Tests

| rest | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:49pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|----------|
| COMP | Pass | 1:49pm |
| CAL | Pass | 1 · 49nm |

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 or were performe and Human Se | the |

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Date: 01/07/2021

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:11pm |
| AIR BLK | .00 | 3:12pm |
| ACCY CHK | .07 | 3:12pm |
| AIR BLK | .00 | 3:13pm |
| SUB TEST | .00 | 3:14pm |
| AIR BLK | .00 | 3:15pm |
| | | |

SUB TEST .00 3:15pm AIR BLK .00 3:18pm

Reported AC; 1.00 g/210L

Signature of Chamical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 3464
Test Date: 01/07/2021 Test Time: 3:21pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 3:22pm | |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:22pm |

CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

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

| | 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. |
| | on the |

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Date: 01/07/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:14pm |
| AIR BLK | .00 | 3:14pm |
| ACCY CHK | .08 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:17pm |
| AIR BLK | .00 | 3:18pm |
| SUB TEST | .00 | 3:20pm |
| AIR BLK | .00 1 | 3:21pm |

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: 7869
Test Date: 01/07/2021 Test Time: 3:23pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:24pm |
| FLO | Pass | 3:24pm |
| FC | Pass | 3:24pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:24pm |
| SRC | Pass | 3:24pm |
| DET | Pass | 3:24pm |
| BAR | Pass | 3:24pm |
| BT | Pass | 3:24pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:25pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:25pm |

CRC Tests

| Status | Time |
|--------|--------|
| Pass | 3:25pm |
| Pass | 3:25pm |
| | Pass |

Preventive Maintenance

Status: Pass

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

> Department of Health and Human Services Rev. 12/2007

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

| Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholis breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
|---|
| Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; |
| Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; |
| Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; |
| When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; |
| When "PLEASE BLOW" appears, collect breath sample; Print test record; |
| Print test record; |
| |
| Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| |
| Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |
| on the day of, 20 the forgoing preventive maintenance procedure ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly. |
| |

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 01/04/2021

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: AG018801 Exp Date: 07/06/2022

| g/210L | Time |
|--------|----------------------------------|
| Pass | 12:25pm |
| .00 | 12:25pm |
| .08 | 12:26pm |
| .00 | 12:27pm |
| .00 | 12:28pm |
| .00 | 12:28pm |
| .00 | 12:30pm |
| .90 | 12:31pm |
| | Pass .00 .08 .00 .00 |

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 5466
Test Date: 01/04/2021 Test Time: 12:32pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:33pm |

Printer Tests

| Test Status | Time |
|-------------|---------|
| 1000 Deacus | |
| PRNT Pass | 12:33pm |
| CRC Tests | |
| Test Status | Time |
| COMP Pass | 12:33pm |
| CAL Pass | 12:33pm |

Preventive Maintenance

Status: Pass

Analyst

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

| 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 o | the |

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 01/07/2021

Citation Number: M0000000-0 Subject's Name:

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

Subject's Date of Birth: 11/11/19.

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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:47am |
| AIR BLK | .00 | 11:47am |
| ACCY CHK | .08 | 11:48am |
| AIR BLK | .00 | 11:49am |
| SUB TEST | .00 | 11:50am |
| AIR BLK | .00 | 11:51am |
| SUB TEST | .00 | 11:52am |
| AIR BIK | .00 | 11:53am |

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 CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 2735
Test Date: 01/07/2021 Test Time: 11:56am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:57am |
| FLO | Pass | 11:57am |
| FC | Pass | 11:57am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:57am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:58am |
| | CRC Tests | |
| | | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:58am |
| CAL | Pass | 11:58am |

Preventive Maintenance Status: Bass

Analyst

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

| | | 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 | 1) | Verify the ethanol gas canister displays at least 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; |
| (2 | 3) | Initiate breath test sequence; |
| (4 | 4) | Enter information as prompted; |
| C | 5) | Verify instrument accuracy; |
| (| 6) | When "PLEASE BLOW" appears, collect breath sample; |
| (| 7) | When "PLEASE BLOW" appears, collect breath sample; |
| (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 th | 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 Health |

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 01/04/2021

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: AG018801 Exp Date: 07/06/2022

Test g/210L Time DIAG Pass 3:34pm .00 AIR BLK 3:35pm ACCY CHK .08 3:36pm AIR BLK .00 3:36pm SUB TEST .00 3:37pm AIR BLK .00 3:38pm SUB TEST .00 3:40pm AIR BLK .00 3:40pm

Reported ACA/ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 2060 Test Date: 01/04/2021 Test Time: 3:42pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:42pm |
| FLO | Pass | 3:42pm |
| FC | Pass | 3:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FCl | Pass | 3:43pm |
| SRC | Pass | 3:43pm |
| DET | Pass | 3:43pm |
| BAR | Pass | 3:43pm |
| BT | Pass | 3:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:43pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:43pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:43pm |
| CAL | Pass | 3:43pm |

Preventive Maintenance
_ Status: Pass

Analyst

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

| County On a | al No. 0 08615 | Instrument Location BAT Mibi | |
|--------------------------------|---|--|--|
| The preventive serial number 1 | maintenance procedures for the 0,000 or higher) to be followed: | Intoximeters, Model Intox EC/IR II and Mat least once every four months are: | Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canist breath simulator thermometer | er displays at least 51 pounds per square in shows 34 degrees, plus or minus .2 degrees. | nch (psi) of pressure, or the alcoholic ee centigrade; |
| (2) | Verify instrument displays ti | me and date; | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompt | ed; | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| (7) | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and | confirm preventive maintenance status of | f"Pass"; and |
| (10) | Verify that the ethanol gas simulator solution is being whichever occurs first. | s canister is being changed before experience changed every four months or after 12 | iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests |
| were performe | d on the instrument indicated all rvices, and the instrument is fund | pove, in accordance with current regulation | preventive maintenance procedures ons of the N.C. Department of Health |
| TARR 12 1776 | ma | | 665 |

