## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Coun	INTOXIMETERS, MODEL INTOX EC/IR II	
	Instrument Location ALAMANCE CO. JANI  wentive maintenance procedures for the Interview	
	1095 MAD	
The pre four mo	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  Verify the ethanol gas canister displays pressure, or the aleast once every  34 degrees, plus or minus .2 degree	
<b>†</b>	moximeters M. I.	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shown Verify instrument displays time and date;  Initiate breath took	·
٠,	34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath.	,
3. 4.	test sequence.	Ws
5.	Enter information as prompted	
6.	verify instrument accuracy.	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	When "PLEASE BLOW" appears, collect breath sample; Print test record;	
9.	Verify Diagnostic Program	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath whichever occurs first.	
	whichever occurs first.	
I certify that on the	verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, and day of day o	
Department of Heal	Ith and Human Services and indicated above in an analysis of the services and the services are the services and the services are the services and the services are the services	
OF THE STATE OF	day of ANUAR , 20 20 the forgoing preventive maintenance with and Human Services, and the instrument is functioning properly.	
		1.
* ESTE QUAM VIDERI *		

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008651 Test Date: 01/27/2020

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: Smith, Brian D Permit Number: 0032-6608

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	0,/18/2021	
DIAG	3/210L	Time
AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:26am 11:27am 11:28am 11:29am 11:29am 11:30am
eported as	00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

# ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008651 Test Record Number: 1413 Test Time: 11:34am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

## Temperature Tests

Test	Status	$T_{ime}$
FC1	Pass	11:34am
SRC	Pass	11:34am
DET	Pass	11:34am
BAR	Pass	11:34am
BT	Pass	11:34am

### Blank Tests

Test	Status	$\mathtt{Time}$
AIR	Pass	11:35am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:35am

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD

County	INTOXIMETERS,	AINTENANCE RECOMODEL INTOX EC/	ORD
	The state of the s	- 2110X EC/	IR II
Instrume	ant See: The	strument Location Avery  Newlan	
	ent Serial No. QO 8664	1	Co. Jail
		Newlan	
The preve	entive maintenance procedures for the Intoximete hs are:  Verify the ethanol gas canister displays a 34 degrees plus		S/NC
iour mont	hs are:	ere M. I.	
1.	***	as, wodel Intox EC/IR II to be a	followed
••	Verify the ethanol gas capietan !	•	onowed at least once every
	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centig Verify instrument displays time and date:	ressure, or the alone	•
2.	Verify instance	grade;	Simulator therman
2	Verify instrument displays time and date;		mometer shows
3.	Initiate breath test sequence;		
4.	tost sequence;		•
••	Enter information as prompted;		•
5.	Verise:		•
_	Verify instrument accuracy;		
6,	When "PLEASE BLOW" appears, collect b		
7.	appears, collect b	NPO-41	
· · ·	When "PLEASE BLOW"	reath sample;	
8.	When "PLEASE BLOW" appears, collect be Print test record:	reath sample.	
	Print test record;	anipie;	
9.	Verify Diagram	•	
10.	Verify Diagnostic Program; and		
10.	Varification		
	simulator solution is being character is being character	angod L o	
	simulator solution is being changed every four whichever occurs first.	months or a contraction date, or	the of the control of
T	- <del>"</del> .	after 125 Alcoholic B	reath Simulation
certify that on the	he_ /5	_	-vadi Simulator tests,
Departer P	erformed on the	0	
- cpartment of He	alth and Human Some indicated above in	the foregoing	
•	day of January performed on the instrument indicated above, in calth and Human Services, and the instrument is	accordance with current regular	entive maintenance
State CTATE	19	ranctioning properly.	ions of the N.C.
OF THE STATE OF A			
	A		
2			
* 1971 12, 1776	•		
QUAM VIDERI *			e de la companya de La companya de la co
		- wysterowane data tengila hay	
	Signature of Certifying O	The same of the sa	
aned original	- or mrying O	ITicial	49

