PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County ALEXANCER Instrument Location ALEXANCER Co. SO

Instrument Serial No. 0088/3 91 Commercial Park Ave

Taxones ville d. 28687

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the day of HPEIC, 20 20, the foregoing 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

ALEXANDER COUNTY ALEXANDER COUNTY SO

Serial Number: 008813 Test Date: 04/04/2020

Citation Number: M00000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Ingle Larry W
Permit Number: 0015-2435
Effective:
01/09/2020-01/09/2022

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

lot Number: AG902201 Exp Date: 01/22/2021

Test	g/23.0L	Time
DIAG	Pass	9:33am
AIR BLK	.00	9:33am
ACCY CHR	30	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
AIR BLK	-00	9:37am
SUB rest	.00	9:38am
AIR BLK	.03	9:39am

Reported AC:

/210I

Signature of Charles Analyst

Courte LUR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Record Number: 1933 Test Date 04/04/2020 Test Time: 9:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:42am
FLO	Pass	9:42am
FC	Pass	9:42am

Temperature Tests

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
BT	Pass	9:42am

Blank Tests

Test	Status	Time
AIR	Pass	9:43am

Printer Tests

1880	Status	lime
PRNT	Pass	9:43am

CRC Tests

Status	Time
Pass	9:43am 9:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 45	he Instrument Location Ashe Co. July
Instrument Seria	No. (209849) Jefferson, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	the
STATE OF STA	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-00/00/0000

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	4:27pm 4:28pm
.07	4:28pm
.00	4:30pm
.00	4:30pm
.00	4:31pm
.00	4:33pm
.00	4:34pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1338
Test Date: 04/13/2020 Test Time: 4:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:35pm
FLO	Pass	4:35pm
FC	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
AIR	Pass	4:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:36pm 4:36pm

Preventive Maintenance Status: Pass

Analys t

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A Vé	Instrument Location Avery	Co. Tail
Instrument Serial	No. 208664 New	land, MC
The preventive marginary four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
I.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dasimulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
•	the	ng preventive maintenance t regulations of the N.C.
STATE ON THE PROPERTY OF THE P	Signature of Certifying Official	649
	Signature of Certifying Official	Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	11:11am
AIR BLK	.00	11:12am
ACCY CHK	.08	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
ATR BLK	0.0	11 · 17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1016
Test Date: 04/09/2020 Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:20am 11:20am
FC	Pass	11:20am

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

Blank Tests

Test	Status	Time
AIR	Pass	11:21am

Printer Tests

Test	Status	Time
PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:21am

CAL Pass 11:21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	Very Instrument Location Baner Elk P	0_
Instrument Ser	erial No. 00 9724 Bapper EIK, NC	
The preventive four months as	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once were:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	r show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic b simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	t on the	nance I.C.
STATION OF	Signature of Certifying Official Certificate Num	her

AVERY CO'NTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's ate 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: 11034E

Effective:

06/1/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR ELK ACCY THK AIR BLK	Pass .00 .08 .00	11:50am 11:51am 11:52am 11:52am
SUB TEST	.00	11:53am
AIR BJK SUB TEST	.00	11:54am 11:55am
ATR B.K	. 0 0	11:56am

Reported AC: .00 g/210L

Signatur of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 616
Test Date: 04/13/2020 Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:00pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		Signature of Certifying Official	Certificate Number
TAITS NO.	S CARO	Key	643
		ument indicated above, in accordance with c vices, and the instrument is functioning prop	
I certify that	on the / 7 day o	of	oregoing preventive maintenance
10.		gas canister is being changed before expirateing changed every four months or after 125	
9.	Verify Diagnostic Prog	gram; and	
8.	Print test record;		
7.	When "PLEASE BLO"	W" appears, collect breath sample;	
6.	When "PLEASE BLO"	W" appears, collect breath sample;	
5.	Verify instrument accu	racy;	
4.	Enter information as pr	rompted;	
3.	Initiate breath test sequ	nence;	
2.	Verify instrument disp	lays time and date;	
1.		canister displays pressure, or the alcoholic braus .2 degree centigrade;	reath simulator thermometer sho
The preventiv	The state of the s	for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
Instrument Se	rial No. <u>00 858</u>	6 112 W. 2 rd St.,	Wachington,
County Pe	rouh	Instrument Location QC	bit (o (nat

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:33pm 12:34pm 12:34pm 12:36pm 12:36pm 12:37pm
SUB TEST	.00	12:39pm

12:40pm

Reported AC: .00 g/210L

AIR BLK .00

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 1585
Test Date: 04/17/2020 Test Time: 12:41pm EDT

System Check: Passed

Baseline Tests

	Test	Status	Time
FLO Pass 12:41pm	FLO	Pass	12:41pm 12:41pm 12:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	Paul GI+	Ins	trument Location	what to Courtho
Instrument So	erial No. <u>008909</u>	11	2 10 2Nd 5	t Washington N
The prevention four months		r the Intoxim	eters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu			ic breath simulator thermometer show
2.	Verify instrument displa	ys time and o	late;	
3.	Initiate breath test seque	ence;		
4.	Enter information as pro	ompted;		
5.	Verify instrument accur-	acy;		
6.	When "PLEASE BLOW	/" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW	/" appears, c	collect breath sample;	
8.	Print test record;			
9.	Verify Diagnostic Progr	ram; and		
10.				piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
		ment indicat	ed above, in accordance w	he foregoing preventive maintenance ith current regulations of the N.C. properly.
STA	THE O ALO OF THE CARROLLING CARRO	7/		
To Control of the Con	/	Signature	of Certifying Official	Certificate Number
		Signature	of Certifying Official	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

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

Reported AC: .00 g/210L

Signature of Chemica 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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 3474
Test Date: 04/17/2020 Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass Pass	12:16pm 12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:17pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:17pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

12:17pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location /SGDTIA	- lnsn
Instrument Ser	ial No. 008897 222 County E	Ten Rd., Win
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be te:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
•	on theday of, 20, the forego ere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	•
STATE OF THE STATE	Signature of Certifying Official	Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:12pm 2:12pm 2:13pm 2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm

2:17pm

2:18pm

Reported AC: .00 g/210L

SUB TEST .00 AIR BLK .00

Signature of Chemical Analyst

Court CVR

Finex Keere Analyst

BERTIE COUNTY BERTIE CO SO 070

Test Record Number: 1329 Serial Number: 008897

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:19pm 2:19pm
FC	Pass	2:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

Printer Tests

Test Status Time

PRNT	Pass	2:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:20pm 2:20pm

Preventive Maintenance Status: Pass

2:20pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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r shows
eath r tests,
nance .C.
her

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 04/17/2020

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

Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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 AIR BLK	Pass	3:13pm 3:15pm
ACCY CHK	.07	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	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celm Rg Ber

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 4398
Test Date: 04/17/2020 Test Time: 3:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:23pm 3:23pm
FC	Pass	3:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:23pm
SRC	Pass	3:23pm
DET	Pass	3:23pm
BAR	Pass	3:23pm
BT	Pass	3:23pm

Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:24pm CAL Pass 3:24pm

Preventive Maintenance Status: Pass

alu Ra Bens

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_BF	RUNSWICK Instrument Location BRUN	SWICK_	Co
Instrument Ser	ial No008603	NTICN C	ENTE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be e:	followed at least o	nce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermo	meter shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.		
	on the 17 day of APRIL 20 20, the foregere performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly	ent regulations of t	aintenance the N.C.
STATE OF THE PROPERTY OF THE P	Signature of Certifying Official	Certificate	

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 15671E

Effective:

06/01/2019-06/01/2021

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

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

DILG D	29pm 29pm
AIR BLK .00 3: ACCY CHK .07 3: AIR BLK .00 3: SUB TEST .00 3:	30pm 31pm 31pm
	32pm
SUB TEST .00 3:	34pm
AIR BLK .00 3:	35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ra Bans

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 4563 Test Date: 04/17/2020 Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	3 · 37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3 · 37pm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	3:37pm 3:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSWICK_	Instrument Location OAK	I3LAND
Instrument S	Serial No. 008648	POLI	CE DEPT.
The prevent four months	ive maintenance procedures for the Intox are:	imeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath centigrade;	simulator thermometer show
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	/	
10.		is being changed before expiration d d every four months or after 125 Alco	
	at on the day of day of were performed on the instrument indicate of Health and Human Services, and the		nt regulations of the N.C.
COR AT LESS OF THE PARTY OF THE	OL R	ure of Certifying Official	Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 04/17/2020

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/21.0L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:19pm 1:20pm 1:20pm 1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1663 Test Date: 04/17/2020 Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
FLO	Pass Pass Pass	1:26pm 1:26pm 1:26pm

Temperature Tests

Status	Time
Pass	1:26pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

CRC Tests

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

Preventive Maintenance Status: Pass

Lu Rg Bans

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSWICK Instrument Location JUNSET BEACH
Instrumen	BRUNSWICK Instrument Location JUNSET BENCH Serial No. 008874 POLICE DEPT
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on theday ofAPZIL, 20, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
STATE OF THE PARTY	Cartificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 04/14/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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 AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:35pm 1:36pm 1:37pm 1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 707 Test Date: 04/14/2020 Test Time: 1:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:44pm 1:44pm
FC	Pass	1:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:45pm 1:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 28697 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed a four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulators.	
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator	
	at least once every
34 degrees, plus or minus .2 degree centigrade;	r thermometer show
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Bre whichever occurs first.	
I certify that on the	
Signature of Certifying Official Cert	tificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 04/13/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/12/2019-07/12/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:56pm 12:57pm 12:57pm 12:58pm 12:59pm 1:00pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 3784
Test Date: 04/13/2020 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:05pm 1:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Suncombe	Instrument Location Suncor	nbe Co. Jail
Instrument S	Serial No. <u>CO8748</u>	Acheville, NC	
The preventi		e Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bread degree centigrade;	th simulator thermometer show
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;	}	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration changed every four months or after 125 Al	
-	were performed on the instrumen	, 20, the foregotindicated above, in accordance with currend the instrument is functioning properly	rent regulations of the N.C.
SCHEAT SC		IR. Cuth	635
	S	Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Date: 04/13/2020

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

Subject'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:
07/12/2019-07/12/2021

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:57pm 12:58pm
ACCY CHK AIR BLK	.07	12:58pm 12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Record Number: 1188
Test Date: 04/13/2020 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Rance	ombe Co Jail	
Instrument S	erial No. 008798 Asheville No.		
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic be 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.		
•	day of	urrent regulations of the N.C.	
STAT STATE OF THE		635	
	Signature of Certifying Official	Certificate Number	

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 04/13/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
07/12/2019-07/12/2021

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

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

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK ACCY CHK	.00	12:58pm 12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 5373 Test Date: 04/13/2020 Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County _	ABARRUS	Instrument Location King N	NAPOLIS P.D
Instrument S	erial No. 008589	K E	
The prevention four months		e Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breatl degree centigrade;	h simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125 Alc	
	vere performed on the instrument	t indicated above, in accordance with currend the instrument is functioning properly	ent regulations of the N.C.
STATE OF THE PARTY		Lwff_	- 659
	S	ignature of Certifying Official	Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Ingle, Larry W

Permit Number: 0035-2495

Effective:

01/09/2020-01/09/2022

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	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:50pm
SUB TEST	. 90	1:51pm
AIR BLK	100	1;52pm

Reported AC: .00/g/21/01

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 3097 Test Date: 04/15/2020 Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:55pm 1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:55pm 1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

Blank Tests

Test	Status	Time
ATR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS Instrument Location CABARRUS COUNT		
Instrumen	t Serial No		
The preve four mont	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedure	hat on the		
	Signature of Certifying Official Certificate Number		

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 5494
Test Date: 04/15/2020 Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:37pm
FLO	Pass	2:37pm
FC	Pass	2:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	

Test	Status	Time	
COMP	Pass Pass	2:38pm 2:38pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	· Iclusti	Instrument	Location Cac!	ull Co. Jal
Instrument	Serial No. <u>00 8 7 19</u>		noir, WC	
The prevent		or the Intoximeters, M	odel Intox EC/IR II to	be followed at least once every
I.	Verify the ethanol gas ca 34 degrees, plus or minu			eath simulator thermometer show
2.	Verify instrument displa	ys time and date;		
3.	Initiate breath test seque	nce;		
4.	Enter information as pro	mpted;		
5.	Verify instrument accura	acy;		
6.	When "PLEASE BLOW	" appears, collect bre	eath sample;	
7.	When "PLEASE BLOW	" appears, collect bre	eath sample;	
8.	Print test record;			
9.	Verify Diagnostic Progra	am; and		
10.				on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	t on theday of were performed on the instrum of Health and Human Services		n accordance with cur	
OREA! COREA! CONTRACTOR OF STATE OF STA	TO BOOK TO SERVICE TO	Signature of Certify		Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

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	2:18pm
AIR BLK	.00	2:18pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2635 Test Date: 04/13/2020 Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:27pm

Pass 2:27pm

Preventive Maintenance Status: Pass

CAL

28

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	· Iclusti	Instrument	Location Cac!	ull Co. Jal
Instrument	Serial No. <u>00 8 7 19</u>		noir, WC	
The prevent		or the Intoximeters, M	odel Intox EC/IR II to	be followed at least once every
I.	Verify the ethanol gas ca 34 degrees, plus or minu			eath simulator thermometer show
2.	Verify instrument displa	ys time and date;		
3.	Initiate breath test seque	nce;		
4.	Enter information as pro	mpted;		
5.	Verify instrument accura	acy;		
6.	When "PLEASE BLOW	" appears, collect bre	eath sample;	
7.	When "PLEASE BLOW	" appears, collect bre	eath sample;	
8.	Print test record;			
9.	Verify Diagnostic Progra	am; and		
10.				on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	t on theday of were performed on the instrum of Health and Human Services		n accordance with cur	
OREA! COREA! CONTRACTOR OF STATE OF STA	TO BOOK TO SERVICE TO	Signature of Certify		Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

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	2:18pm
AIR BLK	.00	2:18pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2635 Test Date: 04/13/2020 Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:27pm

Pass 2:27pm

Preventive Maintenance Status: Pass

CAL

28

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Calcher 11 Ca Jal
Instrument S	Serial No. <u>0089 03</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE OF STATE	Ch UDDA 658
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

g/210L Time Test DIAG Pass 11:40am .00 AIR BLK 11:41am ACCY CHK .07 11:42am AIR BLK .00 11:43am SUB TEST .00 11:44am AIR BLK .00 11:45am

SUB TEST .00 11:47am AIR BLK .00 11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

MVa

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 662 Test Date: 04/13/2020 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CDC Tosts	

CRC Tests

0am
0am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location Colehar // Ca Da
Instrument S	erial No. <u>008903</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
STATI STATI	
OTHER WAR	Ch 0000 658
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:40am 11:41am
ACCY CHK	.07	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am

11:48am

and the same of th

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR.