ONSLOW COUNTY BAT MOBILE UNIT 8 660

Serial Number: 008615 Test Date: 01/22/2021

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: Anderson, Mark G
Permit Number: 0013-1517
Effective:
09/23/2019-09/23/2021

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 | 7:44pm |
| AIR BLK | .00 | 7:45pm |
| ACCY CHK | .08 | 7:46pm |
| AIR BLK | .00 | 7:46pm |
| SUB TEST | .00 | 7:47pm |
| AIR BLK | .00 | 7:48pm |
| SUB TEST | .00 | 7:50pm |
| AIR BLK | .00 | 7:51pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Man

ONSLOW COUNTY BAT MOBILE UNIT 8 660

Serial Number: 008615 Test Record Number: 5656 Test Date: 01/22/2021

Test Time: 7:52pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:52pm |
| FLO | Pass | 7:52pm |
| FC | Pass | 7:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:52pm |
| SRC | Pass | 7:52pm |
| DET | Pass | 7:52pm |
| BAR | Pass | 7:52pm |
| BT | Pass | 7:52pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:53pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:53pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:53pm |
| CAL | Pass | 7:53pm |

Preventive Maintenance Status: Pass

Analyst

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

| | ounty <u>OR</u> | ial No.008795 | Instrument Location_ Allsberto | hunder St. Al. 11 Sound |
|---------|-------------------------------|--|---|---|
| - | | | | |
| Th | e preventive rial number 1 | maintenance procedures for 0,000 or higher) to be follow | the Intoximeters, Model Intox EC/IR II and at least once every four months are: | d Model Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas can breath simulator thermon | nister displays at least 51 pounds per squar neter shows 34 degrees, plus or minus .2 de | e inch (psi) of pressure, or the alcoholic gree centigrade; |
| | (2) | Verify instrument display | s time and date; | |
| | (3) | Initiate breath test sequen | ce; | |
| | (4) | Enter information as pron | npted; | |
| | (5) | Verify instrument accurac | y; | |
| | (6) | When "PLEASE BLOW" | appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" | appears, collect breath sample; | |
| | (8) | Print test record; | | |
| | (9) | Run diagnostic program a | nd confirm preventive maintenance status | of "Pass"; and |
| | (10) | Verify that the ethanol simulator solution is bei whichever occurs first. | gas canister is being changed before ex ng changed every four months or after | piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests, |
| Wel | re performed | the day of I on the instrument indicated vices, and the instrument is fu | , 20 the forgoing above, in accordance with current regular unctioning properly. | g preventive maintenance procedures ions of the N.C. Department of Health |
| EGREATS | THE STATE OF | O CAROU | 110 | |
| W.F. | SOF QUAN VIDER | | 8 Ken Span | 662 |
| | | | Signature of Certifying Official | Certificate Number |

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 01/20/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:20pm |
| AIR BLK | .00 | 3:21pm |
| ACCY CHK | .08 | 3:22pm |
| AIR BLK | .00 | 3:23pm |
| SUB TEST | .00 | 3:23pm |
| AIR BLK | .00 | 3:24pm |
| SUB TEST | .00 | 3:26pm |
| AIR BLK | .00 | 3:27pm |

Reported AC, 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 3416
Test Date: 01/20/2021 Test Time: 3:28pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:28pm |
| FLO | Pass | 3:28pm |
| FC | Pass | 3:28pm |

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 | Pass | 3:29pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:29pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:29pm |
| CAL | Pass | 3:29pm |

Preventive Maintenance Status: Pass

Analyst

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

| | County OK | Instrument Location Hills Box 85% |
|------------------|--|--|
| | Instrument Se | rial No. 008873 |
| | 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; |
| 4 | (5) | Verify instrument accuracy; |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; |
| | (8) | Print test record; |
| | (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, |
| T CREAT CONTRACT | certify that on ere performed d Human Serv | the day of |

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Date: 01/06/2021

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: Barnes, Simon S Permit Number: 0014-6221

Effective:

09/01/2020-09/01/2022

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|---|---|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 | 4:39pm 4:39pm 4:40pm 4:41pm 4:41pm 4:42pm 4:44pm 4:45pm |
| | | - · - > DIII |

Reported AC:

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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Record Number: 1890 Test Date: 01/06/2021 Test Time: 4:45pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:45pm |
| FLO | Pass | 4:45pm |
| FC | Pass | 4:46pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:46pm |
| SRC | Pass | 4:46pm |
| DET | Pass | 4:46pm |
| BAR | Pass | 4:46pm |
| BT | Pass | 4:46pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:46pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:46pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:46pm 4:46pm |

Preventive Maintenance Status: Pass

Analyst

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

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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 01/08/2021

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: 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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | Pass | 1:29pm |
| AIR BLK | .00 | 1:29pm |
| ACCY CHK | .07 | 1:30pm |
| AIR BLK | .00 | 1:31pm |
| SUB TEST | .00 | 1:32pm |
| AIR BLK | .00 | 1:33pm |
| SUB TEST | .00 | 1:34pm |
| ATR BLK | .00 | 1 · 35pm |

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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 2773
Test Date: 01/08/2021 Test Time: 1:39pm EST

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 |
| | CPC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:40pm |
| CAL | Pass | 1:40pm |

Preventive Maintenance Status: Pass

Analyst

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

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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Date: 01/08/2021