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 01/15/2020

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

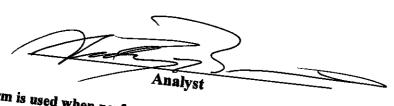
Lot Number: AG821801 Exp Date: 08/06/2020

TO	, 50,2020	
Test	9/210L	Time
DIAG	Pass	
AIR BLK	.00	3:57pm
ACCY CHK AIR BLK	-08	ປ:58ກm
SUB TEST	-00	3:59pm 4:00pm
AIR BLK	•00 •00	4:01pm
SUB TEST	.00	$4:01{\rm pm}$
	.00	4:03pm
		4:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



# AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 01/15/2020 Test Record Number: 1007 Test Time: 4:05pm EST

System Check: Passed

## Baseline Tests

Test	Status	Ti i wa _
IR FLO FC	Pass Pass Pass	Time 4:06pm 4:06pm 4:06pm

## Temperature Tests

Test		
	Status	s Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:06pm 4:06pm 4:06pm 4:06pm 4:06pm

## Blank Tests

Test	Status	Time
AIR	D-	- +1116
_	Pass	4:07pm

## Printer Tests

Test	Status		
D=-		Time	
PRNT	Do -		

PRNT		- 4116
	Pass	4:07pm

### CRC Tests

Status	Pro 1
	Time
Pass Pass	4:07pm 4:07pm

Preventive Maintenance Status: Pass

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument I continue To The C
_	Location /
Instrumen	t Serial No. 208724 Banner Elk, NC
	Samer EIV
TL .	The following the first of the
four month	stive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	s are. Model Intox EC/IR II to be followed at least
1.	Verify the ethanol gas conint and treast once every
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho
2.	Verify instrumentally
. 3.	uisplays time and date;
J.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	
٠.	Verify instrument accuracy;
6.	
7.	When "PLEASE BLOW" appears, collect breath sample;
	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagrams at a
10.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being the
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath whichever occurs first.
	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
ify that on	
7/11man —	
rtment of H	lealth and Human Services, and the
	the
THE STATE OF	<b>1 y</b>
TWY 20. 1775 40	
LI ST	

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 01/23/2020

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: 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: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	4:11pm 4:12pm 4:13pm 4:14pm 4:14pm 4:15pm 4:17pm 4:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 01/23/2020

Test Record Number: 612

Test Time: 4:18pm EST

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Test	Status	$\mathtt{Time}$
FC1	Pass	4:19pm
SRC	Pass	4:19pm
DET	Pass	4:19pm
BAR	Pass	4:19pm
BT	Pass	4:19pm

### Blank Tests

Test	Status	Time
ΔTD		

AIR Pass 4:19pm

### Printer Tests

Test		•
rest	Status	Time

### CRC Tests

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

		$\tau \tau me$
COMP	Pass	4:20pm
CAL	Pass	4:20pm

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD

County_	INTOXIMETERS, MODEL INTOX EC/IR II
Instrume	Deaufort Instrument Location Beaufort Co. Courthount Serial No. DO 8588 162 E. 2nd St., Washington N.
The prevention four month	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  Verify the ethanol gas capitate. It
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows  Verify instrument displays time.
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW"
7.	When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW"
8.	When "PLEASE BLOW" appears, collect breath sample; 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 whichever occurs first.
I certify that on to procedures were Department of H	the



Signature of Certifying Official

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Date: 01/07/2020

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, 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: AG821801 Exp Date: 08/06/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Date: 01/07/2020

Test Record Number: 1035 Test Time: 12:12pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	

Test Status Time

COMP Pass 12:13pm Pass 12:13pm

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD

County	
Instrume	Instrument Location Beauto 17 (0 Correction Serial No. 008909 100 F. Onl ST. Washington
The preve four monti	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  Verify the ethanol gas capitate 4.
1. 2.	34 degrees, plus or minus .2 degree centigrade.
3.	Verify instrument displays time and date;  Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;  Print test record.
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 society first.
I certify that on procedures were Department of H	the
	assument is functioning properly.