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 662 Test Date: 04/13/2020 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET 1	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:50am
CAL	Pass	11:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	nden II	nstrument Location <u>Cande</u>	on (o. S.O.
Instrument Se	rial <u>No.() 0 8940</u>	17 N. Caroling	Hwy 343 Camo
The preventive four months a	ve maintenance procedures for the Intoxinare:	meters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		ath simulator thermometer shows
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.		
	on the day of	ited above, in accordance with cu	
STAT STATE	S. C.		1.11.2
	Signatur	e of Certifying Official	Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 04/09/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 12955E
Effective:

06,'01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:14pm 12:15pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:17pm
AIR BLK	. () ()	12:18pm
SUB TEST	.00	12:20pm
ATR BLK	.00	12:21.pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 1013 Test Date: 04/09/2020 Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
П	CRC Tests	
Test	Status	Time
COMP	Pass	12:24pm

Preventive Maintenance Status: Pass

Pass

12:24pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	swell	Instrument Location Asuall	Co. Verterism Cta
Instrument Se	erial No. <u>608593</u>	211 County Pase Rs	y merville, ne
The preventive four months a		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .	ster displays pressure, or the alcoholic but degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	2;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	<i>'</i> ;	
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expirat changed every four months or after 125	
	vere performed on the instrumer	t indicated above, in accordance with cuand the instrument is functioning proper	
CREAT STATE OF THE	S. CAROLLES S.	Signature of Certifying Official	Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 04/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	5:15pm 5:16pm 5:17pm 5:18pm
AIR BLK	.00	5:18pm 5:19pm
SUB TEST	.00	5:20pm
AIR BLK	.00	5:21pm

Reported AC: -00 g/210L

Signature of Chemical Analyst

Court CVR

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 1801 Test Date: 04/16/2020 Test Time: 5:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:22pm 5:22pm
FC	Pass	5:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:22pm
SRC	Pass	5:22pm
DET	Pass	5:22pm
BAR	Pass	5:22pm
BT	Pass	5:22pm

Blank Tests

Test	Status	Time
AIR	Pass	5:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:23pm
CAL	Pass	5:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Catawba Instrument Location Catawba County 50
Instrumen	t Serial No. 008687 100 13 Southwest Blvd, Newton
four mont	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the 17th day of April , 2020, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
CREAT CREAT	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:02pm 1:03pm
ACCY CHK		1:03pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 3071
Test Date: 04/17/2020 Test Time: 1:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass Pass	1:10pm 1:10pm
FLO 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

Test	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

County Ca-	tawka Instrument Location Hickory	sy PD
Instrument Seria	al No. 00884/	/
		1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic be 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	,
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	
	the day of 20 20, the formed on the instrument indicated above, in accordance with contract the Health and Human Services, and the instrument is functioning property.	
WE STATE OF THE ST	Signature of Certifying Official	Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 04/08/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.08	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 2034

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:38am 9:38am
FC	Pass	9:36am

Temperature Tests

Test	Status	Time
FC1	Pass	9:39am
SRC	Pass	9:39am
DET	Pass	9:39am
BAR	Pass	9:39am
BT	Pass	9:39am

Blank Tests

Test	Status	Time
ΔTR	Dagg	9.39am

Printer Tests

Test	Status	Time
PRNT	Pass	9:39am

CRC Tests

Test	Status	Time
COMP	Pass	9:39am
CAL	Pass	9:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Chathan Construment Location hither of Detention	Cente
Instrument Se	Serial No. 00 859/	
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least care:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermo 34 degrees, plus or minus .2 degree centigrade;	meter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoho simulator solution is being changed every four months or after 125 Alcoholic Breath Sim whichever occurs first.	lic breath ulator tests,
	were performed on the instrument indicated above, in accordance with current regulations of to tof Health and Human Services, and the instrument is functioning properly.	
STATI		/
	Signature of Certifying Official Certificate N	Number

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:00pm
AIR BLK	.00	4:01pm
ACCY CHK	.08	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:06pm
ATR BLK	.00	4:07pm

Reported AG: .00 g/210L

signature of Chemical Analyst

Court CVR

DK: X

Analyst

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 2327
Test Date: 04/15/2020 Test Time: 4:07px 231

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:08pm 4:08pm
FC	Pass	4:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:08pm
SRC	Pass	4:08pm
DET	Pass	4:08pm
BAR	Pass	4:08pm
BT	Pass	4:08pm

Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

Printer Tests

Test	Status	Time
PRNT	Pagg	4 · 09nm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	4:09pm 4:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location S. len	City Police Les
Instrument Seri	al No0078115, leve 0	1. ty 11C
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	n the, 20, the foregree performed on the instrument indicated above, in accordance with curre. Health and Human Services, and the instrument is functioning properly	
STATE OF THE PROPERTY OF THE P	Signature of Certifying Official	Certificate Number

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

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 AIR BLK ACCY CHK	Pass .00 .08	2:58pm 2:59pm 2:59pm
AIR BLK SUB TEST	.00	3:00pm 3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BL	.00	3:04pm

Reported AC:

00 g/210L

signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Record Number: 1405 Test Date: 04/15/2020 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

rest	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm
	CRC Tests	

lest	Status	Time
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	housen	Instrument Location	an Co. Public SA
Instrument Se	erial No. <u>00 889</u> 5	- Center, 305 Fre	emason ST., Flan
The preventive four months a	•	or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas c 34 degrees, plus or min	anister displays pressure, or the alcoholic bre us .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displa	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur	acy;	
6.	When "PLEASE BLOW	V" appears, collect breath sample;	
7.	When "PLEASE BLOV	V" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.		gas canister is being changed before expiration ing changed every four months or after 125 A	
	were performed on the instru	f	
ONE STAY	LO ACOMUNICATION OF THE PROPERTY OF THE PROPER	Linux Kouse	647
		Signature of Certifying Official	Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.08	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:04pm
ATR BLK	0.0	1.05pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Trices. Keel

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 956
Test Date: 04/17/2020 Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:07pm 1:07pm 1:07pm 1:07pm 1:07pm
B.I.	Pass	1:0/pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:08pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	
Test	Status	Time

lest	Status	TIME
COMP	Pass	1:08pm
CAL	Pass	1:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 foregoing preventive maintenance I certify that on the 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

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: 008893 Test Date: 04/09/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D
Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

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	11:47am
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	11:53am
ATR RIK	0.0	11.54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR/

Analyst

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1722 Test Date: 04/09/2020 Test Time: 11:55am EDT

System Check: Passed

Baseline Tests

IR Pass 11:55am FLO Pass 11:55am FC Pass 11:55am	Test	Status	Time
ic iabb ii.55am		_ 01.0 10	

Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	11:56am 11:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	COLUM BUS Instrument Location CoL	UMBUS COUNT
Instrument Se	erial No. 008875	ENTION CENTE
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	
	t on the	current regulations of the N.C.
STATE OF THE PROPERTY OF THE P	ale 23 Bener	C48
	Signature of Certifying Official	Certificate Number

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 04/14/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAGARIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:01am 10:02am 10:02am 10:03am 10:04am 10:05am 10:07am
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu Ra Bans

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Record Number: 2276
Test Date: 04/14/2020 Test Time: 10:08am EDT

System Check: Passed

spreeze.

Baseline Tests

Test	Status	Time
IR	Pass	10:08am
FLO	Pass	10:08am
FC	Pass	10:09am

Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

Blank Tests

Test	Status	Time
AIR	Pass	10:09am

Printer Tests

Test	Status	Time
PRNT	Pass	10:09am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:09am

Pass

10:09am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	COLUMBUS Instrument Location	COLUMBUS COUNT	
Instrument	Serial No. <u>008884</u>	DETENTION CENTE	
The prevent	tive maintenance procedures for the Intoximeters, Model Intox is are:	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample	e;	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months of whichever occurs first.		
	day of APRIL , 20 2 s were performed on the instrument indicated above, in accordant of Health and Human Services, and the instrument is function		
GREAT E.	Signature of Certifying Office	cial Certificate Number	

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 15671E

Effective:

06/01/2019-06/01/2021

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	9:49am
AIR BLK	.00	9:50am
ACCY CHK	.08	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Rg Bens Analyst

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Record Number: 1520 Test Date: 04/14/2020 Test Time: 9:57am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:57am
SRC	Pass Pass	9:57am 9:57am
BAR	Pass	9:57am
BT	Pass	9:57am

Blank Tests

Test	Status	Time
AIR	Pass	9:58am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

9:58am

9:58am

COMP

CAL

alu Ry Ban Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ibercland Co. Instrument Location Churcher la	Nello Detention Cente
Instrument Se	rial No. No. 14 Fayette Vill	le, 1K
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
-	on theday of, 20, the foregovere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	•
CARTO TO STATE	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 04/14/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
11/04/2019-11/04/2021

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

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

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported ACA 100/g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4418
Test Date: 04/14/2020 Test Time: 11:04am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	unber layel Co. Instrument Location Comber lare	16 Detention Center
Instrument S	Gerial No. 008632 Fayetteville,	<i>//(</i>
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
	day of	
STAVE		654
	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 04/14/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:56am 10:57am 10:57am 10:58am 10:59am 11:00am
SUB TEST	.00	11:02am
ATR BLK	0.0	$11 \cdot 03am$

ignature of Chemical Analyst

Court CVR

N.F.

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4305 Test Date: 04/14/2020 Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	11:06am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Cumberelan	red Co. Detention Center
Instrument Seria	1 No. 008633_ FAYETTEV. //	E, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
	the day of , 2020, the forege performed on the instrument indicated above, in accordance with curre Health and Human Services, and the instrument is functioning properly	
STATE OF STA	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK	.00	10:51am
ACCY CHK	.08	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC, .90 \$/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 5521
Test Date: 04/14/2020 Test Time: 11:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	11:01am 11:01am 11:01am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	
Test	Status	Time

Preventive Maintenance
Status: Pass

Pass

Pass

11:02am 11:02am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County County	Instrument Location Cumbe Aprello, De KINTINY Cente
Instrument Seri	al No. 008612 Fayette Ville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STAIL OF THE STAIL	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:54am
ACCY CHK	.07	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
ATR BLK	. 0.0	11:00am

Reported Ag: 1.00 g/21

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 6955
Test Date: 04/14/2020 Test Time: 11:00am EDT

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 SRC	Pass	11:01am
DET	Pass Pass	11:01am 11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

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

1 1/

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location FT L	SLACE LEC
Instrument S	erial No	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	117/2	
STAT STATE OF THE	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Record Number: 1909 Test Date: 04/14/2020 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:15pm 1:15pm
FC	Pass	1:15pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

CRC Tests

Test	Status	Time
COMP	Pass	1:16pm
CAL	Pass	1:16pm

Preventive Maintenance

Matus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	errita (1c	Instrume	nt Location <u>u//</u>	uch (050- 600
Instrument Se	erial No. <u>() </u>		DIODNTICI	lorolla, N.C
The prevention four months		the Intoximeters,	Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus			reath simulator thermometer shows
2.	Verify instrument displays	s time and date;		
3.	Initiate breath test sequen	ce;		
4.	Enter information as pron	npted;		
5.	Verify instrument accurac	ey;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW"	appears, collect	breath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program	m; and		
10.				tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	t on theday of _ were performed on the instrum t of Health and Human Service		ve, in accordance with	
STAT	E S AQUE			
Total Control		01 21 05	10:000	643
		Signature of Ce	rtifying Official	Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time

DIAG	Pass	8:54am
AIR BLK	.00	8:54am
ACCY CHK	.08	8:55am
AIR BLK	.00	8:56am
SUB TEST	.00	8:57am
AIR BLK	.00	8:58am
SUB TEST	.00	8:59am
AIR BLK	.00	9:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 535 Test Date: 04/15/2020 Test Time: 9:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:01am
FLO	Pass	9:01am
FC	Pass	9:02am

Temperature Tests

Test	Status	Time
=0.1	2	
FC1	Pass	9:02am
SRC	Pass	9:02am
DET	Pass	9:02am
BAR	Pass	9:02am
BT	Pass	9:02am

Blank Tests

Test	Status	Time
AIR	Pass	9:02am

Printer Tests

Test	Status	Time
PRNT	Pass	9:02am

CRC Tests

Test	Status	Time
COMP	Pass	9:02am
CAL	Pass	9:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyInstrument Se	erial No. 008783 Instrument Location DARE Co Detention (e
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures	t on theday of, 20 the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
STATE OF THE CAPACITY OF THE C	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 04/29/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 907
Test Date: 04/29/2020 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm

CRC Tests

COMP Page 1.20pm	Test	Status	Time
_	COMP	Pass	1:20pm
	CAL	Pass	1:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE	Instrument Location OALE	10 Potestin (
Instrument S	erial No. <u>008804</u>	1044 Delftwood	Dr., MANTED
The preventi four months		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canistoms 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brea degree centigrade;	th simulator thermometer shows
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" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125 A	
	were performed on the instrumen	, 20 the fore t indicated above, in accordance with cur and the instrument is functioning proper	0
ONEAL COLEAN	NOO.		
Homes	Line	Signature of Certifying Official	Contificate Number
	S	ignature of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/29/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 07/08/2019-07/08/2021

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

> Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:14pm 1:15pm 1:15pm 1:16pm 1:17pm 1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fined. Keese

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2348
Test Date: 04/29/2020 Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm

CRC Tests

-	Test	Status	Time
CALI Fass 1.23pii	COMP	Pass	1:23pm
	CAL	Pass	1:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dare Instrument Location 1/4/((50 Acter
Instrument	Serial No. 008807 50346 Nethry 12	F1.510, M.S.
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fs are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	day of, 20, the forego s were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	
GREAT ST	Signature of Certifying Official	Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	8:05am
AIR BLK	.00	8:06am
ACCY CHK	.07	8:07am
AIR BLK	.00	8:08am
SUB TEST	.00	8:09am
AIR BLK	.00	8:10am
SUB TEST	.00	8:11am
AIR BLK	.00	8:12am