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: 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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:30pm |
| AIR BLK | .00 | 1:30pm |
| ACCY CHK | .08 | 1:31pm |
| AIR BLK | .00 | 1:32pm |
| SUB TEST | .00 | 1:33pm |
| AIR BLK | .00 | 1:34pm |
| SUB TEST | .00 | 1:36pm |
| AIR BLK | .00 | 1:37pm |

Reported AC: (.00 g/210L

Signature of Chemical Analyst

Court CVR

nalysi

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Record Number: 1165
Test Date: 01/08/2021 Test Time: 1:39pm EST

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 | |
|------|--------|--------|--|
| | Pass | 1:40pm | |

Printer Tests

| iest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:40pm |
| | | |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 1:40pm | |
| CAL | Pass | 1:40pm | |

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) | Verify instrument displays time and date; |
| | |
| 200 | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly. |

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 01/07/2021

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

Analyst's Name: 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: AG018801 Exp Date: 07/06/2022

| Test | g/210L | Time |
|----------|---------|--------|
| DIAG | Pass | 4:26pm |
| AIR BLK | .00 | 4:26pm |
| ACCY CHK | .08 | 4:27pm |
| AIR BLK | .00 | 4:28pm |
| SUB TEST | .00 | 4:29pm |
| AIR BLK | .00 | 4:30pm |
| SUB TEST | .00 | 4:32pm |
| AIR BLK | .00 / / | 4:33pm |

Reported Acm/ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1076
Test Date: 01/07/2021 Test Time: 4:35pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:35pm |
| FLO | Pass | 4:35pm |
| F'C | Pass | 4:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:35pm |
| SRC | Pass | 4:35pm |
| DET | Pass | 4:35pm |
| BAR | Pass | 4:35pm |
| BT | Pass | 4:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| ATR | Pass | 4 · 36pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:36pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:36pm |
| CAL | Pass | 4:36pm |
| | | |

Preyentive 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)

| 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. | The preventive serial number | re maintenance procedures for the Intoximeters, Model Intox EC/IR II a 10,000 or higher) to be followed at least once every four months are: | and Model Intox EC/IR II (Enhanced with |
|---|------------------------------|--|--|
| (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Presett Simulator | (1) | Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 c | are inch (psi) of pressure, or the alcoholic 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 | (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. | (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 Algebraic Proof Simulator | (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 Algebraic Breath Simulator | (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 Simulators. | (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. | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulators. | (8) | Print test record; | |
| Simulator solution is being changed every four months or after 125 Alcoholic Dreath City | (9) | Run diagnostic program and confirm preventive maintenance status | s of "Pass"; and |
| , Mr. T | (10) | or after | expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests, |
| | | 1 The T | |
| I certify that on the day of, 20 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. | were performe | d on the instrument indicated above in accordance with current result | ing preventive maintenance procedures ations of the N.C. Department of Health |
| | | P CAR | |
| TO A STATE OF THE | SOR QUAM VIDE | | 643 |
| 6/5 | | Signature of Certifying Official | Certificate Number |

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 01/06/2021

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 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 | 11:24am |
| AIR BLK | .00 | 11:24am |
| ACCY CHK | .07 | 11:25am |
| AIR BLK | .00 | 11:26am |
| SUB TEST | .00 | 11:27am |
| AIR BLK | .00 | 11:27am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1254
Test Date: 01/06/2021 Test Time: 11:32am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:32am |
| FLO | Pass | 11:32am |
| FC | Pass | 11:32am |
| | | |

Temperature Tests

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

Blank Tests

| AIR | Pass | 11:33am |
|-----|------|---------|

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:33am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:33am 11:33am |

Preventive Maintenance Status: Pass

Analyst

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

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

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 01/19/2021

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

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

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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 | 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 | 12:50pm |
| AIR BLK | .00 | 12:51pm |

Reported AG: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1238
Test Date: 01/19/2021 Test Time: 12:53pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------|---------|
| IR FLO | Pass | 12:53pm |
| 10000000 | Pass | 12:53pm |
| FC | Pass | 12:53pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 12:53pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:54pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:54pm |
| | CRC Tests | |

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

Preventive Maintenance Status: Pass

Analyst

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

| County | Instrument Location Kichmore | 16 Magistate office |
|--|--|--|
| Instrument Ser | rial No. <u>CC 78440</u> | ckinghow, NC |
| | | |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are: | and Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2 | uare inch (psi) of pressure, or the alcoholic degree centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance statu | us of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or afte whichever occurs first. | expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests, |
| I certify that on were performed and Human Ser | theday of, 20the forgotte on the instrument indicated above, in accordance with current regulativities, and the instrument is functioning properly. | oing preventive maintenance procedures lations of the N.C. Department of Health |
| STATE OF STA | CANOUNCE OF THE PROPERTY OF TH | 634 |
| | Signature of Certifying Official | Certificate Number |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 01/19/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:

10/08/2020-10/08/2022

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 | 12:40pm |
| AIR BLK | .00 | 12:40pm |
| ACCY CHK | .07 | 12:41pm |
| AIR BLK | .00 | 12:42pm |
| SUB TEST | .00 | 12:43pm |
| AIR BLK | .00 | 12:44pm |
| SUB TEST | .00 | 12:45pm |
| AIR BLK | .00 | 12:46pm |

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2534 Test Date: 01/19/2021 Test Time: 12:47pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------------|--------------|--------------------|
| IR FLO FC | Pass Pass | 12:47pm 12:47pm |
| rC | Pass | 12:47pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 12:48pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:48pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:48pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:48pm |