Signature of Certifying Official

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 01/23/2020

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: AG821801 Exp Date: 08/06/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 Date: 01/23/2020

Test Record Number: 3453
Test Time: 1:25pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

### Blank Tests

Status	Time
	Status

AIR Pass 1:26pm

### Printer Tests

Status	Time
	Status

PRNT Pass 1:26pm

### CRC Tests

COMP Pass 1:26pm Pass 1:26pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County_	Bunconbe
	Instrument Location But Mobile Und Z
Instrumer	nt Serial No. O08978
The preve	ntive maintenance procedure 2
four monti	ntive 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,
certify that o ocedures we epartment o	
STATE OF THE STATE	
SSE QUAM VIDER	Signature of Certifying Official  Control  Contr
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BAT MOBILE UNIT 02 100

> Serial Number: 008970 Test Date: 01/30/2020

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	8:56pm 8:57pm 8:57pm 8:58pm 8:59pm 9:00pm 9:01pm 9:02pm

Reported AC:

Signature of Chemical Analyst

Court CVR

Mr J

BUNCOMBE COUNTY BAT MOBILE UNIT 02 100

Serial Number: 008970 Test Date: 01/30/2020

Test Record Number: 695

Test Time: 9:06pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 9:07pm

Printer Tests

Test Status Time

PRNT Pass 9:08pm

CRC Tests

Test Status Time

COMP Pass 9:08pm CAL Pass 9:08pm

Preventive Maintenance Status: Pass

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	Burconic Surconic
· · · · · · · · · · · · · · · · · · ·	Instrument Location Dat Mobile Unit 2
Instrument	Serial No. 008973
The preven	
four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
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,
ertify that or cedures wer partment of	_
S THE STATE OF A	
ESE QUAM VIDER	Signature of Certifying Official  Certificate Number

BUNCOMBECOUNTY BAT MOBILE UNIT 02 100

> Serial Number: 008973 Test Date: 01/30/2020

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	8:55pm 8:56pm 8:56pm 8:57pm 8:58pm 8:59pm 9:00pm 9:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chr 20

BUNCOMBE COUNTY BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Date: 01/30/2020

Test Record Number: 765

Test Time: 9:02pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:02pm
FLO	Pass	9:02pm
FC	Pass	9:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
DET	Pass	9:02pm
BAR	Pass	9:02pm
$_{ m BT}$	Pass	9:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:03pm
CAL	Pass	9:03pm

Preventive Maintenance Status: Pass

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrumer	Instrument Location Buncombe Co. Jail  at Serial No. 008697  Asheville, MC
The preve four month	ntive 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 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests.
ertify that o ocedures we partment of	n the
STATE OF	CARD CARD



Signature of Certifying Official

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

> Serial Number: 008697 Test Date: 01/30/2020

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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	1:04pm 1:05pm 1:06pm 1:07pm 1:08pm 1:09pm 1:10pm 1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 3728
Test Date: 01/30/2020 Test Time: 1:13pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
·	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:14pm 1:14pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	7 HOMMETERS, MODEL INTOX EC/IR II
County	Instrument Location Bunconfe Co. Ju.
Instrument !	Instrument Location Bunconfe Co. Jui  Serial No. 008748  Asheville, NC
The prevent	ve maintenance procedures for the Intovince
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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.
epartment of	the
OF THE STATE OF TH	OPEN CAROLINA CAROLIN

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

Signature of Certifying Official

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Date: 01/30/2020

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	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Date: 01/30/2020 Test Record Number: 1165 Test Time: 1:13pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

### Printer Tests

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

1:15pm Preventive Maintenance Status: Pass

Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	Instrument Location Buncombe Co. Jain  Mr. Serial No. 008798  Asheville, No.
The preve four mont	entive 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 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
rtify that o cedures we partment of	the

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Signature of Certifying Official

Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 01/30/2020

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	Pass	1:03pm 1:04pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 5279
Test Date: 01/30/2020 Test Time: 1:12pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:13pm

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	MATORIME PERS, MODEL INTOX EC/IR II
County C	abanus Location Cabanus Canty
Instrument S	erial No. 008625 Sherits Office
***	
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.
I certify that o procedures we Department o	on the
THE STATE OF THE S	

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 01/24/2020

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	8:40am
AIR BLK	.00	8:41am
ACCY CHK	.08	8:41am
AIR BLK	.00	8:42am
SUB TEST	.00	8:44am
AIR BLK	.00	8:45am
SUB TEST	.00	8:47am
AIR BLK	.00	8:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 5436
Test Date: 01/24/2020 Test Time: 8:55am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:55am
FLO	Pass	8:55am
FC	Pass	8:56am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:56am
SRC	Pass	8:56am
DET	Pass	8:56am
BAR	Pass	8:56am
BT	Pass	8:56am

#### Blank Tests

Test	Status	Time
ATR	Pass	8:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:57am

Preventive Maintenance Status: Pass

Pass

8:57am

CAL

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

سمم	NIOAMIETERS, MODEL INTOX EC/IR II
County	abanco Instrument Location hamadons
Instrument S	Berial No. Police Designment
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ev are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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.
certify that	
epartment o	rere 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.
OF THE STATE	
190. 12. 11	
STE QUAM VII	11/4 11 Han 656
	Signature of Certifying Official Certificate Number

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 01/24/2020

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: AG814902

Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	9:36am
AIR BLK	.00	9:37am
ACCY CHK	.08	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 3061 Test Date: 01/24/2020 Test Time: 9:44am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	9:45am	
FLO	Pass	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	
${f BT}$	Pass	9:45am	

#### Blank Tests

Test	Status	Time

AIR Pass 9:45am

#### Printer Tests

Test	Status	Time

PRNT Pass 9:46am

#### CRC Tests

Test	Status	Time	
COMP	Pass	9:46am	
CAL	Pass	9:46am	

Preventive Maintenance Status: Pass

Analyst

131141

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

County(	Gldwell LANDEL INTOX EC/IR II
7-2-	Instrument Location Caldwell Co. fail
Instrume	nt Serial No. 008719 Lenoir, NC
	Lesois, NC
The preve	ntive maintenance procedures for the view
four mont	ntive 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 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
cedures was	the
OF THE STATE OF A	
AFIL 12, 173	
William Control	

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

Signature of Certifying Official

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 01/16/2020

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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	3:15pm
AIR BLK	.00	3:16pm
ACCY CHK	.07	3:16pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2589
Test Date: 01/16/2020 Test Time: 3:23pm EST

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	3:23pm
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 CAL	Pass Pass	3:24pm 3:24pm

Preventive Maintenance Status: Pass

Analyst

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

County	aldwell Instrument Location Caldwa	ell Co. Iail
Instrument S	erial No. <u>00 8803</u> <u>Lenoi:</u>	, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	ollowed 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 da simulator solution is being changed every four months or after 125 Alcohomhichever occurs first.	
procedures v	on the	ng preventive maintenance t regulations of the N.C.
ali STAT		
GREA		
ASIG QUAM		640
M <sub>1</sub>	Signature of Certifying Official	Certificate Number

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 01/16/2020

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: ETA. Agency: DAHS

Test Type: Breath Test

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

Test  $\sigma/2107$  Time

	a contract		
DIAG	Pass	3::	L4pm
AIR BLK	.00		L5pm
ACCY CHK	.07	3;	L6pm
AIR BLK	.00		L7pm
SUB TEST	.00	<b>**:3</b> :	L7pm,
AIR BLK	.00		L8pm
SUB TEST	.00		. mcq0
AIR BLK	.00		21 pm

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

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 639
Test Date: 01/16/2020 Test Time: 3:22pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass "	3:22pm
FC	Pass	3:22pm