Reported AC: .00 g/210L

Signature of Christal Analyst

Court CVR

Analysi

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1141
Test Date: 04/14/2020 Test Time: 8:14am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:14am 8:14am
FC	Pass	8:14am

Temperature Tests

Test Status	Time
FC1 Pass SRC Pass DET Pass BAR Pass BT Pass	8:14am 8:14am 8:14am 8:14am 8:14am

Blank Tests

Test	Status	Time
AIR	Pass	8:15am

Printer Tests

Test	Status	Time
PRNT	Pass	8:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:15am

Preventive Maintenance Status: Pass

Pass

8:15am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Duidson	Co. Juil
Instrument S	erial No. <u>OO 98845</u>	, NC
The preventi four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foliare:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration day simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
	on theday of, 20 the forgowere performed on the instrument indicated above, in accordance with current rof Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
PATS OREAT STATES	THE CAROLLE STATE OF THE STATE	699
	Signature of Certifying Official	Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 04/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:15pm 2:16pm 2:17pm 2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3376
Test Date: 04/16/2020 Test Time: 2:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:23pm 2:23pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:24pm
SRC	Pass	2:24pm
DET	Pass	2:24pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	2:24pm 2:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	vide on	Instrument Location Mona SV	:11e
Instrument Se	rial No. <u>008872</u>	Police D	= Ocertment
The preventive four months a		ntoximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath si egree centigrade;	mulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ļ ,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expiration dat anged every four months or after 125 Alcoh	
	vere performed on the instrument in	, 20 the forgo dicated above, in accordance with current rethe instrument is functioning properly.	
STATI STATISTICS OF STATISTICS	CAROLLA		1110
	Sig	gnature of Certifying Official	Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 04/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E
Effective:
06/01/2019-06/01/2021

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 AIR BLK	Pass	3:16pm 3:17pm
ACCY CHK	.08	3:17pm
AIR BLK SUB TEST	.00	3:18pm 3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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: 1475
Test Date: 04/16/2020 Test Time: 3:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:23pm
FLO	Pass	3:23pm
FC	Pass	3:23pm

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	3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:24pm 3:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	vidson Instrument Location Leyings	101
Instrument Se	erial No	Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration do simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	on theday of, 20 the forg were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATS OF THE PROPERTY OF THE P	CAROLLE CAROLL	
	Signature of Certifying Official	Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 04/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	1:23pm 1:24pm
ACCY CHK	.08	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2197
Test Date: 04/16/2020 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:31pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm
	CRC Tests	
Test	Status	Time

1000	beacas	TIME
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	Instrument Location
Instrument Se	erial No. 008905 Mocksv/le.wc
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CONTRACTOR OF THE CONTRACTOR O	

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 04/16/2020

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

Subject'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: 11304E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:55am 11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analysis

Court CVR

Analyst

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2475
Test Date: 04/16/2020 Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	hava	Instrument Location Du han	, G JAIL
Instrument Se	rial No. <u>00 8855</u>	219 5. MAngem	ST Dutonine
The preventive four months a		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic br degree centigrade;	reath simulator thermometer shows
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" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirate thanged every four months or after 125	
	ere performed on the instrument	, 20 20 the indicated above, in accordance with cund the instrument is functioning properly	
STATI OF STA			
	-0+06	Signature of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 04/14/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2381 Test Date: 04/14/2020 Test Time: 12:5.1pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:52pm

Temperature Tests

Test S	tatus	Time
SRC PODET PODET PODET	ass ass ass ass	12:52pm 12:52pm 12:52pm 12:52pm 12:52pm

Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:53pm 12:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Dur	Instru	ment Location Declara	6 JAIL
Instrument Ser	ial No. <u>008878</u>	5. Mayon 5	Durham NE
The preventive four months ar	maintenance procedures for the Intoximete	rs, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cent		simulator thermometer shows
2.	Verify instrument displays time and date	;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, colle	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed ever whichever occurs first.		
procedures we	n the day of	ove, in accordance with current	going preventive maintenance t regulations of the N.C.
STATE OF THE COMPANY	Stoles BARA	Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CH AIR BLK SUB TES AIR BLK	K .08 .00 T .00 .00	12:43pm 12:43pm 12:44pm 12:45pm 12:45pm 12:46pm
SUB TES AIR BLK		12:48pm 12:49pm

-00 g/210L

Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 4823 Test Date: 04/14/2020 Test Time: 12:51pm EDT

System Check Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
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	12:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County De	100	Instrument Location Derlan	Co JAIL
Instrument S	erial No. <u>00889</u>	219 5. MArgum ST	Dulam NC
The prevention four months		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic brea degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125 Al	
I certify that procedures v Department	on the day of vere performed on the instrument is of Health and Human Services, an	, 20 20 the foindicated above, in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
GREAT SE	SAROLL SA	ignature of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENENCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 00 q/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4197
Test Date: 04/14/2020 Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
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	12:52pm

Printer Tests

Test Status Time

PRNT	Pass	12:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:52pm

Preventive Maintenance Status: Pass

Pass

12:52pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lierombe	Instrument Location de	rombo G Maris
Instrument So	erial No. <u>008603</u>	Office, 300 5 14	recorda P.J. Ta
The prevention four months		Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bedgree centigrade;	preath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expira hanged every four months or after 12:	
•	t on theday of were performed on the instrument	20, the string the indicated above, in accordance with and the instrument is functioning pro	
STAI STAI STAI STAI STAI STAI STAI STAI	TO NORTH CANOLING		643
	S	ignature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 12955E
Effective:
06/01/2019-06/01/2021

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

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1821 Test Date: 04/16/2020 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
(CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:08pm 12:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	herombe	Instrument Location	sub- Co. Magistre
Instrument Se	erial No. <u>0 0 8663</u> <u>[</u>	Hier, 300 5. Am	arunda Pd., Tarba
The preventive four months a	ve maintenance procedures for the Intoxare:	cimeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		preath simulator thermometer shows
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.		ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	t on theday of were performed on the instrument indi t of Health and Human Services, and th	cated above, in accordance with	
GREAT STATE OF THE	LO ROPE CAROLINA CARO		642
	Signat	ure of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 04/16/2020

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: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:33am 11:34am 11:34am 11:35am 11:36am 11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3283
Test Date: 04/16/2020 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:41am 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

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:42am

Preventive Maintenance Status: Pass

Pass

11:42am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Instrument Location 160	enersville PD
Instrument S	erial No. 00 8650 Ke	mersville inc
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR are:	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exsimulator solution is being changed every four months or afte whichever occurs first.	
procedures	t on theday of, 20 were performed on the instrument indicated above, in accordance w of Health and Human Services, and the instrument is functioning p	
OPEAT SET	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:32pm 5:33pm
ACCY CHK	.08	5:33pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:35pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1611
Test Date: 04/15/2020 Test Time: 5:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:39pm
FLO	Pass	5:39pm
FC	Pass	5:39pm

Temperature Tests

Test	Status	Time
FCl	Pass	5:40pm
SRC	Pass	5:40pm
DET	Pass	5:40pm
BAR	Pass	5:40pm
BT	Pass	5:40pm

Blank Tests

Test	Status	Time
AIR	Pass	5:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:40pm

CRC Tests

Test	Status	Time
COMP	Pass	5:40pm
CAL	Pass	5:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	Ston Instrument Location Gaston	County
Instrument Sea	rial No. 008684 Sheriffs Of	fice
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to bre:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
•	on the	•
A STATE OF THE STA	Signature of Certifying Official	Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 04/09/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D Permit Number: 0011-3099 Effective: 11/13/2019-11/13/2021

Officer's Name: NONE, 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	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 4698
Test Date: 04/09/2020 Test Time: 2:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:25pm 2:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Mt. Holly
Instrument Se	rial No. 008733 Police Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of 20 the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE PARTY	Signature of Certifying Official Certificate Number

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/12/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:43pm 3:44pm 3:44pm
AIR BLK SUB TEST	.00	3:45pm 3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733 Test Record Number: 1229
Test Date: 04/09/2020 Test Time: 3:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:51pm 3:51pm
FC	Pass	3:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:52pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:52pm
CAL	Pass	3:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	GATES Instrument Location GATES (0.50.
Instrumer	nt Serial No. 008884 203 Court ST, GATES VILLO N.
The prevention	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu Departn	that on theday of
	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 04/15/2020

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

Subject'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:
07/08/2019-07/08/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:43pm 2:44pm 2:44pm 2:46pm
SUB TEST AIR BLK SUB TEST	.00	2:46pm 2:47pm 2:49pm
AIR BLK	.00	2:49pm 2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finds . Keed

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 947
Test Date: 04/15/2020 Test Time: 2:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	2:50pm 2:50pm 2:50pm
1. C	rass	2.30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:51pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm

CRC Tests

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	agnuille	Instrument Location	Deadmoor PD
Instrument S	erial No. <u>00 8441</u>	III MASOUR	57 CREELHOUR, NC
The prevention four months		ne Intoximeters, Model Intox ECA	/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		holic breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	; ;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.			expiration date, or the alcoholic breath fer 125 Alcoholic Breath Simulator tests,
procedures v			the forgoing preventive maintenance with current regulations of the N.C. properly.
CREAT SE	E O TOO THE CARD OF THE CARD O	Signature of Certifying Official	Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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	9:57am
DIAG	Pass	
AIR BLK	.00	9:58am
ACCY CHK	.08	9:59am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:03am
ATR BLK	0.0	10.03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1285
Test Date: 04/16/2020 Test Time: 10:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

Temperature Tests

Test	Status	Time
FC1	Pass	10:05am
SRC	Pass	10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
BT	Pass	10:05am

Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	10.05am

Printer Tests

Test	Status	Time
PRNT	Pass	10:05am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:06am
CAL	Pass	10:06am

Preventive Maintenance Status: Pas

// /

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Oxfor	RD	PD	
Instrument Seri	al No. 008923 201 E. Mc CLANAL	dr m	ST	OXFORD N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	o be follo	wed at	least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath sim	ulator 1	hermometer shows
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first.			
procedures we	the	urrent reg		
STATE OF THE PARTY	Signature of Certifying Official		Costi	Ticate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
ATR BLK	0.0	3 · 25pm

Reported AC:

0 g/210L

Signature o Ebemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 2392 Test Date: 04/16/2020 Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:27pm 3:27pm
FC	Pass	3:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:28pm

Pass 3:28pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	arene.	Instrument Location_	Freene	Co. 5.0
Instrument Se	erial No. <u>008670</u>	301 41. 6	Steene ST.	Sapul F
The preventive four months a	ve maintenance procedures for the are:	e Intoximeters, Model Intox	EC/IR II to be followed	ed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	alcoholic breath simula	ator thermometer show
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	;		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	e;	
7.	When "PLEASE BLOW" a	appears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		canister is being changed bef changed every four months o		
	t on theday of were performed on the instrumen t of Health and Human Services,	t indicated above, in accord		
TATS OREAS TO THE PROPERTY OF	LO TO THE CARD LINE AND THE CA	Der lu		647
		Signature of Certifying Office	iai (Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 04/23/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

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	12:10pm
AIR BLK	.00	12:10pm
ACCY CHK	.08	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
ATR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1950 Test Date: 04/23/2020 Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

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

Preventive Maintenance Status: Pass

Linex Cech

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	?/cene	Instrument Location 61000	a Co. So
Instrument Ser	rial No. 00 8918	301W. Breeze ST	Swaw Hill, N.C.
The preventive four months as		e Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer show
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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiratio changed every four months or after 125 A	
	ere performed on the instrumer	, 20, the format indicated above, in accordance with cur and the instrument is functioning proper	
A STATE OF THE STA	2 Local Land	Signature of Certifying Official	Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008918 Test Date: 04/14/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
07/08/2019-07/08/2021

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	Pass .00 .08	3:17pm 3:18pm 3:18pm
AIR BLK	.00	3:19pm
SUB TEST AIR BLK	.00	3:20pm 3:20pm
SUB TEST AIR BLK	.00	3:22pm 3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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GREENE COUNTY GREENE CO SO 390

Serial Number: 008918 Test Record Number: 744 Test Date: 04/14/2020 Test Time: 3:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:25pm 3:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Ju</u>	1 Food Instrument Location H oh Pont Tell
Instrument Seria	INO. 008155 Hay Doint Mc
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 5 day of, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test g/210L Time

DIAG	Pass	4:31pm
AIR BLK	.00	4:32pm
ACCY CHK	.07	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 3524
Test Date: 04/15/2020 Test Time: 4:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:39pm 4:39pm
FC	Pass	4:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:39pm
SRC	Pass	4:39pm
DET	Pass	4:39pm
BAR	Pass	4:39pm
BT	Pass	4:39pm

Blank Tests

Test	Status	Time
AIR	Pass	4:39pm

Printer Tests

Test Status Time

PRNT	Pass	4:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:40pm 4:40pm

Preventive Maintenance Status: Pass

Ana lyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location UPC - COL ENSERY	
Instrument Ser	rial No. <u>208604</u> <u>Grashero</u>	
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eure:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	on the	
STATE OF STA		

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	1:50pm 1:51pm 1:51pm 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

Signabuse of Chemical Analysis

Court CVR

Analyst

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1899
Test Date: 04/15/2020 Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:58pm 1:58pm
FC	Pass	1:59pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (7)	Instrument Location Greens have
Instrument Ser	rial No. 008725 Polen Daretment
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE	CAROLINA CAR
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 04/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

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 AIR BLK	Pass	3:17pm 3:18pm
ACCY CHK	.08	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court EVR

Analyst

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4563 Test Date: 04/20/2020 Test Time: 3:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:25pm 3:25pm
FC	Pass	3:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
BT	Pass	3:25pm

Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:26pm 3:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gui	14 Instrument Location High He	nt PD
Instrument Seria	No. 008828 Hob Pe	Bint, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
•	the	
STATE OF THE PARTY	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

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 AIR BLK	Pass	3:40pm 3:41pm
ACCY CHK	.08	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 3354
Test Date: 04/15/2020 Test Time: 3:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	3:48pm
FC	Pass	3:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:49pm
SRC	Pass	3:49pm
DET	Pass	3:49pm
BAR	Pass	3:49pm
BT	Pass	3:49pm

Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm

CRC Tests

Test	Status	Time
COMP	Pass	3:49pm
CAL	Pass	3:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / A	Lifax	Instrument Location_Roam	icke RAPIOS PD
Instrument S	erial No. <u>0 06635</u>	1040 R.A. oke An	re Roanoko Rapuls
The preventi four months		the Intoximeters, Model Intox EC/IR	II to be followed at least once every
I.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcohol .2 degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pror	npted;	
5.	Verify instrument accura	ey;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Progra	m; and	
10.		s canister is being changed before exp g changed every four months or after	
procedures v	were performed on the instrume	ent indicated above, in accordance with and the instrument is functioning pro	h current regulations of the N.C.
TATS OF THE PARTY	Stories Stories	Les BARUS	662
		Signature of Certifying Official	Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 04/15/2020

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

Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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	3:35pm
AIR BLK	.00	3:35pm
ACCY CHK	.08	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1768
Test Date: 04/15/2020 Test Time: 3:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:43pm 3:43pm
FC	Pass	3:43pm

Temperature Tests

Test	Status	Time
FC1	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	3:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:44pm
CAL	Pass	3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HA	LIFAX	Instrument Location Roanok	Kapil: PD
Instrument Se	erial No. <u>008656</u>	1040 Roandle Aus	RUANOKO RAPUS
The preventive four months a		ne Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breat degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	,,	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expiration changed every four months or after 125 A	
	vere performed on the instrument	, 20 27) the formula the indicated above, in accordance with current the instrument is functioning properly.	
CREAT SE	CAROLINI	Nes Baries	662

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:

04/01/2019-04/01/2021

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

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:36pm
AIR BLK ACCY CHK	.00	3:37pm 3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:42pm

Reported AC: 08 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 678
Test Date: 04/15/2020 Test Time: 3:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:43pm 3:43pm
FC	Pass	3:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
BT	Pass	3:43pm

Blank Tests

Test	Status	Time	
ATR	Pass	3 · 44 nm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:44pm
CAL	Pass	3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	ALIFAX Instrument Location HALIF	AL CO. S.O.
Instrument S	erial No008695355	HALIFAY NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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 the	
STATE OF STA	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Certificate Number

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 04/15/2020

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

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

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

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
ATR BLK	0.0	2.42pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 2917 Test Date: 04/15/2020 Test Time: 2:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:47pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	CRC Tests	
Togt	Ctatuc	Timo

rest	Status	111116
COMP	Pass	2:47pm
CAL	Pass	2:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hen	ndrson Instrument Location He	inderson Co. Jail
Instrument Serial	al No. 008806 Henderson 1-;	1k Ne
The preventive m four months are:	maintenance procedures for the Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before estimulator solution is being changed every four months or after whichever occurs first.	
	n the	with current regulations of the N.C.
STATE ON THE STATE OF THE STATE	Signature of Cartifying Official	Cartificate Number

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/12/2019-07/12/2021

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	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.07	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
ATR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 2896
Test Date: 04/13/2020 Test Time: 2:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:34pm 2:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	lenderson Instrument Location	Henderson Co. Jail		
Instrument S	Serial No. <u>008822</u> <u>//en/ers</u>	conville, NC		
The preventi four months	tive maintenance procedures for the Intoximeters, Model Into	x EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	e alcoholic breath simulator thermometer shows		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath samp	ole;		
7.	When "PLEASE BLOW" appears, collect breath samp	ole;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.			
	at on the day of			
STAT	CAR CALL	635		
	Signature of Certifying Off	icial Certificate Number		

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/12/2019-07/12/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test g/2101. Time

ICSC	9/2101	TIME
DIAG	Pass	2:45pm
AIR BLK	.00	2:46pm
ACCY CHK	.08	2:46pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:51pm
ATR BLK	.00	2:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2589
Test Date: 04/13/2020 Test Time: 2:53pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass	2:53pm 2:53pm 2:53pm
	Pass

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:53pm 2:53pm 2:53pm 2:53pm 2:53pm

Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:54pm 2:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	TERTFORD Instrument Location Appswer P.D
Instrument Se	erial No. 008848 705 W. Main ST, Ahoskie
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	t on theday of, 20the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAN STAN STAN STAN STAN STAN STAN STAN	Joseph Cull 647
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

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

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Fries. Ceese

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1473
Test Date: 04/15/2020 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

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

11:41am

11:41am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Hide Instrument Location 4 de (2 S.1)	col
Instrument	Serial No. <u>DD 8797</u> <u>NC 12</u> <u>Duratoke</u> , NC	
The prever	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evare:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
procedur	at on theday of, 20, the foregoing preventive maintens were performed on the instrument indicated above, in accordance with current regulations of the N. at of Health and Human Services, and the instrument is functioning properly.	ance C.
STATE CORN. SE	ATE O TO THE CAROLLE STATE OF THE STATE OF T	
	Signature of Certifying Official Certificate Numb	er

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective: 06/01/2019-06/01/2021

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 AIR BLK ACCY CHK	Pass .00 .08	11:07am 11:07am 11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
ATR BLK	0.0	11.13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 583 Test Date: 04/14/2020 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:16am
CAL	Pass	11:16am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location / /	4ap (0.50
Instrument Se	erial No. <u>008801</u> 1 <u>233 Man St</u>	Swan Quartes, M.C
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR are:	. II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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.	
	t on theday of	
TATE OF THE CORE AT THE OF THE	E S NORTH CAROLINE	642
	Signature of Certifying Official	Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Togt g/2101 Timo

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:11am 10:11am 10:12am 10:13am 10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am

Reported AC: .00 g/220L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 542
Test Date: 04/17/2020 Test Time: 10:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

Blank Tests

Test	Status	Time
AIR	Pass	10:19am

Printer Tests

Test	Status	Time
PRNT	Pass	10:19am
	CRC Tests	
Test	Status	Time
COMP	Pass	10.19am

Preventive Maintenance Status: Pass

Pass

CAL

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

10:19am

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument S	erial No. <u>008619</u>	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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 the day of Assample of the fewere performed on the instrument indicated above, in accordance with curr of Health and Human Services, and the instrument is functioning properly	
STATE OF THE PROPERTY OF THE P	Signature of Certifying Official	Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 04/16/2020

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: Hays, Mark D
Permit Number: 0011-3099
Effective:
11/13/2019-11/13/2021

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

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

Test	g/210L	Time
DIAG	Pass	10:32am
AIR BLK	.00	10:33am
ACCY CHK	.08	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1699
Test Date: 04/16/2020 Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:40am 10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:41am 10:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the day of Apalage of 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.	County	Iredell Instrument Location Mouresville PD
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the Agy of Apol , 20 20, the foregoing 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.	Instrumen	t Serial No. 008685 950 W. Iradell Ave, Mouresville
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. 1 certify that on the day of Apalage 200, the foregoing 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.	•	
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the day of Apara , 20 do , the foregoing 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.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the day of Apala, 2000, the foregoing 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.	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. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the day of Apara , 20 20, the foregoing 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.	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. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the day of April 2000, the foregoing 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.	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the day of April 2000, the foregoing 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.	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the day of day of 2000, the foregoing 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.	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the day of day	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the day of April 200, the foregoing 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.	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the day of day	9.	Verify Diagnostic Program; and
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.	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
STATE OF THE STATE	procedure	es were performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Continue Details	COLLA	ATE NO.

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/09/2019-07/09/2021

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 AIR BLK	Pass .00	11:45am 11:46am
ACCY CHK	.07	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 3371
Test Date: 04/16/2020 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

Test Sta	
IR Pas FLO Pas FC Pas	ss 11:53am

Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test	Status	Time
1000		
PRNT	Pass	11:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:54am

Pass

11:54am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath sing 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample;	(a Doestin Cen
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample;	/c
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample;	llowed at least once every
 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; 	mulator thermometer shows
 Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 	
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 	
6. When "PLEASE BLOW" appears, collect breath sample;7. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
2	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.	
I certify that on the	
Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008863 Test Date: 04/07/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIRG	-	1000
DIAG	Pass	10:03am
AIR BLK	.00	10:03am
ACCY CHK	.08	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
ATP BIK	$\cap \cap$	10.09am

Reported AC:

/00/g/210T

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

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008863 Test Record Number: 761
Test Date: 04/07/2020 Test Time: 10:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Selvin	Police Dept.
Instrument S	erial No. (Y) 8575	16
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ala whichever occurs first.	
I certify tha	t on the day of, 20, the foreg	oing preventive maintenance
	were performed on the instrument indicated above, in accordance with curre t of Health and Human Services, and the instrument is functioning properly	
•		
STA	CANO	v v
ON OUNH		654
	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

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	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.07	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: 1.09 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

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1441
Test Date: 04/13/2020 Test Time: 2:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
BT	Pass	2:18pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:18pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm

CRC Tests

Test	Status	Time
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County John	Instrument Location Cla, to	N /clice Dept
Instrument Seria	No. 00 8658 Clayton	, HC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
	the	
STATE OF THE PARTY	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:08pm 1:09pm 1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm

Reported ACV .00 9/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 1605
Test Date: 04/13/2020 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:15pm 1:15pm
FC	Pass	1:15pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

Test	Status	Time
PRNT	Pagg	1.16pm

CRC Tests

Test	Status	Time
COMP	Pass	1:16pm
CAL	Pass	1:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location	Doterly Centox
Instrument Seri	al No. <u>108910</u> <u>Smithtall</u>	, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
	n the, 20, the foregree performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly	
STATE OF THE PARTY	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 04/13/2020

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

Subject'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:
11/04/2019-11/04/2021

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

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

	Time
Pass .00 .08 .00 .00 .00	2:58pm 2:59pm 2:59pm 3:00pm 3:01pm 3:02pm
	3:03pm 3:04pm
	.00 .08 .00

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 4048
Test Date: 04/13/2020 Test Time: 3:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:06pm 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

Blank Tests

Test	Status	Time
ΔTR	Dagg	3 · 0.7 mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm

CRC Tests

Test	Status	Time
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Strustari Co. Instrument Location Tohnstori Co Deterition Center
Instrument Se	erial No008846
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of , 20 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 04/29/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:26pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
ATD DIE	$\cap \cap$	12.22mm

Reported ACA . 00 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 5138
Test Date: 04/29/2020 Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:34pm

Pass

12:34pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Let (a. Instrument Location Lee (a TR.)
Instrument	Serial No. 00 8645 5an 6rd 110
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
SECTION OF	Signature of Certifying Official Certificate Number

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 04/14/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
11/04/2019-11/04/2021

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	3:23pm
AIR BLK	.00	3:23pm
ACCY CHK	.08	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm

Reported As: .

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 2010 Test Date: 04/14/2020 Test Time: 3:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

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	3:31pm
CAL	Pass	3:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location SAY	ce telice les.
Instrument So	erial No. NO 896 SANTERED	1/(
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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.	
	ton the	
STAN STAN STAN STAN STAN STAN STAN STAN	Signature of Certifying Official	Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:01pm
ACCY CHK	.08	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4 - 04pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm

Reported AC: /.00

/00 a/210T

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 00886 "est Pedord Number: 1155 Test Date: 04/14/20.0 Test Dime: 4:08pm PD7

System Check: Fissed

Baseline Tests

Test	Status	*** 1750
IR	Pass	4:08.nm
FLO	Pass	4:08 pm
J'C	Pass	4 · 08pm

Temperature Tests

Test	Smathis	Time
FCJ.	Pass	4:08pm
SRC	Pass	1:08pm
DET	Pass	4:08pm
BAR	Pass	4:08.jn
BT	Pass	4:08.pm

Blank Tests

Test	Status	Time
ATH	Pann	4 : 0.9mm

Printer Tests

Test	Status	12.0%
PRNT	Pass	4:09pm

CRC Tests

teac	status	7.3 mg*
COMP	Pagg	4:09pm
CAL	Pans	4:09pm

Preventive Maintenance /Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ENOIR	Instrument Location Lena	111 CD 5.0
Instrument Se	erial No. <u>008639</u>	130 Queen ST.	KINSTON, N. C
The preventive four months a		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirati hanged every four months or after 125	
	were performed on the instrument	, 20 , the fort indicated above, in accordance with cound the instrument is functioning prop	- C
STAN STAN	E & Age	mes there	647
	S	ignature of Certifying Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:40pm 12:41pm 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: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3414
Test Date: 04/14/2020 Test Time: 12:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:47pm 12:47pm 12:47pm 12:47pm 12:47pm
BI	Pass	12:4/pm

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

CAL Pass 12:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Location Mar	4,11 80
Instrument Se	rial No. (20) 8 5 8 2 Mars 4 11 No.	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
procedures w	on the	ent regulations of the N.C.
STATE OF THE PROPERTY OF THE P		635
	Signature of Certifying Official	Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/12/2019-07/12/2021

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	2:41pm
AIR BLK	.00	2:41pm
ACCY CHK	.07	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1154
Test Date: 04/14/2020 Test Time: 2:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:49pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:49pm 2:49pm 2:49pm 2:49pm 2:49pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:49pm 2:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

dison	Instrument Location Mad 150	n Co 14.1
al No	Marshall, NC	
	kimeters, Model Intox EC/IR II to be f	ollowed at least once every
		simulator thermometer show
Verify instrument displays time an	nd date;	
Initiate breath test sequence;		
Enter information as prompted;		
Verify instrument accuracy;		
When "PLEASE BLOW" appears	s, collect breath sample;	
When "PLEASE BLOW" appears	s, collect breath sample;	
Print test record;	*	
Verify Diagnostic Program; and		
re performed on the instrument indi	cated above, in accordance with curren	ing preventive maintenance nt regulations of the N.C.
Acontinue Continue Co	R. Cuth	Certificate Number
	maintenance procedures for the Intores: Verify the ethanol gas canister disgast degrees, plus or minus .2 degree Verify instrument displays time and Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears When "PLEASE BLOW" appears Print test record; Verify Diagnostic Program; and Verify that the ethanol gas caniste simulator solution is being change whichever occurs first. In the	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be formation as prompted; Verify the ethanol gas canister displays pressure, or the alcoholic breath 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; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alcoholic program; and

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/12/2019-07/12/2021

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 AIR BLK ACCY CHK	Pass .00 .08	12:25pm 12:26pm 12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
ATR BLK	. 00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1095 Test Date: 04/14/2020 Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:33pm 12:33pm 12:33pm 12:33pm 12:33pm
	Labb	12.33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