Preventive Maintenance Status: Pass

Pass

12:48pm

CAL

Analyst

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

| C | County_K | OBESON Instrument Location — UMPE | RTON POLICE DE |
|----|---|--|--|
| I | nstrument Se | rial No. 008629 LUMBA | 279N, N.C. |
| T | he preventive | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are: | I Model Intox EC/IR II (Enhanced with |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg | e inch (psi) of pressure, or the alcoholic gree centigrade; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| 1 | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status o | f "Pass": and |
| | (10) | Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 12 whichever occurs first. | Was and Train with a 18 ft. |
| we | ertify that on re performed I Human Ser | the | preventive maintenance procedures ons of the N.C. Department of Health |
| 85 | APRIL 12 UTE | | 117 |
| | | 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)

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 01/26/2021

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

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

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

| g/210L | Time |
|--------|----------------------------------|
| Pass | 2:21pm |
| .00 | 2:22pm |
| .08 | 2:22pm |
| .00 | 2:24pm |
| .00 | 2:24pm |
| .00 | 2:25pm |
| .00 | 2:27pm |
| .00 | 2:27pm |
| | Pass .00 .08 .00 .00 |

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

Court CVR

Analyst

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 961 Test Date: 01/26/2021 Test Time: 2:32pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:33pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:33pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:33pm |

Preventive Maintenance Status: Pass

Pass

2:33pm

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)

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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 01/15/2021

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: Todd, Shane C

Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703

Exp Date: 12/03/2021

| Test . | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 9:52pm |
| AIR BLK | .00 | 9:53pm |
| ACCY CHK | .07 | *9:54pm |
| AIR BLK | .00 | 9:55pm |
| SUB TEST | .00 | 9:56pm |
| AIR BLK | .00 | 9:56pm |
| SUB TEST | .00 | 9:58pm |
| ATP BLK | 00 | 9.59nm |

eported AC: .00 g/210L

of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770
Serial Number: 008647 Test Record Number: 2582
Test Date: 01/15/2021 Test Time: 10:03pm EST
System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:03pm |
| FLO | Pass | 10:03pm |
| FC | Pass | 10:04pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:04pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:04pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:05pm |
| CAL | Pass | 10:05pm |

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)

| CountyInstrument Ser | ial No. 008325 Instrument Location 26 Mp Son County Detertion Center |
|--|--|
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o were performe and Human Se | n the |
| STATE OF THE STATE | |

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 01/19/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG034901

Exp Date: 12/14/2022

Test g/210L Time

DIAG Pass *1:29pm
AIR BLK .00 1:30pm
ACCY CHK .07 1:30pm
AIR BLK .00 1:31pm
SUB TEST .00 1:32pm
AIR BLK .00 1:33pm

SUB TEST .00

1:35pm 1:36pm

Reported Ach .

.Ø0 g/210L

Signature of Chemical Analyst

Coute CVR

Analyst

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 3123 Test Date: 01/19/2021 Test Time: 1:42pm EST

System Check: Passed

Baseline Tests .

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:42pm |
| FLO | Pass | 1:42pm |
| FC | Pass | 1:43pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:43pm |
| SRC | Pass | 1:43pm |
| DET | Pass | 1:43pm |
| BAR | Pass | 1:43pm |
| BT | Pass | 1:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | 2 | |
| AIR | Pass | 1:43pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:43pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:44pm |

Preventive Maintenance
Status: Pass

Pass 1:44pm

CAL

Analyst

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

| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 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 , 20 detection the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Date: 01/19/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:27pm |
| AIR BLK | .00 | 1:27pm |
| ACCY CHK | .08 | 1:28pm |
| AIR BLK | .00 | 1:29pm |
| SUB TEST | .00 | 1:30pm |
| AIR BLK | .00 | 1:31pm |
| SUB TEST | .00 | 1:33pm |
| ATR BIK | .00 / | 1:34pm |

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Record Number: 3333 Test Date: 01/19/2021 Test Time: 1:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:37pm |

Printer Tests

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

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)

| | 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 26 day of January, 202/ the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 01/26/2021

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: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2020-10/01/2022

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:55am |
| AIR BLK | .00 | 11:56am |
| ACCY CHK | .07 | 11:56am |
| AIR BLK | .00 | 11:58am |
| SUB TEST | .00 | 11:58am |
| AIR BLK | .00 | 11:59am |
| SUB TEST | .00 | 12:01pm |
| AIR BLK | .00 | 12:01pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2176
Test Date: 01/26/2021 Test Time: 12:02pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:02pm |
| FLO | Pass | 12:02pm |
| FC | Pass | 12:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:02pm |
| SRC | Pass | 12:02pm |
| DET | Pass | 12:02pm |
| BAR | Pass | 12:02pm |
| BT | Pass | 12:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:03pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:03pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:03pm |
| CAL | Pass | 12:03pm |

Preventive Maintenance Status: Pass

Analyst

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

| | al No 008938 POLICE DEPARTMENT |
|--------------------------------|---|
| Instrument Seri | ial No. 008938 FOLICE DEPARTMENT |
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |
| were performed | the <u>20</u> day of <u>1000000000000000000000000000000000000</u> |

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 01/20/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Oligmueller Jr., Leo A

Permit Number: 0035-3799

Effective:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Tes | t | g/210L | Time |
|-----|-------|--------|--------|
| DIA | ı.G | Pass | 3:02pm |
| AIR | BLK | .00 | 3:03pm |
| ACC | Y CHK | .08 | 3:04pm |
| AIR | BLK | .00 | 3:05pm |
| SUE | TEST | .00 | 3:06pm |
| AIR | BLK | .00 | 3:07pm |
| SUE | TEST | .00 | 3:08pm |
| AIR | BLK | .00 | 3:09pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst S