#### Temperature Tests

1686	Status	TIME	
	and the same		
a sin the man in the	- (Tol. 4.20) 5%	3. 00-	
FC1	Pass	, 3:22pm,	2
SRC	Pass	3:22pm	
DET	Pass	3:22pm	
A transfer to the first of the transfer of the	Contract to the second of the second	ing the state of t	ď
BAR	Pass	3:22pm	
BT	Pass	3:22pm	
し、付いたのはなりです(例と)と、		,	•

#### Blank Tests

Just.	14. 4.	all in sal	<b>显在</b>	Time
Test		Stal	ius pa	Time
	140	CHRIST		

AIR Pass 3:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm

#### CRC Tests

٠.				
	100-			// ma
	1631			11111
	Test	the second secon	_ ~ _ ~ ~ ~	Time

COMP Pass 3:23pm CAL Pass 3:23pm

Preventive Maintenance.
Status: Pass



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

County	CARTERET Instrument Location EMERALD 736
Instrument Se	CARTERET Instrument Location EMERALD #3LE rial No. 008620 POLICE DEPT
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 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.
I certify that or procedures wer Department of	the day of
THE STATE OF THE S	
The state of the s	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 01/17/2020

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: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	3:00pm 3:01pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Record Number: 2066

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:07pm
FLO	Pass	3:07pm
FC	Pass	3:08pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:09pm 3:09pm

Preventive Maintenance Status: Pass

Analyst

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

County	CARTERET	Instrument Location_	ATLANTIC	BEAC
Instrumen	t Serial No. <u>008785</u>		POLICE	DEPT
The preve	ntive maintenance procedures for the Into	oximeters, Model Intox E	.C/IR II to be followed at le	ast once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the ald	coholic breath simulator the	rmometer shows
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" 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 canister simulator solution is being changed whichever occurs first.	is being changed before d every four months or af	expiration date, or the alcol ter 125 Alcoholic Breath Si	holic breath mulator tests,
I certify tha procedures Department	t on theday ofA \rightharpoonup day of	UAIT / , 20 d O nted above, in accordance instrument is functionin	., the foregoing preventive rewith current regulations of groperly.	naintenance f the N.C.
STATE OF THE STATE	A CONTRACTOR OF THE CONTRACTOR			
ESE QUAM VI	All Rg (Signature	of Certifying Official	Certificate	

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 01/17/2020

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 AIR BLK	Pass	10:54am 10:55am
ACCY CHK	.08	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1189 Test Date: 01/17/2020 Test Time: 11:01am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:01am 11:01am
FC	Pass	11:02am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02am
	Printer Tes	- its

		*
Test	Status	Time

PRNT	Pass	11:02am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

,	O TO THE PROPERTY OF THE PROPE
County_(	_ARTERET Instrument Location MUREHEND CITY
Instrument	Serial No. 008731 Instrument Location MOREHEND CITY  POLICE DEPT
<del></del>	
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.
certify that procedures w Department	on theday of, 20, the foregoing preventive maintenance vere 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 STATE	SAORING CARD
FEE QUAN VIDE	_ Cilu Kg Jano 648
	Signature of Certifying Official Certificate Number

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 01/17/2020

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: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	9:55am
AIR BLK	.00	9:56am
ACCY CHK	.08	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731

Test Record Number: 2209

Test Date: 01/17/2020

Test Time: 10:03am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:03am
FLO	Pass	10:03am
FC	Pass	10:03am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:03am 10:03am 10:03am 10:03am 10:03am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:04am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:04am 10:04am

Preventive Maintenance Status: Pass

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

County C	atauba Instrument Location Catauba County
Instrument S	Serial No. 008687 Sheriffs Office
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.
I certify that of procedures we Department of	on the 27 day of 1900/19 , 2020 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.
ATTENDED TO THE STATE OF THE ST	Man 656
	Signature of Certifying Official Certificate Number

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 01/27/2020

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	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	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 AC . .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 3020 Test Date: 01/27/2020 Test Time: 1:16pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:17pm 1:17pm