Printer Tests

Test	Status	Time
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

Coi	unty <u>M</u>	MARTIN Instrument Location MAPTIAL C	n 5.0.	
Ins	trument Se	Serial No. <u>508912</u> 305 F MAIN ST M	The MEDIN	
	e preventiv	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed are:	d at least once every	
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulat 34 degrees, plus or minus .2 degree centigrade;	tor thermometer show	
	2.	Verify instrument displays time and date;		
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" appears, collect breath sample;		
	7.	When "PLEASE BLOW" appears, collect breath sample;		
	8.	Print test record;		
	9.	Verify Diagnostic Program; and		
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic B whichever occurs first.		
pr		at on theday of, 20, the foregoing prewere performed on the instrument indicated above, in accordance with current regulat of Health and Human Services, and the instrument is functioning properly.	ventive maintenance ations of the N.C.	
A GREAT	STATE OF THE PROPERTY OF THE P	- Incl A. Level	ertificate Number	

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	3:24pm 3:24pm 3:25pm 3:26pm 3:27pm
AIR BLK	.00	3:28pm
SUB TEST AIR BLK	.00	3:29pm 3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

mex. Kees

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1576
Test Date: 04/17/2020 Test Time: 3:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass Pass	3:31pm 3:31pm
Pass	3:31pm
Pass	3:31pm
Pass	3:31pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:32pm

Preventive Maintenance Status: Pass

Pass 3:32pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1 Devel!	Instrument Location M	Doull (U. Jai)
Instrument S	erial No. <u>008888</u>	Musio WE	
The prevention four months		e Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		lic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument i	, 20 , 20 indicated above, in accordance with d the instrument is functioning pro	
STATE OF STA	12	ignature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:37am 11:38am 11:39am
AIR BLK	.00	11:40am
SUB TEST AIR BLK	.00	11:40am 11:41am
SUB TEST AIR BLK	.00	11:43am 11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1546
Test Date: 04/14/2020 Test Time: 11:44am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11.45am

Printel Tests

Test	Status	Time
PRNT	Pass	11:46an
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1 Devel!	Instrument Location M	Doull (U. Jai)
Instrument S	erial No. <u>008888</u>	Musio WE	
The prevention four months		e Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		lic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	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.	Verify Diagnostic Program;	and	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument i	, 20 , 20 indicated above, in accordance with d the instrument is functioning pro	
STATE OF STA	12	ignature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:37am 11:38am 11:39am
AIR BLK	.00	11:40am
SUB TEST AIR BLK	.00	11:40am 11:41am
SUB TEST AIR BLK	.00	11:43am 11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1546
Test Date: 04/14/2020 Test Time: 11:44am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11.45am

Printel Tests

Test	Status	Time
PRNT	Pass	11:46an
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	11: ±6am 11:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	1 Down	Instrument Location	Ve11 (0)
Instrument S	erial No	Maria WC	
The preventi		Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic b legree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expirate anged every four months or after 125	
procedures w	vere performed on the instrument in	20 2 the dicated above, in accordance with cu the instrument is functioning properly	rrent regulations of the N.C.
STATION OF	(Mr.	000	6 5 8
	Sig	nature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:25am 11:26am 11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
ATR BLK	0.0	11:32am

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

Chu Je

Rev. 12/2007

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 843
Test Date: 04/14/2020 Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:33am 11:33am
FC	Pass	11:33am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:33am 11:33am
DET	Pass	11:33am
BAR	Pass	11:33am
BT	Pass	11:33am

Blank Tests

Test	Status	Time
ΛTD	Dagg	11.3/am

Printer Tests

Test

PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time

Status Time

COMP Pass 11:34am CAL Pass 11:34am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1 Down	Instrument Location	Well to J
Instrument S	erial No	Maris WC	
The preventi		Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic blegree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expirat anged every four months or after 125	
procedures w	vere performed on the instrument in	20 24 the dicated above, in accordance with cuthe instrument is functioning proper	rrent regulations of the N.C.
STATION OF	(Mr.	Don	658
	Sig	gnature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, $CHAD\ V$

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:25am 11:26am 11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

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

Chu Je

Rev. 12/2007

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 843
Test Date: 04/14/2020 Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:33am 11:33am
FC	Pass	11:33am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:33am 11:33am
DET	Pass	11:33am
BAR BT	Pass Pass	11:33am 11:33am

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Test

CAL

PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:34am

Status Time

11:34am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_//	lecklerbug Instrument Location Macklerbug Canty		
Instrument S	erial No. 008690 Shorts Office		
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
•	t on the		
STAT STATE OF STATE O	Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 04/13/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG934303 Exp Date: 12/09/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	1:11pm 1:12pm
ACCY CHK	.08	1:13pm
AIR BLK SUB TEST	.00	1:14pm 1:16pm
AIR BLK	.00	1:17pm
SUB TEST AIR BLK	.00	1:19pm 1:20pm
AIK DLK	.00	1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Record Number: 6519
Test Date: 04/13/2020 Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_//	Instrument Location CMRD-LEC
Instrument So	erial No. 00869/
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of , 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE PARTY	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

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	1:55pm
AIR BLK	.00	1:55pm
ACCY CHK	.08	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:02pm
ATP BIK	0.0	$2 \cdot 0.3 \text{rm}$

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 8089
Test Date: 04/13/2020 Test Time: 2:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:04pm 2:04pm
FC	Pass	2:04pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:05pm

CAL Pass 2:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Cornelius PD		
Instrument Seria	II No. 008692		
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before 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 Agriculture of the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
STATE OF THE PARTY	Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D Permit Number: 0011-3099 Effective:

11/13/2019-11/13/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:21pm 3:22pm 3:23pm 3:24pm 3:24pm 3:25pm 3:27pm

3:28pm

Reported AC: 00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 2992 Test Date: 04/13/2020 Test Time: 3:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Cck laburg Instrument Location Mathe	ens PD
Instrument So	erial <u>No 0086 99</u>	
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	
	day of day of , 20 20, the forwere performed on the instrument indicated above, in accordance with cut of Health and Human Services, and the instrument is functioning proper	
STATE OF THE PROPERTY OF THE P	Signature of Certifying Official	Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 04/13/2020

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

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

Analyst's Name: Hays, Mark D
Permit Number: 0011-3099
Effective:
11/13/2019-11/13/2021

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

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2840
Test Date: 04/13/2020 Test Time: 12:24pm EDT

System Check. Fassed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:25pm 12:25pm
FC	Pass	12:25pm

Temperature Tests

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

Blank Tests

Test	Stat	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance Status: PASS

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

M	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Fine VINC PU
Instrument Ser	ial No. 008703
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of
STATE OF THE PROPERTY OF THE P	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/21/2021

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: \00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5847
Test Date: 04/13/2020 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	11:28am 11:28am 11:28am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:29am

Pass

11:29am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 777,	tchell	Instrument Location	DICILE	Pine	P.D.
Instrument Seri	al No. 208726	Spinet Pin	e, NC		
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox EC/	IR II to be fol	lowed at leas	t once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcohegree centigrade;	nolic breath si	mulator therr	nometer show
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	pears, collect breath sample;			
7.	When "PLEASE BLOW" app	pears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.		nister is being changed before eanged every four months or aft			
•	n theday of re performed on the instrument f Health and Human Services, an		with current		
STATE OF THE STATE	CAROUN	R. Cutha		43	
	Sig	gnature of Certifying Official		Certificat	e Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTINANCE

Subject'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:
07/12/2019-07/12/2021

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

Test Type: Breath Test

Lot Number: A5920301 Exp Date: 07/22/2021

Test	g/210L	Time
DEAG	Pass	12:52pm
AIR BLK	.00	12:53pm
ACCY CHK	. 08	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:55pm
AIR BLK	. () ()	12:56pm
SUB TEST	.00	12:58pm
AIR BLK	. ()()	12:59pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Count. CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Fumber: 008726 Test Record Number: 1037 Test Date: 04/15/2020 Test Time: 1:00pm EDT

Bystem Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass Pass	1:00pm
E' L	rass	1:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:0 pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time
AIF	Pass	1:01pm

Printer Tests

Test	Status	Time
PRIT	Pass	1:01pm

CRC Tests

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	Instrument Location fire bus	ST Telue Dept
Instrument Se	erial No. (,/(
The preventing four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to lare:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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 theday of, 20, the forevere performed on the instrument indicated above, in accordance with cur of Health and Human Services, and the instrument is functioning proper	
STATION STATION OF THE CHAPTER OF TH	Signature of Certifying Official	654
	Signature of Certifying Official	Certificate Number

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

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	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
ATR BLK	0.0	3 · 11 nm

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

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Record Number: 1663 Test Date: 04/16/2020 Test Time: 3:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:13pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	be followed at least once every
four months	are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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 theday of, 20 the fowere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	
PATE CONTY OF THE	CARCULATION OF THE PROPERTY OF	
Old Control	1 toes Anos	642
	Signature of Certifying Official	Certificate Number

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

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	12:12pm
AIR BLK		12:13pm
ACCY CH	K .08	12:13pm
AIR BLK	.00	12:14pm
SUB TES	T .00	12:15pm
AIR BLK	.00	12:16pm
SUB TES	T .00	12:17pm
AIR BLK	.00	12:18pm

Reported AC: _ .00 g/210L

Signatur of Chemical Analyst

Court CVR

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Record Number: 4751 Test Date: 04/15/2020 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

	Time	
IR Pass 12:1 FLO Pass 12:1 FC Pass 12:1	9pm	

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	12:20pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1/2	SH Instrument Location	ROCKY	Mount 1	<u>DD</u>
Instrument Se	rial No. 008740 #/ Government	r Pl.	Rock	Momit N
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox re:	EC/IR II t	o be followed a	at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic b	oreath simulator	thermometer show
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath samp	le;		
7.	When "PLEASE BLOW" appears, collect breath samp	le;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.			
	on the	nce with c	urrent regulatio	ventive maintenance ns of the N.C.
AHOLD BY	Signature of Certifying Offi	221	- Con	tificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

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	10:56am
AIR BLK ACCY CHK	.00 .0 7	10:56am 10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
ATR BLK	.00	11.02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 742 Test Date: 04/15/2020 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am

CRC Tests

Test	Status	Time
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance Status: Pass

Acetyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	ASH	Instrument Location ROCK /	Momi PD
Instrument So	erial No. 008741	#1 GOVERNMENT PL	Rocky Mond
The prevention four months a	•	e Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breat degree centigrade;	h simulator thermometer show
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" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125 Al	
procedures v		, 20 the fo indicated above, in accordance with curre and the instrument is functioning properly.	
STAN STAN	0+06	5 James	662
	S	Signature of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 04/15/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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 AIR BLK ACCY CHK	Pass .00 .07	10:57am 10:58am 10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2554 Test Date: 04/15/2020 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:04am 11:04am
DET	Pass	11:04am
BAR BT	Pass Pass	11:04am 11:04am

Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

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

CAL Pass 11:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location NEW	HAMOVER CO	
Instrument S	erial No. <u>008617</u>	ENTION CENTE	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;	Initiate breath test sequence;	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; 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.		
	t on the		
SIA SIE	al Ra Bana	648	
	Signature of Certifying Official	Certificate Number	

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Date: 04/17/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	9:40am
AIR BLK	.00	9:40am
ACCY CHK AIR BLK	.08	9:41am 9:42am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Rg Bana Analyst

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 3200 Test Date: 04/17/2020 Test Time: 9:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47am
FLO	Pass	9:47am
FC	Pass	9:48am

Temperature Tests

Test	Status	Time
FC1	Pass	9:48am
SRC	Pass	9:48am
DET	Pass	9:48am
BAR	Pass	9:48am
BT	Pass	9:48am

Blank Tests

Test	Status	Time
ATR	Pass	9:48am

Printer Tests

Test	Status	Time
PRNT	Pass	9:48am

CRC Tests

Test	Status	Time
COMP	Pass	9:48am
CAL	Pass	9:48am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_N	W HANOVER Instrument Location New	HAMOVER CO
Instrument Se	rial No. 008676 DE TE	NTION CENTER
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 whichever occurs first.	
	on the	
STATI	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Date: 04/17/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Ilm Ra 1:

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Record Number: 7734
Test Date: 04/17/2020 Test Time: 9:41am EDT

System Check: Passed

Baseline Tests

 1am 1am 2am

Temperature Tests

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
BT	Pass	9:42am

Blank Tests

Test	Status	Time
AIR	Pass	9:42am

Printer Tests

Test	Status	Time
PRNT	Pass	9:42am

CRC Tests

Test	Status	Time
COMP	Pass	9:43am
CAL	Pass	9:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NEW HANOVER	Instrument Location_	WILMINGTON
Instrumen	nt Serial No. <u>008628</u>		POLICE DEPT
The preve		oximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample	e;
7.	When "PLEASE BLOW" appear	ars, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedui	that on the day of A res were performed on the instrument in the tof Health and Human Services, and	dicated above, in accord	, the foregoing preventive maintenance ance with current regulations of the N.C. oning properly.
COEFO	STATE OF THE STATE	2 1	39.74 F.m.
- Maga	Sign	ature of Certifying Office	cial Certificate Number
	- 8	, ,	

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 15671E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:45pm 3:46pm 3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Benes

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 5265
Test Date: 04/16/2020 Test Time: 3:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
EC1	Dogg	2 . 52.00
FC1	Pass	3:53pm
SRC	Pass	3:53pm
DET	Pass	3:53pm
BAR	Pass	3:53pm
BT	Pass	3:53pm

Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

Printer Tests

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

TESC	Status	111116
COMP	Pass	3:54pm
CAL	Pass	3:54pm

Preventive Maintenance Status: Pass

Clar Rg Bens

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No	Instrument Location (P. P. L.)	1T3V1	LLE BEACH
Instrument Se	erial No. 008667	LICE	DEPT.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followe	d at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simula	tor thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;	1.70	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expirati simulator solution is being changed every four months or after 125 whichever occurs first.		
	on the	rrent regula	
STAN STAN STAN STAN STAN STAN STAN STAN	Mar Can Barrer		648
	Signature of Certifying Official	- (Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 04/16/2020

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

Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:28pm 1:29pm 1:30pm 1:31pm 1:31pm 1:32pm
SUB TEST AIR BLK	.00	1:34pm 1:34pm
HIK DUV	. 00	T:240III

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ry Ben Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 198
Test Date: 04/16/2020 Test Time: 1:38pm EDT Test Record Number: 1980