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 701 Test Date: 01/20/2021 Test Time: 3:10pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:10pm |
| FLO | Pass | 3:10pm |
| FC | Pass | 3:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:11pm |
| SRC | Pass | 3:11pm |
| DET | Pass | 3:11pm |
| BAR | Pass | 3:11pm |
| BT | Pass | 3:11pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:11pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:11pm |
| | CRC Tests | 5 |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:11pm |
| CAL | Pass | 3:11pm |

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

| Instrument Ser | al No. 008609 | Brivard, NC | |
|--------------------------------|--|---|------------------|
| The preventive serial number 1 | maintenance procedures for the Intoximeters, 0,000 or higher) to be followed at least once of | Model Intox EC/IR II and Model Intox EC/IR II (Enhanced very four months are: | d with |
| (1) | Verify the ethanol gas canister displays at breath simulator thermometer shows 34 de | least 51 pounds per square inch (psi) of pressure, or the alcogrees, plus or minus .2 degree centigrade; | oholic |
| (2) | Verify instrument displays time and date; | | |
| (3) | Initiate breath test sequence; | | |
| (4) | Enter information as prompted; | | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" appears, collect | breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect | breath sample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and confirm prev | entive maintenance status of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is simulator solution is being changed ever whichever occurs first. | being changed before expiration date, or the alcoholic by four months or after 125 Alcoholic Breath Simulator | oreath tests, |
| and Human Se | the 19 day of January don the instrument indicated above, in according property. | , 20 21 the forgoing preventive maintenance procedures with current regulations of the N.C. Department of Irly. | dures |
| OLIAM VIDE | | 668 | |

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

DHHS 4080 (04/20)

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 01/19/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:58am |
| AIR BLK | .00 | 11:00am |
| ACCY CHK | .08 | 11:00am |
| AIR BLK | .00 | 11:01am |
| SUB TEST | .00 | 11:02am |
| AIR BLK | .00 | 11:03am |
| SUB TEST | .00 | 11:04am |
| ATR BLK | 0.0 | 11:05am |

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

Analys

Department of Health and Human Services Rev. 12/2007

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 945 Test Date: 01/19/2021 Test Time: 11:06am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:06am |
| FLO | Pass | 11:06am |
| FC | Pass | 11:06am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:06am |
| SRC | Pass | 11:06am |
| DET | Pass | 11:06am |
| BAR | Pass | 11:06am |
| BT | Pass | 11:06am |
| | | |

Blank Tests

| ATR | Pass 1 | 1.07am |
|-----|--------|--------|

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:07am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:07am |

Preventive Maintenance Status: Pass

Pass 11:07am

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)

| Ins | strument Seri | al No. 008820 | Brevard, NC |
|--------------|--|---|--|
| - | | | |
| Th | e preventive rial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/0,000 or higher) to be followed at least once every four months | IR II and Model Intox EC/IR II (Enhanced with are: |
| | (1) | Verify the ethanol gas canister displays at least 51 pounds p breath simulator thermometer shows 34 degrees, plus or min | per square inch (psi) of pressure, or the alcoholic nus .2 degree centigrade; |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance | ee status of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months of whichever occurs first. | efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests, |
| we | re performed | the 19 day of January, 20 21 the on the instrument indicated above, in accordance with current vices, and the instrument is functioning properly. | e forgoing preventive maintenance procedures at regulations of the N.C. Department of Health |
| CAL GREAT SE | | | |
| | ACCOUNT AND ADDRESS OF THE PERSON OF THE PER | 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)

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 01/19/2021

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:53am |
| AIR BLK | .00 | 10:54am |
| ACCY CHK | .07 | 10:55am |
| AIR BLK | .00 | 10:56am |
| SUB TEST | .00 | 10:56am |
| AIR BLK | .00 | 10:57am |
| SUB TEST | .00 | 10:59am |
| ATR BLK | .00 | 11:00am |

Reported AC: . . 09 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1338
Test Date: 01/19/2021 Test Time: 11:01am EST

System Check: Passed

Baseline Tests

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

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 | 11:02am |
| CAL | Pass | 11:02am |

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

| County/ | izell | _ Instrument L | ocation7/// | ell 60. | 5.0. |
|--|--|--------------------------------------|--|---------------------------------|--|
| Instrument Se | rial No. 108902 | - | 1/12 1 | dain st | Columbia, NO |
| The preventive serial number | e maintenance procedures for tl 10,000 or higher) to be followe | ne Intoximeters, ld at least once ev | Model Intox EC/IR ery four months an | II and Model | Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas can breath simulator thermome | ister displays at leter shows 34 deg | east 51 pounds per rees, plus or minu | square inch (p. s.2 degree cent | si) of pressure, or the alcoholic igrade; |
| (2) | Verify instrument displays | time and date; | | | |
| (3) | Initiate breath test sequence | e; | | | |
| (4) | Enter information as promp | pted; | | | |
| (5) | Verify instrument accuracy | <i>'</i> ; | | | |
| (6) | When "PLEASE BLOW" a | appears, collect b | reath sample; | | |
| (7) | When "PLEASE BLOW" a | | | | |
| (8) | Print test record; | | | | |
| (9) | Run diagnostic program an | d confirm preven | tive maintenance s | status of "Pass" | ; and |
| (10) | Verify that the ethanol of | as canister is be | ing changed before | | date, or the alcoholic breath holic Breath Simulator tests, |
| I certify that on were performed and Human Ser | day ofday ofdone instrument indicated a vices, and the instrument is fun | hove in accorda | | orgoing preven | tive maintenance procedures as N.C. Department of Health |
| STATE OF STA | | | | | |
| I THE | | | | | |
| AND QUAM VIDER | | JL_ | | | 643 |
| | \$ | Signature of Certi | fying Official | | Certificate Number |