Preventive Maintenance Status: Pass

Analyst/

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

County <	eveland	Instrument Location Cleve	land County
Instrument Se	erial No. <u>00889_3</u>	Sheriffs Of	Arice-Annex
The preventive four months as	e maintenance procedures for the Ir	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 begree centigrade;	preath 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" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	!	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expirati ged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	the <u>No</u> day of <u>Toy</u> re performed on the instrument indic Health and Human Services, and th	the cated above, in accordance with cure instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	NORTH CAROUNT	ture of Certifying Official	_656

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Date: 01/28/2020

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	9/2101	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:57am
ACCY CHK	.08	9:57am
AIR BLK	.00	9:59am
SUB TEST	.00	9:59am
AIR BLK	00	10:00am
SUB TEST	.00	10:02am
AIR BLK	.00	10:02am

Reported AC: 00 g/210L

Signature of Chemical

Analyst

Court CVR

Analys

#### CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1709
Test Date: 01/28/2020 Test Time: 10:04am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04am
FLO	Pass	10:04am
FC	Pass	10:04am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
DET	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05am

#### Printer Tests

Status

Time

10:05am

Test

CAL

PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:05am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County C	10 LUM 3 U 5 Instrument Location COLUM 3 U 3 COUN
Instrument Seri	al No. 008886 DE TENTION CENT
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;
<b>9.</b>	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.
	theday ofANUAZY, 20ZO_, the foregoing preventive maintenance be 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 THE STATE OF THE OF T	ah R <sub>3</sub> 13-5 648
	Signature of Certifying Official Certificate Number

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Date: 01/21/2020

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	9:51am
AIR BLK	.00	9:52am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
ATR REK	····· 0.0	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Control of

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Record Number: 1511

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

#### Temperature Tests

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

#### Blank Tests

Test Status Time

AIR Pass 9:59am

#### Printer Tests

Test Status Time

PRNT Pass 9:59am

CRC Tests

Test Status Time

We bear and in the second

COMP Pass 9:59am CAL Pass 9:59am

Preventive Maintenance Status: Pass

all Rg Bans

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

County	COLUMBUS	Instrument Location_	COLUMBUS	COUN 1
Instrumen	t Serial No. <u>00 8825</u>		DETENTION	CENTE
The preve	ntive maintenance procedures for the In hs are:	toximeters, Model Intox I	EC/IR II to be followed at lea	st once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		Icoholic breath simulator ther	mometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;		ŧ	
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			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedure	nat on the 2/day of JA es were performed on the instrument ine ent of Health and Human Services, and	dicated above, in accordar	ice with current regulations o	maintenance of the N.C.
GREAT OREAT OF STATE	(elin T	of Samue of Certifying Officia	Certificate	

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 01/21/2020

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	9:46am 9:47am 9:48am
AIR BLK	.00	9:49am
SUB TEST AIR BLK	.00 .00	<b>9:49am</b> 9:50am
SUB TEST AIR BLK	.00 .00	9:52am 9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Ber Analyst

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Record Number: 2245

Test Date: 01/21/2020 Test Time: 9:54am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:54am
FLO	Pass	9:54am
FC	Pass	9:54am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
$\mathtt{BT}$	Pass	9:54am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:55am
	CRC Tests	•
Test	Status	Time
COMP	Pass Pass	9:55am

Preventive Maintenance Status: Pass

alm Rg Banks Analyst

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

County	CRAVEN Instrument Location MCA 3
Instrument	Serial No. 010819 CHERRY POINT
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 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 theday of
STATE OR STATE OF STA	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 01/23/2020

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: 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: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	5:08pm 5:09pm 5:10pm 5:11pm 5:12pm 5:13pm 5:14pm
AIR BLK	.00	5:15pm
		T

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819

Test Record Number: 604

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:17pm 5:17pm
FC	Pass	5:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:17pm
SRC	Pass	5:17pm
DET	Pass	5:17pm
BAR	. Pass	5:17pm
BT	Pass	5:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:18pm
CAL	Pass	5:18pm