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1/2	orthompton In	nstrument Location North	to 650.
Instrument Se	erial No008607	Tw. Jefferson St	JACKSMINE
The preventive four months a	ve maintenance procedures for the Intoxinare:	meters, Model Intox EC/IR II to be fi	followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	ays pressure, or the alcoholic breath centigrade;	simulator thermometer show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration de every four months or after 125 Alco	
procedures v	on theday of vere performed on the instrument indicate of Health and Human Services, and the in	ed above, in accordance with current	going preventive maintenance regulations of the N.C.
CAREAT STATE OF THE STATE OF TH	Sala Simon	re of Certifying Official	Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 04/15/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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 AIR BLK	Pass	1:39pm 1:40pm
ACCY CHK	.07	1:41pm
AIR BLK SUB TEST	.00	1:42pm 1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Stoken (SADER)

of Chemical Analyst

Court CVR

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NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1035 Test Date: 04/15/2020 Test Time: 1:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm

CRC Tests

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

Preventive Maintenance

Starus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Virtha	m pton	Co.	50.
Instrument S	erial No. 008688 105 W. Jofferson St	JA	eksm	, 24
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followe	d at least	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simula	tor therm	ometer show
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 whichever occurs first.			
	on theday of, 20 20 the were performed on the instrument indicated above, in accordance with cur of Health and Human Services, and the instrument is functioning properly	теnt regula	reventive tions of th	maintenance ne N.C.
THE STATE OF THE S	Signature of Certifying Official		ertificate	Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 04/15/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.07	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 856 Test Date: 04/15/2020 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Status	Time
Pass	1:48pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location_	MCA5	NEW KINE:
Instrument	t Serial No. 008901		Pric)
The prever	ntive maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed	ed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		alcoholic breath simul	ator thermometer shows
2.	Verify instrument displays til	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.			
procedur	hat on the day of es were performed on the instrument ent of Health and Human Services, a		ance with current regi	eventive maintenance plations of the N.C.
	CARD	Re Ban		648
	S	ignature of Certifying Office	cial	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008901 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:18pm 1:18pm 1:19pm 1:20pm
AIR BLK SUB TEST	.00	1:22pm 1:23pm
AIR BLK	.00	1:23pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008901 Test Record Number: 1237 Test Date: 04/09/2020 Test Time: 1:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:26pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
ATR	Pagg	1.26pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location CAMP	LEJEUNE
Instrument S	Serial No. <u>008920</u>	PM	10
The prevent four months		eximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	B	
10.		ster is being changed before expiration of ged every four months or after 125 Alc	
-	were performed on the instrument in	dicated above, in accordance with curre the instrument is functioning properly.	nt regulations of the N.C.
CONT.		2 1	640
	(elle	nature of Certifying Official	Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 15671E

Effective:

06/01/2019-06/01/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1791 Test Date: 04/13/2020 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:47pm 1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:47pm 1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:48pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location		
Instrument Seria	rial No008931	DETENTI	UN CENTE
The preventive i	re maintenance procedures for the Intoximeters, Model Intox EC	/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	holic breath simulat	tor thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first.		
	on the, 20, 20, 20, 20, 20, 20	e with current regul	ventive maintenance ations of the N.C.
STATE	Can Ry Ban	<u></u>	648

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 15671E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:42pm
AIR BLK	.00	3:43pm
ACCY CHK	.07	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Rg Bans

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 3288 Test Date: 04/09/2020 Test Time: 3:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:49pm
FLO	Pass	3:49pm
FC	Pass	3:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC	Pass	3:50pm
DET	Pass	3:50pm
BAR	Pass	3:50pm
BT	Pass	3:50pm

Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:51pm

Pass

3:51pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ON3LOW	Instrument Location 0 N 5	LOW COUNTY
Instrument S	erial No. <u>008932</u>		TENTION CENT
The preventi four months		toximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic bre gree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiration in the steel s	
	were performed on the instrument in	dicated above, in accordance with cut the instrument is functioning prope	rrent regulations of the N.C.
SEA.		D. B.	649
	Sign	nature of Certifying Official	Certificate Number

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 15671E
Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:44pm 3:45pm 3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Rg Bones

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 5510
Test Date: 04/09/2020 Test Time: 3:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO	Pass	3:52pm
FC	Pass	3:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

Blank Tests

Test	Status	Time
AIR	Pass	3:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm

CRC Tests

Test	Status	Time
COMP	Pass	3:53pm
CAL	Pass	3:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OR	Instrument Location	ion /+ (Isburux L F)
Instrument So	erial No. <u>208799</u>	Churton Si_Hills bolough, u
The prevention four months	ve maintenance procedures for the Intoximeters, Model Ir	ntox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alcoholic breath simulator thermometer shows
2.	Verify instrument displays 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.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	
procedures v	on the /3 day of A.A. were performed on the instrument indicated above, in according to the second of Health and Human Services, and the instrument is fund	ordance with current regulations of the N.C.
CREAT STATE OF THE	Signature of Certifying O	Official Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

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 AIR BLK ACCY CHK	Pass .00 .08	3:33pm 3:34pm 3:35pm
AIR BLK	.00	3:36pm
SUB TEST AIR BLK	.00	3:36pm 3:37pm
SUB TEST	.00	3:39pm

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 3190 Test Date: 04/13/2020 Test Time: 3:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:42pm

CRC Tests

Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_OA	AUGE	Instrument Location Chapel	H.11 PD
Instrument So	erial No. <u>005 (</u>	Instrument Location Chapel Solution Chapel Chapel Chapel Chapel Chapel Chapel Chapel Chapel	
The prevention four months		Intoximeters, Model Intox EC/IR II to be	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breat egree centigrade;	th simulator thermometer show
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	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
procedures v	were performed on the instrument in	, 20 20_ the fondicated above, in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance nt regulations of the N.C.
10000	Si	gnature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .0

00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2615
Test Date: 04/14/2020 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:18am
FC	Pass	11:19am

Temperature Tests

Test	Status	Time
EC1	Dagg	11.10am
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Togt	Ctatus	Timo

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location As	INA CO Public
Instrument Se	rial No. <u>008950</u> <u>Safary Bldg.</u> 20	the city N.C.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be ure:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
	on theday of, 20, the foregovere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	
TARES OF THE STATE	Signature of Certifying Official	Cartificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 04/09/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/08/2019-07/08/2021

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	12:28pm
AIR BLK	.00	12:28pm
ACCY CHK	.08	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lines Keese

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1765
Test Date: 04/09/2020 Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; 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 Simula whichever occurs first. I certify that on the	LOUNT	ocation PENDER	Instrument Locati	PENDER	County
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; 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 Simula whichever occurs first.	CENT	DETENTION	-	erial No	Instrument So
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; 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 Simula whichever occurs first. I certify that on the	once every	el Intox EC/IR II to be followed at lea	toximeters, Model In		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; 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 Simula whichever occurs first. I certify that on the 15 day of APRIC 120, the foregoing preventive maintiprocedures were performed on the instrument indicated above, in accordance with current regulations of the	ometer shows	or the alcoholic breath simulator the			1.
 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 Diagnostic Program; and 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 Simula whichever occurs first. I certify that on the			and date;	Verify instrument displays time	2.
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and 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 Simula whichever occurs first. I certify that on the				Initiate breath test sequence;	3.
 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; 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 Simula whichever occurs first. I certify that on the				Enter information as prompted;	4.
 When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and 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 Simula whichever occurs first. I certify that on the				Verify instrument accuracy;	5.
 8. Print test record; 9. Verify Diagnostic Program; 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 Simula whichever occurs first. I certify that on the		h sample;	ars, collect breath sa	When "PLEASE BLOW" appe	6.
9. Verify Diagnostic Program; 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 Simula whichever occurs first. I certify that on the		h sample;	ars, collect breath sa	When "PLEASE BLOW" appe	7.
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 Simula whichever occurs first. I certify that on the				Print test record;	8.
simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the			i	Verify Diagnostic Program; and	9.
procedures were performed on the instrument indicated above, in accordance with current regulations of the				simulator solution is being char	10.
STAIF CHO		accordance with current regulations	dicated above, in acc	vere performed on the instrument in	procedures
Signature of Certifying Official Certificate Nur	18_ Number	Beno C	- Ry 1	Cl.	STA

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 04/15/2020

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

Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 2624
Test Date: 04/15/2020 Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
BT	Pass	11:24am

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25am 11:25am

Preventive Maintenance Status: Pass

ale Rg Bans

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PENDER COUNTY
Instrument	Serial No. 008946 DE TENTION CENTE
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the
	Signature of Certifying Official Certificate Number

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Date: 04/15/2020

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Rg Bens Analyst

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Record Number: 1084
Test Date: 04/15/2020 Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

Test St	tatus '	Time
FLO Pa	ass	11:46am 11:46am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	EMBER	Instrument Location	PENBER	COUNTY
Instrument Ser	ial No. 008948		GOVERNA	COUNTY LENT ANNEX
The preventive four months ar	e maintenance procedures for the le:	Intoximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simu	ulator thermometer shows
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" appears, collect breath sample;			
7.	When "PLEASE BLOW" app	pears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.			
procedures we	on the day of A ere performed on the instrument of Health and Human Services, ar	indicated above, in accord	ance with current re	
STATE OF THE PROPERTY OF THE P	Signal Si	gnature of Certifying Office	cial	Certificate Number

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 04/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 992
Test Date: 04/16/2020 Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Per	quimans	Instrument Location	mans Co. S.O.
Instrument Ser	ial <u>No.()</u> D 8921	110 N. Church St.	Hertford, NC
The preventive four months ar		he Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .	ister displays pressure, or the alcoholic brea 2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	pted;	
5.	Verify instrument accuracy	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.		s canister is being changed before expiration changed every four months or after 125 A	
-	ere performed on the instrume	, 20, , the foreent indicated above, in accordance with curs, and the instrument is functioning proper	•
The same of the sa	Xen	₹Signature of Certifying Official	Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

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	Pass .00 .08	1:48pm 1:49pm 1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:54pm
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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 929
Test Date: 04/09/2020 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
BT	Pass	1:56pm

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:57pm 1:57pm

Preventive Maintenance Status: Pass

Analyst-

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pe	Instrument Location Forson Co LEC
Instrument Se	erial No008683 120 Court St. Roxbono, NC
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shade degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; 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 te whichever occurs first.
	t on the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	4:22pm
AIR BLK	.00	4:23pm
ACCY CHK	.07	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:27pm
ATR BLK	. 0.0	4:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1680 Test Date: 04/16/2020 Test Time: 4:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Re	Instrument Location Person	Co LEC
Instrument Se	rial No. 008880 120 Court 5,	Roxboro, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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 the day of day of , 20 the former performed on the instrument indicated above, in accordance with current feelth and Human Services, and the instrument is functioning properly.	
STATE OF STA	Signature of Certifying Official	Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 04/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	4:22pm 4:23pm
ACCY CHK	.08	4:24pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1587 Test Date: 04/16/2020 Test Time: 4:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO FC	Pass Pass	4:29pm 4:29pm
	LUDD	1.250

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	4 · 3 0 mm

Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC	(o. Dotantion (o.
Instrument So	erial No. 10086416 124 New Hope 12	1., Greenville, MC
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	o be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	
	t on theday of, 20, the fowere performed on the instrument indicated above, in accordance with or of Health and Human Services, and the instrument is functioning prop	
TATO GREAT STATE	CANOLINA	Lotez
	Signature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 12955E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:36pm 2:36pm 2:37pm
ACCY CHK	.08	2:37pm 2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 3999
Test Date: 04/13/2020 Test Time: 2:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

Blank Tests

Test	Status	Time
AIR	Pass	2:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:45pm

CRC Tests

Test	Status	Time
COMP	Pass	2:45pm
CAL	Pass	2:45pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Se	erial No. 008662 124 New Hare R	J. GLORILIE , N.
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	
•	t on theday of, 20, the were performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning pr	•
CORT	CANO	

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 1153

Test Date: 04/13/2020 Test Time: 3:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:14pm 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	Pass	3:15pm
CAL	Pass	3:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	·H	Instrument Location	n P.D
Instrument S	erial No. 100 8666	4144 Was Ave.	Aden, NC.
The preventi four months		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	simulator solution is being of whichever occurs first.	canister is being changed before expirate changed every four months or after 125	
	were performed on the instrumen	t indicated above, in accordance with cand the instrument is functioning prop	current regulations of the N.C.
STA	CAROULUS CAROUCUS CAROULUS CAR		11.3
The state of the s	All	Signature of Certifying Official	Certificate Number
		G Of the July of the officer	Continuate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:07pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
ATR BLK	.00	$3:1.3\mathrm{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 1170 Test Date: 04/16/2020 Test Time: 3:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC:	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Po	Instrument Location Polk County LE	
Instrument Seri	I No. 008832	
The preventive four months are	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	eter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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 Simula whichever occurs first.	
	the day of, 20 the forgoing preventive main performed on the instrument indicated above, in accordance with current regulations of the National Health and Human Services, and the instrument is functioning properly.	
CREATE OF THE PARTY OF THE PART	Signature of Certifying Official Certificate Nur	nher

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 04/02/2020

Citation Number: M00000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D
Permit Number: 0011-3099
Effective:
11/13/2019-11/13/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:54pm
ACCY CHK	.07	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	1.2:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1564
Test Date: 04/02/2020 Test Time: 1:02pm EDT

System Check: Passed

Baseline Tests

Test :	Status	Time
FLO	Pass Pass Pass	1:03pm 1:03pm 1:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
S.RC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:04pm

CRC Tests

Tent	Status	Time
COMP CAL	Pass Pass	1:04pm 1:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Polk County LEC
Instrument Ser	ial No. 008881
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
STATE OF THE PARTY	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	12:11pm 12:12pm
ACCY CHK	.08	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Record Number: 885
Test Date: 04/14/2020 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time .
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:24pm 12:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location Achide	ale Police Lept
al No. CORMINI Archelole	NC
	e followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
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;	
Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
e performed on the instrument <u>Indicated</u> above, in accordance with curr	
Signature of Certifying Official	Certificate Number
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be: Verify the ethanol gas canister displays pressure, or the alcoholic bready 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; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first. In the