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 01/14/2021

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: Guard, Kelly G Permit Number: 0037-7722

Effective:

09/28/2020-09/28/2022

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

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---|------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 .00 | 10:11am 10:11am 10:12am 10:13am 10:14am 10:15am 10:16am |
| ATK BTK | .00 | 10:17am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 951
Test Date: 01/14/2021 Test Time: 10:19am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:19am 10:19am |
| FC | Pass | 10:19am |

Temperature Tests

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

Blank Tests

| Time |
|---------|
| 10:20am |
| |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:20am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:20am 10:20am |

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 Ser | | Instrument Location | Union 3344 P | resson Rd, Monroe |
|------------------------------|---|--|---------------------------------------|---|
| The preventive serial number | e maintenance procedures for the In 10,000 or higher) to be followed at | ntoximeters, Model I least once every fou | ntox EC/IR II and | d Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister breath simulator thermometer | r displays at least 51 shows 34 degrees, pl | pounds per squar us or minus .2 de | e inch (psi) of pressure, or the alcoholic gree centigrade; |
| (2) | Verify instrument displays tim | e and date; | | |
| (3) | Initiate breath test sequence; | | | |
| (4) | Enter information as prompted | l; | | |
| (5) | Verify instrument accuracy; | | | |
| (6) | When "PLEASE BLOW" appe | ears, collect breath sa | mple; | |
| (7) | When "PLEASE BLOW" appe | ears, collect breath sa | mple; | |
| (8) | Print test record; | | | |
| (9) | Run diagnostic program and co | onfirm preventive ma | intenance status | of "Pass"; and |
| (10) | Verify that the ethanol gas of simulator solution is being clumbichever occurs first. | canister is being changed every four r | anged before ex- nonths or after 1 | piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests, |
| were performed | theday of d on the instrument indicated above vices, and the instrument is function | e, in accordance wit | the forgoin h current regulat: | g preventive maintenance procedures ions of the N.C. Department of Health |
| A SEC GLAM VIDE | Sign | nature of Certifying C | Official | Certificate Number |

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 01/25/2021

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: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/12/2021

| g/210L | Time |
|--------|----------------------------------|
| Pass | 3:06pm |
| .00 | 3:06pm |
| .07 | 3:07pm |
| .00 | 3:08pm |
| .00 | 3:09pm |
| .00 | 3:10pm |
| .00 | 3:11pm |
| .00 | 3:12pm |
| | Pass .00 .07 .00 .00 |

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 3784
Test Date: 01/25/2021 Test Time: 3:18pm EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 3:19pm |
| Pass | 3:19pm |
| Pass | 3:19pm |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:19pm |
| SRC | Pass | 3:19pm |
| DET | Pass | 3:19pm |
| BAR | Pass | 3:19pm |
| BT | Pass | 3:19pm |
| | | 42 |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:20pm |
| | | |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 3:20pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 3:20pm 3:20pm |

Preventive Maintenance Status: Pass

Analyst

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

| County | rial No. 008876 Instrument Location Union County 50 |
|--|--|
| | TO THE THE REAL PROPERTY. |
| The preventive serial number | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are: |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| were performed and Human Ser | the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly. |
| THE STATE OF THE S | On the state of th |
| | Signature of Certifying Official Certificate Number |

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 01/25/2021

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: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

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 3:04pm AIR BLK .00 3:05pm

ACCY CHK .07 3:05pm AIR BLK .00 3:07pm

SUB TEST .00 3:08pm

AIR BLK .00 3:09pm

SUB TEST .00 3:10pm

AIR BLK .00 3:11pm

Reported AC:

.00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Record Number: 5953 Test Date: 01/25/2021 Test Time: 3:14pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:14pm |
| FLO | Pass | 3:14pm |
| FC | Pass | 3:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:14pm |
| SRC | Pass | 3:14pm |
| DET | Pass | 3:14pm |
| BAR | Pass | 3:14pm |
| BT | Pass | 3:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:15pm |
| | | |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 3:15pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 3:15pm 3:15pm |

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)

| Instrument Ser | ial No. 008577 | 3301 H | FARMOND RO PALEGE, NE |
|--|--|--|--|
| The preventive | maintenance procedures for the | e 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 canis breath simulator thermomet | eter displays at least 51 pounds per sq er shows 34 degrees, plus or minus .2 | uare inch (psi) of pressure, or the alcoholic degree centigrade; |
| (2) | Verify instrument displays t | ime and date; | |
| (3) | Initiate breath test sequence | ; | |
| (4) | Enter information as promp | ted; | |
| (5) | Verify instrument accuracy; | | |
| (6) | When "PLEASE BLOW" ap | opears, collect breath sample; | |
| (7) | When "PLEASE BLOW" ap | opears, collect breath sample; | |
| (8) | Print test record; | | |
| (9) | Run diagnostic program and | confirm preventive maintenance star | tus of "Pass"; and |
| (10) | Verify that the ethanol gas imulator solution is being whichever occurs first. | s canister is being changed before changed every four months or aft | expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests, |
| I certify that on were performed and Human Ser | | ove, in accordance with current reg | going preventive maintenance procedures ulations of the N.C. Department of Health |
| THE STATE OF | S | | |
| 新州 公 | N CA | | |
| STATE OF THE PARTY | | 110 | |
| 126 Graw Anger | - Johns | S. Alenkan | 662 |
| | S | ignature of Certifying Official | Certificate Number |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 01/07/2021