Preventive Maintenance Status: Pass

alu 29 Bars
Analyst

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

County(	CRAVEN	Instrument Location	HAVELOCK	· · · · · · · · · · · · · · · · · · ·
Instrument Se	erial No. <u><i>O</i>U 880</u> C	)	HAVELOCK POLICE	DEPT
				·
The preventive four months a	we maintenance procedures for the are:	e Intoximeters, Model Intox E	C/IR II to be followed at le	east once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the al- degree centigrade;	coholic breath simulator the	ermometer show
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence;	;		
4.	Enter information as prompt	red;		
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.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed befor hanged every four months or	re expiration date, or the alc after 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that procedures w Department	on theday of were performed on the instrumen of Health and Human Services, a	t indicated above, in accordan	the foregoing preventive with current regulations ing properly.	e maintenance s of the N.C.
OREAT STATE OF STATE	CAROLLIN			
APRIL 12, TO	all	ignature of Certifying Officia	l Certific	48 ate Number

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



DHHS 4080 (11/07)

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 01/23/2020

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: 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 AIR BLK	Pass	4:14pm 4:15pm
ACCY CHK	.08	4:15pm
AIR BLK SUB TEST	.00 .00	4:16pm <b>4:17pm</b>
AIR BLK	.00	4:18pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1257 Test Date: 01/23/2020 Test Time: 4:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:23pm
FLO	Pass	4:23pm
FC	Pass	4:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:23pm
SRC	Pass	4:23pm
DET	Pass	4:23pm
BAR	Pass	4:23pm
BT	Pass	4:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:24pm
	CRC Tests	
Test	Status	Time

rest	Status	Time
COMP	Pass	4:24pm
CAL	Pass	4:24pm

Preventive Maintenance Status: Pass

Analyst

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

County (	CRAVEN	Instrument Location	
·	erial No. 068817		NEW BERN POLICE DEPT
The preventive four months a		e Intoximeters, Model Intox l	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		clcoholic breath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department	on theday of ere performed on the instrument of Health and Human Services, a	t indicated above, in accordant the instrument is function	, the foregoing preventive maintenance nce with current regulations of the N.C. ning properly.
STATE STATE	% NO PLANT OF THE PARTY OF THE		
STATE OF THE PARTY		Ry Bours	648
	3	ignature of Certifying Officia	al Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 01/23/2020

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: 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	Pass .00 .07 .00 .00	12:49pm 12:50pm 12:50pm 12:51pm 12:52pm 12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1530 Test Date: 01/23/2020 Test Time: 12:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:56pm 12:56pm
FC	Pass	12:56pm

#### 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	12:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:57pm

Preventive Maintenance Status: Pass

Pass

12:57pm

hu Kg /ja

CAL

Analyst

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

County	CRAVEN	Instrument Location	CRAVEN COUN	)TY	
Instrumen	nt Serial No. <u>008901</u>	·	DE TENTION (	CEN TEIR	
The preve	entive maintenance procedures for the hs are:	Intoximeters, Model Intox l	EC/IR II to be followed at least or	nce 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 tir	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	d;			
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;	Print test record;			
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas canister is being changed before 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					
SE S	TATE OF NO.				
	Sig	gnature of Certifying Officia	d Certificate Nu		



CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008901 Test Date: 01/23/2020

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: 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	Pass	11:43am
AIR BLK	.00	11:43am
ACCY CHK	.08	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008901 Test Record Number: 1192 Test Date: 01/23/2020 Test Time: 11:50am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:50am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:51am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Craven	Instrument Location Bat Mabile Clust 12
Instrument	Serial No. <u>6 o 86 9 8</u>	Havelock
The prever	ntive maintenance procedures for the Ir	ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister and 34 degrees, plus or minus .2 degrees,	displays pressure, or the alcoholic breath simulator thermometer sho gree centigrade;
2.	Verify instrument displays time	and date:
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
procedures	at on the <u>31</u> day of <u>Jose</u> were performed on the instrument ind at of Health and Human Services, and	, 20 2.0., the foregoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
ALL STATES	CANOLINE CAN	
	In On Signa	ture of Certifying Official Certificate Number