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
11/04/2019-11/04/2021

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	12:49pm
AIR BLK	.00	12:50pm
ACCY CHK	.08	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC: , 80 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1381
Test Date: 04/15/2020 Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:57pm 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 CAL Pass 12:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location A le harrion	el Collagestate office
Instrument Ser	rial No. 008/10/ Lechine hear	HC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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 theday of, 20, the for ere performed on the instrument indicated above, in accordance with cu of Health and Human Services, and the instrument is functioning prope	
STATE OF THE PROPERTY OF THE P	The state of the s	Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 04/16/2020

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:
11/04/2019-11/04/2021

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

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

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:26pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Reported AC: ,0

,00 g/210L

Signature of Chemical Analyst

Court CVR

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RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1209
Test Date: 04/16/2020 Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:33pm 1:33pm
FC	Pass	1:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
ΔTR	Dagg	1.34nm

Printer Tests

Test	Status	Time
PRNT	Pass	1 · 34 nm

CRC Tests

Test	Status	Time
COMP	Pass	1:34pm
CAL	Pass	1:34pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Chronel Co. Instrument Location Archancel	Ce. Macistate Office
Instrument Seri	al NoON8840 fackingham	u, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
	the	
STATE OF STA	Signature of Certifying Official	Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 04/16/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
11/04/2019-11/04/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:24pm 1:25pm 1:26pm 1:27pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm

Reported AC: .00 3/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2425 Test Date: 04/16/2020 Test Time: 1:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:33pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:33pm 1:33pm 1:33pm 1:33pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	1:34pm 1:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Roberton CO. Instrument Location ST Parls Police Defe
Instrument	Serial No. 00 88 H 57 Paul NC
The prever four month	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
~	day of
CORTA	ATE ON THE CONTRACT OF THE CON
	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:32am 10:33am
ACCY CHK	.08	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:39am

Reported AG:

.00 g/210L

ignature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Record Number: 691 Test Date: 04/17/2020 Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:41am 10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Kol - 50/1 (0)	Instrument Location Ken lucke	Palice Dop-	
Instrumen	at Serial No. 608831	Penibroke,	116	
The preve four mont	entive maintenance procedures for the Intoxi	imeters, Model Intox EC/IR II to be for	ollowed at least once every	
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath secentigrade;	simulator thermometer show	
2.	Verify instrument displays time and	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		is being changed before expiration da d every four months or after 125 Alcol		
procedure	that on the day of es were perform ed on t he instrument indica ent of Health and Human Services, an d the	ated above, in accordance with curren	ng preventive maintenance t regulations of the N.C.	
CONTRACTOR	TATE OF THE PARTY		654	
	Signatur	re of Certifying Official	Certificate Number	

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:26pm
ACCY CHK	.08	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
ATR BLK	0.0	12.31pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1070 Test Date: 04/17/2020 Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	12:33pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm

CRC Tests

Test	Status	Time
COMP	Pass	12:33pm
CAL	Pass	12:33pm

Preventive Maintenance Status: Pass

Ānalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	La Desart Co. Instrument Location Keel Springs jalice
Instrument	Serial No
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	day of
THE CORPA	Signature of Certifying Official Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 04/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:30am 11:31am 11:31am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC:

.00 4/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 04/17/2020 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Printer Tests

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

COMP Pass 11:39am CAL Pass 11:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROWAN Instrument Location SALISBURY P.D.
Instrument So	erial No
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
OUR STATE	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Ingle, Larry W

Permit Number: 0035-2495

Effective:

01/09/2020-01/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:05am
AIR BLK	.00	10:06am
ACCY CHK	.08	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am

Reported AC:

00 4/2101

Signature of Chemical Analyst

court &vr

Analyst

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2531 Test Date: 04/15/2020 Test Time: 10:16am EDT

System Check: Passed

Baseline Tests

Test St	atus T	ime
FLO Pa	iss 1	0:17am 0:17am 0:17am

Temperature Tests

Test	Statu	s Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

Blank Tests

Test	Status	Time	
AIR	Pass	10:18am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:18am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:18am 10:18am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX ECTRIF ROWAN Instrument Location ChINA GROVE P. L.
Instrument Ser	ial No. 008862 Instrument Location China Grove, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
STATE OF THE PARTY	Signature of Certifying Official Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Ingle, Larry W

Permit Number: 0035-2495

Effective:

01/09/2020-01/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
ATR BLK	.00	11:28am

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 895
Test Date: 04/15/2020 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:30am 11:30am
FC	Pass	11:30am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am,
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time	
AIR	Pass	11:30am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	

Test	Status	Time	
COMP	Pass	11:31am	
CAL	Pass	11:31am	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	KOWAN Instrume	nt Location	usbury	P.D.
Instrumer	ent Serial No			
The preve	ventive maintenance procedures for the Intoximeters, onths are:	Model Intox EC/IR II	to be followed at	least once every
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra		breath simulator t	thermometer shows
2.	. Verify instrument displays time and date;			
3.	. Initiate breath test sequence;			
4.	. Enter information as prompted;			
5.	. Verify instrument accuracy;			
6.	. When "PLEASE BLOW" appears, collect	oreath sample;		
7.	. When "PLEASE BLOW" appears, collect	oreath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	 Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first. 			
procedu	that on the	ve, in accordance with	i current regulatio	nive maintenance ons of the N.C.
12 12 12 12 12 12 12 12 12 12 12 12 12 1	Signature of Cer	tifying Official	Carti	659
	Signature di Coi	ing Official	Colui	iouto i tuilloti

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Ingle, Larry W

Permit Number: 0035-2495

Effective:

01/09/2020-01/09/2022

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
252000000000000000000000000000000000000		and the state of
DIAG	Pass	10:00am
AIR BLK	.00	10:01am
ACCY CHK	.08	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:06am
AIR BLK/	.00	/110:07am

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court &VR

Analyst

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

Rev. 12/2007

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3111
Test Date: 04/15/2020 Test Time: 10:09am EDT

System Check: Passed

Baseline Tests

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

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
AIR	Pass	10:11am

Printer Tests

Status	Time
Pass	10:11am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	5AMPSON	Instrument Location_	GAMPSON COUNTY
Instrumen	t Serial No. <u>608835</u>	<u> </u>	DETENTION CENTE
The preve four mont		the Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus		alcoholic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample	e;
7.	When "PLEASE BLOW"	appears, collect breath sample	le;
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.			fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedur		ent indicated above, in accord	the foregoing preventive maintenance lance with current regulations of the N.C. ioning properly.
	Military 2017		
	CAROLL	59621 75	
The same	Ch	- Ry Burs	648
		Signature of Certifying Offi	cial Certificate Number

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 04/15/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:44am 8:44am 8:45am 8:47am 8:47am 8:48am 8:50am
AIR BLK	.00	8:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ale Re Barre

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 2904
Test Date: 04/15/2020 Test Time: 8:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:52am
FLO	Pass	8:52am
FC	Pass	8:52am

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	8:53am

Printer Tests

Test	Status	Time
PRNT	Pass	8:53am

CRC Tests

Test	Status	Time
COMP	Pass	8:53am
CAL	Pass	8:53am

Preventive Maintenance Status: Pass

alu Re Bans

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

JAMP50N	Instrument Location_	SAMPSEN COUNTY
al No. <u>008877</u>	-	DETENTION CENTER
	ntoximeters, Model Intox	EC/IR II to be followed at least once every
		alcoholic breath simulator thermometer shows
Verify instrument displays tim	e and date;	
Initiate breath test sequence;		
Enter information as prompted	;	
Verify instrument accuracy;		
When "PLEASE BLOW" app	ears, collect breath sample	e;
When "PLEASE BLOW" app	ears, collect breath sample	e;
Print test record;		
Verify Diagnostic Program; ar	nd	
ere performed on the instrument i	ndicated above, in accord	
Calin	pnature of Certifying Office	Certificate Number
	maintenance procedures for the Ine: Verify the ethanol gas canister 34 degrees, plus or minus .2 de Verify instrument displays tim Initiate breath test sequence; Enter information as prompted Verify instrument accuracy; When "PLEASE BLOW" app When "PLEASE BLOW" app Print test record; Verify Diagnostic Program; ar Verify Diagnostic Program; ar Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	maintenance procedures for the Intoximeters, Model Intox expected: Verify the ethanol gas canister displays pressure, or the answer of the state of

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 15671E

Effective:

06/01/2019-06/01/2021

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 AIR BLK ACCY CHK	Pass .00 .08	8:43am 8:43am 8:44am
AIR BLK	.00	8:45am
SUB TEST	.00	8:46am
AIR BLK	.00	8:47am
SUB TEST	.00	8:48am
AIR BLK	.00	8:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Record Number: 3181
Test Date: 04/15/2020 Test Time: 8:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	8:50am 8:50am
rC	Pass	8:50am

Temperature Tests

Test	Status	Time
FC1	Pass	8:50am
SRC	Pass	8:50am
DET	Pass	8:50am
BAR	Pass	8:50am
BT	Pass	8:50am

Blank Tests

Test	Status	Time	
ATR	Pass	8:51am	

Printer Tests

Test	Status	Time
PRNT	Pass	8:51am

CRC Tests

Test	Status	Time
COMP	Pass	8:51am
CAL	Pass	8:51am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ocotlassed Co Instrument Location LAURIN BURG Police Dept
Instrument Se	rial No. <u>DO 8834</u> <u>LAURIN BURG</u> MC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
STATE OF STA	

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:55am 10:55am 10:56am 10:57am 10:58am 10:59am 11:00am
AIR BLK	.00	11:01am

Reported AC:

AD 0/2101

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 943 Test Date: 04/16/2020 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Scatland Co. Sheriff Office
Instrument Se	erial No. 008861 LAURINBURG, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
STATE OF STA	654

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

Signature of Certifying Official

Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject'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: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:35am 11:36am 11:37am 11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AG: .00 g/2

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

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1623
Test Date: 04/16/2020 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:43am
Pass	11:43am
Pass	11:44am
	Pass Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	tanly Instrument Location Locust PD
Instrument Se	erial No186 Ray Kennedy Dr. Lucust
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 15th day of , 2020 the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE	

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 04/15/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/09/2019-07/09/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:37pm
AIR BLK	.00	1:37pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3552 Test Date: 04/15/2020 Test Time: 1:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test S	Status	Time
SRC I DET I BAR I	Pass Pass Pass Pass	1:49pm 1:49pm 1:49pm 1:49pm 1:49pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
GOME;	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stanly Instrument Location Stanly County 50
Instrument	Serial No. 008824 126 5 3rd St. Albemacle
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
SE SE AT SE	

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:27pm 12:28pm 12:29pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 1568
Test Date: 04/15/2020 Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:36pm 12:37pm
FC	Pass	12:37pm

Temperature Tests

Status	Time
Pass	12:37pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:38pm

CAL Pass 12:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOXINETERS, MODEL INTOX EC/IR II
County 5+a	Instrument Location Stanly Gunty 50
Instrument Serial	No. 008842 126 S. 3rd St Albemarle
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
CREATE OF THE CR	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE MAINTENANCE

Subject'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:

07/09/2019-07/09/2021

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	12:29pm
AIR BLK	.00	12:30pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2284
Test Date: 04/15/2020 Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:37pm 12:37pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:37pm 12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location /4/12/	1650.
Instrument Se	erial No. <u>008907</u> 417 Main St. Co	Hambia, N.C.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	t on the, 20, the foregovere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly	
STATE OF STA	CAROLLI CAROLL	/ // 3
	Signature of Certifying Official	Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

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	Pass .00 .08	11:28am 11:29am 11:29am 11:30am
SUB TEST	.00	11:30am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 890 Test Date: 04/15/2020 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

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

CAL Pass 11:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	nion	Instrument Location	County SO
Instrument Ser	ial No. 008866		
The preventive four months are		for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		canister displays pressure, or the alcoholic brown as .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument disp	ays time and date;	
3.	Initiate breath test sequ	ence;	
4.	Enter information as pr	rompted;	
5.	Verify instrument accu	racy;	
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLO"	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	gram; and	
10.		gas canister is being changed before expirati eing changed every four months or after 125	
	re performed on the instru	hement indicated above, in accordance with cures, and the instrument is functioning properly	
STATE OF STA	A CONTROLL	Signature of Certifying Official	Certificate Number

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 04/02/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/12/2021

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:47am
ACCY CHK	.07	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
ATP BLK	0.0	9.53am

Reported AC: .. . 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 3549
Test Date: 04/02/2020 Test Time: 9:54am EDT

System Check: Passed

Baseline Tests

Test Stat	
IR Pass FLO Pass FC Pass	9:55am

Temperature Tests

Test	Status	Time
FC1	Pass	9:55am
SRC	Pass	9:55am
DET	Pass	9:55am
BAR	Pass	9:55am
BT	Pass	9:55am

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

County	nion	Instrument Location_Union	County SO
Instrument S	erial No. 008876		
The preventi		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brogree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ŞI.	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration expiration of a steel 125 and	
	vere performed on the instrument inc	, 20 20 the dicated above, in accordance with cur the instrument is functioning properly	
CORAL CORAL CORE OF STATE OF S	1,1(77)	nature of Certifying Official	Certificate Number

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 04/02/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:36am 9:37am 9:38am
AIR BLK	.00	9:39am 9:40am
SUB TEST AIR BLK	.00	9:41am
SUB TEST AIR BLK	.00	9:42am 9:43am
VIV DIV	. 0 0	J. IJaiii

Reported AC: \.00 g/210L

Signature of Chemical Anal

Court CVR

Analyst

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Record Number: 5628
Test Date: 04/02/2020 Test Time: 9:45am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:45am 9:45am
FC	Pass	9:45am

Temperature Tests

Test	Status	Time
FC1	Pass	9:45am
SRC	Pass	9:45am
DET	Pass	9:45am
BAR	Pass	9:45am
BT	Pass	9:45am

Blank Tests

Test	Status	Time
AIR	Pass	9:46am

Printer Tests

rest	Status	Time
PRNT	Pass	9:46am

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	9:46am 9:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Vance 6 5.0.
Instrument S	erial No. 008870 156 Church ST Harderson, NE
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
STA STA	Addres Gares 662
	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 04/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:32pm 2:33pm 2:34pm 2:35pm 2:36pm
AIR BLK	.00	2:37pm
SUB TEST AIR BLK	.00	2:38pm 2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 2995 Test Date: 04/16/2020 Test Time: 2:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:42pm 2:42pm
FC	Pass	2:42pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:42pm 2:42pm 2:42pm 2:42pm 2:42pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:43pm
CAL	Pass	2:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1	Instrument Location Vance	. C. S.D.
Instrument S	erial No. <u>20 8937</u>	156 Church ST	Hendrem, NE
The preventi	· · · · · · · · · · · · · · · · · · ·	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	r displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expira nanged every four months or after 12	
procedures		, 20 Zo to ndicated above, in accordance with or distribution of the instrument is functioning properties.	
ALSO MENTES	CAROUN	Naci Brance	662
	- Ots	ignature of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 04/16/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG934303 Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	2:30pm
AIR BLK	.00	2:30pm
ACCY CHK	.08	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
ATR BLK	0.0	2 · 36pm