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

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

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

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

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

| g/210L | Time |
|--------|----------------------------------|
| Pass | 1:00pm |
| .00 | 1:01pm |
| .07 | 1:02pm |
| .00 | 1:03pm |
| .00 | 1:04pm |
| .00 | 1:05pm |
| .00 | 1:06pm |
| .00 | 1:07pm |
| | Pass .00 .07 .00 .00 .00 .00 .00 |

Reported AC; .00 gr/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 5299
Test Date: 01/07/2021 Test Time: 1:09pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:09pm |
| FLO | Pass | 1:09pm |
| FC | Pass | 1:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:09pm |
| SRC | Pass | 1:09pm |
| DET | Pass | 1:09pm |
| BAR | Pass | 1:09pm |
| BT | Pass | 1:09pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:10pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:10pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:10pm |
| CAL | Pass | 1:10pm |

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)

| | | maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are: | d Model Intox EC/IR II (Enhanced with |
|---|----------------|---|--|
| | (1) | Verify the ethanol gas canister displays at least 51 pounds per squar breath simulator thermometer shows 34 degrees, plus or minus .2 de | |
| | (2) | Verify instrument displays time and date; | |
| | (3) | Initiate breath test sequence; | |
| | (4) | Enter information as prompted; | |
| 6 | (5) | Verify instrument accuracy; | |
| | (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| | (8) | Print test record; | |
| | (9) | Run diagnostic program and confirm preventive maintenance status | of "Pass"; and |
| | (10) | Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first. | |
| , | | the | ng preventive maintenance procedures ations of the N.C. Department of Health |
| | COR QUAM VICEN | Jun Olff | 682 |
| | | Signature of Certifying Official | Certificate Number |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 01/07/2021

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221

Effective:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 4577 Test Date: 01/07/2021 Test Time: 1:08pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:08pm |
| FLO | Pass | 1:08pm |
| FC | Pass | 1:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:09pm |
| SRC | Pass | 1:09pm |
| DET | Pass | 1:09pm |
| BAR | Pass | 1:09pm |
| BT | Pass | 1:09pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 1:09pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:09pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:09pm |

Preventive Maintenance Status: Pass

Pass 1:09pm

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)

| | e maintenance procedures for the Intoximeters, Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are: | |
|--|--|---|
| (1) | Verify the ethanol gas canister displays at least 51 pounds per so breath simulator thermometer shows 34 degrees, plus or minus | |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance sta | atus of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or a whichever occurs first. | |
| | n the | rgoing preventive maintenance procedures gulations of the N.C. Department of Health |
| APR 12 170 | Sun Ille De | 462 |
| The same of the sa | Signature of Certifying Official | Certificate Number |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 01/07/2021

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MANTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:02pm |
| AIR BLK | .00 | 1:02pm |
| ACCY CHK | .08 | 1:03pm |
| AIR BLK | .00 | 1:04pm |
| SUB TEST | .00 | 1:05pm |
| AIR BLK | .00 | 1:06pm |
| SUB TEST | .00 | 1:07pm |
| AIR BLK | .00 | 1:08pm |
| | | |

Reported AC: ..

.00 0X210I

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 3976
Test Date: 01/07/2021 Test Time: 1:08pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:09pm |
| FLO | Pass | 1:09pm |
| FC | Pass | 1:09pm |
| | | |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:09pm |
| SRC | Pass | 1:09pm |
| DET | Pass | 1:09pm |
| BAR | Pass | 1:09pm |
| BT | Pass | 1:09pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| ATR | Pass | 1:10pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:10pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:10pm |

Preventive Maintenance Status: Pass

Pass

1:10pm

CAL

Analyst

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

| Count | ty WA | -ke | Instrument Location WA | Co Dolentin | Ga |
|----------|--|---|--|---|---|
| Instru | ment Seria | I No. <u>0</u> 08778 | 3301 / | fammino Ro. | Raloigh |
| | | | ne Intoximeters, Model Intox EC/IR I d at least once every four months are: | | II (Enhanced with |
| | (1) | | ister displays at least 51 pounds per seter shows 34 degrees, plus or minus. | | re, or the alcoholic |
| | (2) | Verify instrument displays | time and date; | | |
| | (3) | Initiate breath test sequence | e; | | |
| | (4) | Enter information as prom | pted; | | |
| | (5) | Verify instrument accuracy | <i>y</i> ; | | |
| | (6) | When "PLEASE BLOW" | appears, collect breath sample; | | |
| | (7) | When "PLEASE BLOW" | appears, collect breath sample; | | |
| | (8) | Print test record; | | | |
| | (9) | Run diagnostic program ar | nd confirm preventive maintenance st | atus of "Pass"; and | |
| | (10) | Verify that the ethanol g simulator solution is being whichever occurs first. | as canister is being changed befor ag changed every four months or a | e expiration date, or the fter 125 Alcoholic Breat | alcoholic breath h Simulator tests, |
| were | | | above, in accordance with current re | rgoing preventive mainte gulations of the N.C. Dep | enance procedures partment of Health |
| CREAT SE | THE STATE OF THE PROPERTY OF T | OSEIN CAROLINA | AL. | 61 | |
| | Albuma . | 1000 | Signature of Certifying Official | Certifica | ite Number |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 01/07/2021

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

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

Analyst's Name: Barnes, Simon S
Permit Number: 0011-6221
Effective:
09/01/2020-09/01/2022