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 2862 Test Date: 04/16/2020 Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:37pm
FLO	Pass	2:37pm
FC	Pass	2:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm

CRC Tests

Test	Status	Time
COMP	Pass	2:38pm
CAL	Pass	2:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wal	Instrument Location CARY PD
Instrument Serial	No. 008587 120 Wilkeson Aus CARY NE
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
O STATE OF S	Signature of Certifying Official Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

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	3:41pm
AIR BLK	.00	3:42pm
ACCY CHK	.07	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:47pm
ATR BLK	. 00	3:48pm

Reported, AC:

Signature Chemical Analyst

Court CVR

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 4265
Test Date: 04/14/2020 Test Time: 3:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:49pm
FLO	Pass	3:49pm
FC	Pass	3:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:49pm
SRC	Pass	3:49pm
DET	Pass	3:49pm
BAR	Pass	3:49pm
BT	Pass	3:49pm

Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm

CRC Tests

Test	Status	Time
COMP	Pass	3:50pm
CAL	Pass	3:50pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location Age	x PD	STATION 4
erial No. 008621 1615 E Williams	57	Apar, NC
	II to be foll	owed at least once every
Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath sir	nulator thermometer show
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;		
Verify Diagnostic Program; and		
vere performed on the instrument indicated above, in accordance wit	h current re	ng preventive maintenance gulations of the N.C.
Standard Standard		662
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR are: Verify the ethanol gas canister displays pressure, or the alcohol 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; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before exprimulator solution is being changed every four months or after whichever occurs first.	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follower: Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 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; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 04/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

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	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.07	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

rignature of Chemical Analyst

Court CVR

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2787 Test Date: 04/14/2020 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	3 · 06pm

Printer Tests

3:06pm

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

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

County WA	Unstrument Location Wake Co Defection Center
Instrument Seria	al No. 208577 3301 Hammon 20 Paleigh, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 2020 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:36am 10:37am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 4931 Test Date: 04/09/2020 Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:44am 10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

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

CAL Pass 10:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ 4	VAKE	Instrument Location 💪	1A La Co	Detection Contra
Instrument S	erial No. 00 8612	3301 HAMMIND	RD	RAGIGI, NC
The preventi	ve maintenance procedures for the are:	ne Intoximeters, Model Intox EC	C/IR II to be	followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus	ster displays pressure, or the alco	oholic breath	simulator thermometer show
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	Initiate breath test sequence;		
4.	Enter information as promp	oted;		
5.	Verify instrument accuracy	,		
6.	When "PLEASE BLOW"	appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.		canister is being changed before changed every four months or a		
I certify that	on the 9 day of/	Ax:1 202	the for	going preventive maintenance
procedures	were performed on the instrumen	t indicated above, in accordance	with curren	
Department	of Health and Human Services,	and the instrument is functioning	g property.	
STATE OF THE PERSON OF THE PER	THE ROOM CAND			662
	- 0 +0	Signature of Cortificing Official		Cartificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 04/09/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:38am
AIR BLK	.00	10:40am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
AIR BLK	.00	10:43am

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 4461 Test Date: 04/09/2020 Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
С	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:46am 10:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>(v</u>	Instrument Location Wake Co Defention Center
Instrument Se	erial No. 008-760 3301 Hammond Pi Raleigh .NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; 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 te whichever occurs first.
	on the day of day of , 20 20 the forgoing preventive maintenative performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE OF THE COREAT OF THE CORE OF THE CO	Signature of Certifying Official Cartificate Number

WAKE COUNTY DETENTION 'ENTER 910

Serial Number: 008760 Test Date: 04/09 2020

Citation Number: MO 00000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth 11/11/1911

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

Analyst's Name: BARNE'S, STOKES

Permit Number: 1.434E

Effective:

04/01/2019-04/01 2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 3773 Test Date: 04/09/2020 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time	
AIR	Pass	10:44am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_6	ALLE	Instrun	nent Location 4	ALO Co	Deferition Carten
Instrument So	erial No. <u>00 8 7 7 8</u>	3301	Hammond	Ris	Ralogh, NC
The prevention four months	ve maintenance procedures for thates	ne Intoximeters	s, Model Intox E	C/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 2			coholic bre	eath simulator thermometer show
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	; ;			
4.	Enter information as promp	oted;			
5.	Verify instrument accuracy	;			
6.	When "PLEASE BLOW"	appears, collec	t breath sample;		
7.	When "PLEASE BLOW"	appears, collec	et breath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.					on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures v	on the day of were performed on the instrument of Health and Human Services, a	t indicated abo	ve, in accordance	e with cur	
STAT OF THE CAPETY OF THE CAPE	510 Bloke	Signature of C	ertifying Officia		Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 04709/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E

Effective: 04/01/2019-04/01 2021

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:35am 10:36am
ACCY CHK AIR BLK	.08	10:37am 10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signatur of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 4913 Test Date: 04/09/2020 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:44am 10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

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

CAL Pass 10:45am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	Instrument Location	VARION COLEC	
Instrument Se	erial No. 008793128 RAFTER L	Warranton, NC	
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EG	C/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alc 34 degrees, plus or minus .2 degree centigrade;	oholic breath simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.		
	on the day of	e with current regulations of the N.C.	
STAT OUR STATE	Signature of Certifying Officia	Certificate Number	

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES
Permit Number: 11434E
Effective:

04/01/2019-04/01/2021

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	1:38pm 1:39pm 1:40pm 1:41pm 1:41pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1577
Test Date: 04/16/2020 Test Time: 1:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:45pm
FLO	Pass	1:45pm
FC	Pass	1:45pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:45pm 1:45pm 1:45pm 1:45pm
BT	Pass	1:45pm

Blank Tests

Test	Status	Time
ATR	Pass	1 · 46pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:46pm
	CRC Tests	
Test	Status	Time

Pass

Pass

1:46pm

1:46pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ₁	schington	Instrument Location 20 5011	nchn Co.S.O
Instrument Se	erial No. 009829	120 Adams St., P	Mymouth N.C.
The preventive four months a	ve maintenance procedures for the Into	ximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	splays pressure, or the alcoholic breat ee centigrade;	th simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration ed every four months or after 125 Al	
•	on theday of were performed on the instrument ind of Health and Human Services, and t	icated above, in accordance with cur	0
CORAL SE	Kell	ture of Certifying Official	Cartificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 04/29/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:51am 10:52am 10:53am 10:54am 10:55am 10:55am 10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 969 Test Date: 04/29/2020 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
EC1	Dagg	11:00am
FC1	Pass	
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lashinihon Inst	rument Location <u>VaShi</u>	1 (hin (0.50)
Instrument S	erial No. <u>008851</u> <u>A</u>	dows St, Ply	month, N.C.
The preventi	ve maintenance procedures for the Intoxime are:	eters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		h simulator thermometer show
2.	Verify instrument displays time and da	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.		
•	were performed on the instrument indicate t of Health and Human Services, and the in	d above, in accordance with curr	•
SIA	The state of the s		
September of the	Kil_		643
	Signature	of Certifying Official	Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008851 Test Date: 04/15/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

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

DIAG	Pass	1:28pm
AIR BLK	.00	1:28pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
ATR BLK	0.0	$1 \cdot 35 \text{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008851 Test Record Number: 683
Test Date: 04/15/2020 Test Time: 1:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:37pm 1:37pm
FC	Pass	1:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

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

COMP Pass 1:38pm CAL Pass 1:38pm

Preventive Maintenance Status: Pass

Analyst-

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wat	auga Instrument Location Water ign Con Tail
Instrument Seria	No. 008715 Boone, MC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR 11 to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
Sun STATE of	Signature of Cartifying Official Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

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 AIR BLK ACCY CHK	Pass .00 .08	1:18pm 1:19pm 1:20pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2387
Test Date: 04/09/2020 Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:27pm 1:27pm
FC	Pass	1:27pm

Temperature Tests

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

County_\square	tauga	Instrument Location Base	PD
Instrument Ser	rial No. <u>00% 716</u>	Boone	,10
The preventive four months a		eximeters, Model Intox EC/IR II to be followed	lowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath single centigrade;	mulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration date ged every four months or after 125 Alcoho	
	vere performed on the instrument ind	, 20 2 0, the foregoin licated above, in accordance with current the instrument is functioning properly.	
TATES OF THE PROPERTY OF THE P	Jako Make	ature of Certifying Official	699 Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 04/09/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

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 AIR BLK	Pass	2:14pm 2:15pm
ACCY CHK	.08	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm

Reported AC: .00 g/210L

Signature of Ghemical Analyst

Court GVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 2550 Test Date: 04/09/2020 Test Time: 2:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:21pm 2:21pm
FC	Pass	2:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

Blank Tests

Test	Status	Time
ATR	Pass	2:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm

CRC Tests

Test	Status	Time
COMP	Pass	2:22pm
CAL	Pass	2:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VASAL	Instrument Location Mayare	(D Patestine
Instrument Ser	rial No	201E ChesTNUT	ST GoldsBans
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breat legree centigrade;	h simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration nanged every four months or after 125 Ale	
	ere performed on the instrument	, 20, the foreg indicated above, in accordance with curr nd the instrument is functioning properly	
O STATE OF THE PARTY OF THE PAR	C. S.	Ind A. Keel	647
	Si	gnature of Certifying Official	Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 4190 Test Date: 04/13/2020 Test Time: 2:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO FC	Pass Pass	2:41pm 2:41pm
1. C	Labb	2.110111

Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:42pm	

Printer Tests

Status	Time
Pass	2:42pm
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	2:42pm
CAL	Pass	2:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wayne	Instrument Location MAyne	. Co. Potentions
Instrumen	t Serial No. <u>00867/</u>	201 E ChesTNVT	ST. Goldshow, A
The preve four mont		he Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic broaders 2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	<i>'</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expiration changed every four months or after 125	
procedur	-	, 20, the format indicated above, in accordance with cu, and the instrument is functioning proper	•
GREAT	TATE O A O PLANT O A PLANT O A O PLANT O A	A. W.	
		Signature of Certifying Official	Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:31pm 2:32pm
ACCY CHK	.07	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:38pm
ATR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lincex Keese

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 5022
Test Date: 04/13/2020 Test Time: 2:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:41pm 2:41pm
FC	Pass	2:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:42pm 2:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4/		_ Instrument Location	or Johnson A.
Instrument Seri	al No. <u>208786</u>	1010 VERMINT G	ACCISON RD, GOL
The preventive four months are		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	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.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration nanged every four months or after 125 A	
•	re performed on the instrument	, 20, the fore indicated above, in accordance with cur nd the instrument is functioning proper	rent regulations of the N.C.
- Car Charles And Carlo		ignature of Certifying Official	Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11646E

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:52pm
AIR BLK	.00	4:53pm
ACCY CHK	.08	4:53pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:58pm

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 347
Test Date: 04/13/2020 Test Time: 4:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:59pm 4:59pm
FC	Pass	4:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:59pm
SRC	Pass	4:59pm
DET	Pass	4:59pm
BAR	Pass	4:59pm
BT	Pass	4:59pm

Blank Tests

Test	Status	Time
AIR	Pass	5:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:00pm 5:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Warne Co Detection CT
Instrument S	erial No. DO8879 DOT E. Chestylet ST. Golds Dus
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on theday of
Application Control	Signature of Contifuing Official Contifuing Of

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

07/08/2019-07/08/2021

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK	.00	2:27pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1283
Test Date: 04/13/2020 Test Time: 2:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:35pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:36pm
CAL	Pass	2:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	1Kes	Instrument Location Wilkes	Co Detento
Instrument Se	erial No. <u>202843</u>	W:/K=560	10, NC
The prevention four months a		atoximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath s gree centigrade;	imulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expiration dat nged every four months or after 125 Alcoh	
	were performed on the instrument in	, 20 20, the foregoin adicated above, in accordance with current the instrument is functioning properly.	
STATE OF STA		nature of Cartifying Official	Cartificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:11pm 3:12pm
ACCY CHK	.08	3:12pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2463
Test Date: 04/13/2020 Test Time: 3:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:19pm
FLO	Pass	3:19pm
FC	Pass	3:19pm

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

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

County //	1.1605	Instrument Location 4/:1/5es	Cc. Dention
Instrument S	erial No. <u>00 8865</u>	W:/18059	010 NC
The prevention four months		ntoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath segree centigrade;	imulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ł;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration da anged every four months or after 125 Alcoh	
procedures	were performed on the instrument i	20 20, the foregoindicated above, in accordance with current definition of the instrument is functioning properly.	
CREAT CREAT			649
	Sig	gnature of Certifying Official	Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 04/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 11304E

Effective:

06/01/2019-06/01/2021

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	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.08	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 744
Test Date: 04/13/2020 Test Time: 3:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:20pm 3:20pm
FC	Pass	3:20pm

Temperature Tests

Test Status	Time
	3:20pm
SRC Pass	3:20pm
DET Pass	3:20pm
BAR Pass	3:20pm
BT Pass	3:20pm

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:21pm 3:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County You	Instrument Location Vance	y Co. Jail
Instrument Seria	No. 008633 Bucnesville No	
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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.	
	the, 20, the for e performed on the instrument indicated above, in accordance with cu Health and Human Services, and the instrument is functioning prope	
STATE OF THE PARTY	Signature of Certifying Official	Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 04/15/2020

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: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
07/12/2019-07/12/2021

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test		g/210L	Time
DIAC	3	Pass	12:00pm
AIR	BLK	.00	12:01pm
ACC	CHK	.08	12:02pm
AIR	BLK	.00	12:03pm
SUB	TEST	0.0	12:03pm
AIR	BLK	.00	12:05pm
SUB	TEST	.00	, 12:06pm
AIR	BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1448 Test Date: 04/15/2020 Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm
P	rinter Tes	ts

Test	Status	Time
PRNT	Pass	12:09pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	12:10pm 12:10pm

Preventive Maintenance Status: Pass

Analyst