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

Lot Number: AG034902 Exp Date: 12/14 2022

| g/210L | Time |
|--------|----------------------------------|
| Pass | 1:02pm |
| .00 | 1:02pm |
| .07 | 1:03pm |
| .00 | 1:04pm |
| .00 | 1:05pm |
| .00 | 1:06pm |
| .00 | 1:07pm |
| .00 | 1:08pm |
| | Pass .00 .07 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemi Analyst

Court CVP

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 5524 Test Date: 01/07/2021 Test Time: 1:0 pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:11pm |

Printer Tests

| rest | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:11pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:11pm |
| CAL | Pass | 1:11pm |

Preventive Maintenance Status: Pass

Analyst

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

| County // Instrument Ser | ial No. 008847 Instrument Location Washing | 5 St, Phymosth, " |
|--|---|---|
| The preventive serial number | maintenance procedures for the Intoximeters, Model Intox EC/IR II and I 0,000 or higher) to be followed at least once every four months are: | Model Intox EC/IR II (Enhanced with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square is breath simulator thermometer shows 34 degrees, plus or minus .2 degr | inch (psi) of pressure, or the alcoholic ee centigrade; |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence; | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record; | |
| (9) | Run diagnostic program and confirm preventive maintenance status of | "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 125 whichever occurs first. | - 140 |
| I certify that on were performed and Human Ser | the | preventive maintenance procedures as of the N.C. Department of Health |
| STATE OF STA | CARO. | |
| TOP QUAM VIDEO | | 2.5 |
| Contract of the Party of the Pa | Signature of Certifying Official | Certificate Number |

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008847 Test Date: 01/14/2021

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

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

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

| Test | g/210L | Time |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 12:18pm 12:19pm 12:19pm 12:20pm 12:21pm 12:22pm 12:24pm |
| AIR BLK | .00 | 12:24pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008847 Test Record Number: 715
Test Date: 01/14/2021 Test Time: 12:31pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:32pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:32pm

Analyst



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

| W | | 777 |
|----------------|--|--------|
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 0.000 or higher) to be followed at least once every four months are: | I with |
| (1) | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoherenth simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade: | oholic |
| (2) | Verify instrument displays time and date; | |
| (3) | Initiate breath test sequence: | |
| (4) | Enter information as prompted; | |
| (5) | Verify instrument accuracy; | |
| (6) | When "PLEASE BLOW" appears, collect breath sample; | |
| (7) | When "PLEASE BLOW" appears, collect breath sample; | |
| (8) | Print test record: | |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and | |
| (10) | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. | |
| were performed | the | |
| A GOLD VI | CAROLINA CAR | 27 |



WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 01/25/2021

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: 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: AG911506 Exp Date: 04/25/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:25pm |
| AIR BLK | .00 | 3:26pm |
| ACCY CHK | .08 | 3:26pm |
| AIR BLK | .00 | 3:28pm |
| SUB TEST | .00 | 3:28pm |
| AIR BLK | .00 | 3:29pm |
| SUB TEST | .00 | 3:31pm |
| AIR BLK | .00 | 3:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2461
Test Date: 01/25/2021 Test Time: 3:33pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:33pm |
| FLO | Pass | 3:33pm |
| FC | Pass | 3:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:33pm |
| SRC | Pass | 3:33pm |
| DET | Pass | 3:33pm |
| BAR | Pass | 3:33pm |
| BT | Pass | 3:33pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:34pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:34pm |
| CAL | Pass | 3:34pm |

Preventive Maintenance Status: Pass



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

| The preventive | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with |
|----------------|--|
| (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 |
| 520 | breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| (2) | Verify instrument displays time and date; |
| (3) | Initiate breath test sequence; |
| (4) | Enter information as prompted; |
| (5) | Verify instrument accuracy; |
| (6) | When "PLEASE BLOW" appears, collect breath sample; |
| (7) | When "PLEASE BLOW" appears, collect breath sample; |
| (8) | Print test record; |
| (9) | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |
| (10) | Verify that the ethanol gas canister is being changed before 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 25 day of 50000 , 202/ the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |

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

Signature of Certifying Official

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 01/25/2021

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: Burnette, Anthony J
Permit Number: 0018-4401
Effective:
10/01/2020-10/01/2022

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|---------|--------|--------|
| DIAG | Pass | 1:11pm |
| AIR BLE | 00. | 1:11pm |
| ACCY CH | K .08 | 1:12pm |
| AIR BLK | .00 | 1:13pm |
| SUB TES | T .00 | 1:14pm |
| AIR BLK | .00 | 1:15pm |
| SUB TES | T .00 | 1:16pm |
| AIR BLK | .00 | 1:17pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 2613 Test Date: 01/25/2021 Test Time: 1:17pm EST

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 |
|------|--------|------------|
| ATR | Pass | 1 · 1.8 pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:19pm |

CRC Tests

| 1:19pm |
|--------|
| 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)

| 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 |

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 01/07/2021

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

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

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

Analyst's Name: Burnette, Anthony J
Permit Number: 0018-4401
Effective:
10/01/2020-10/01/2022

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 735 Test Date: 01/07/2021 Test Time: 10:38am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

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

| 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 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. |
| | the |
| 1 TO 12 17 17 18 | 649 |

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 01/07/2021

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: Burnette, Anthony J
Permit Number: 0018-4401
Effective:
10/01/2020-10/01/2022

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:31am |
| AIR BLK | .00 | 10:32am |
| ACCY CHK | .08 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:34am |
| AIR BLK | .00 | 10:35am |
| SUB TEST | .00 | 10:37am |
| AIR BLK | .00 | 10:38am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1649
Test Date: 01/07/2021 Test Time: 10:39am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

Test

CAL

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

Status Time

10:40am

Preventive Maintenance Status: Pass

Pass

Analyst