#### CRAVEN COUNTY BAT MOBILE 12 240

Serial Number: 008698 Test Record Number: 1498
Test Date: 01/31/2020 Test Time: 8:38pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:38pm
FLO	Pass	8:38pm
FC	Pass	mq8E:8

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:38pm
SRC	Pass	8:38pm
DET	Pass	8:38pm
BAR	Pass	8:38pm
BT	Pass	8:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:39pm
	CRC Tests	
Test	Statue	Time

Test	Status	Time
COMP	Pass	8:39pm
CAL	Pass	8:39pm

Preventive Maintenance Status: Pass

Analyst

7/1

CRAVEN COUNTY BAT MOBILE 12 240

Serial Number: 008698 Test Date: 01/31/2020

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

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

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	8:30pm
AIR BLK	.00	8:31pm
ACCY CHK	.08	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	.00	8:33pm
AIR BLK	0.0	8:34pm
SUB TEST	.00	8:35pm
AIR BLK	.00	8:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	naueh Instrument Locati	ion Bat Me	bile uniti
Instrument S	Serial No. 008788 Havel	ock	
The prevent	ive maintenance procedures for the Intoximeters, Model In are:	tox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or t 34 degrees, plus or minus .2 degree centigrade;	he alcoholic breath	simulator thermometer sho
2.	Verify instrument displays time and date;		
. 3,	Initiate breath test sequence;	•	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath san	nple;	
7.	When "PLEASE BLOW" appears, collect breath san		• :
8.	Print test record;	• •	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed to simulator solution is being changed every four month whichever occurs first.	pefore expiration de s or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that procedures w Department	on the <u>71</u> day of <u>Joness</u> , 20 vere performed on the instrument indicated above, in according to the desired and Human Services, and the instrument is fundament is fundament.	rdance with curren	ng preventive maintenance t regulations of the N.C.
THE STATE			
A CANA AND	Signature of Certifying Off	icial	<u>665</u>

#### CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008788 Test Date: 01/31/2020

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

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

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

Test	9/2101	rime
DIAG	Pass	8:27pm
AIR BLK	.00	8:28pm
ACCY CHK	.08	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8;33pm

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

11

Analyst

M Our

#### CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008788 Test Record Number: 1478
Test Date: 01/31/2020 Test Time: 8:35pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:35pm
FLO	Pass	8:35pm
FC	Pass	8:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:35pm
SRC	Pass	8:35pm
DET	Pass	8:35pm
BAR	Pass	8:35pm
BT	Pass	8:35pm

#### Blank Tests

Test	Status	Time
		i i i i i i i i i i i i i i i i i i i
AIR	Pass	8:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:36pm
	CRC Tests	
Test	Status	Time

COMP	Pass	8:36pm
CAL	Pass	8:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Currituck la. 50, - Corolla 1123 OceanTrail. 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; 5. 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. ,  $20 \ge 0$  , the foregoing preventive maintenance ANUATE 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

#### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 01/08/2020

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: 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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	12:17pm 12:18pm
ACCY CHK AIR BLK	.08	12:18pm 12:19pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 531 Test Date: 01/08/2020 Test Time: 12:24pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

#### Printer Tests

Test

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

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

County Du			cation Duham	
Instrument Seri	ial No. 008859 2	19 5.	Mutugam ST	Deham Ne
The preventive four months are	maintenance procedures for the Intoxim	eters, Mode	Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister displa- 34 degrees, plus or minus .2 degree co	/s pressure, entigrade;	or the alcoholic breath	simulator thermometer show
2.	Verify instrument displays time and d	ate;		
3.	Initiate breath test sequence;			
4,	Enter information as prompted;		÷	•
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, co	llect breath	sample;	
7.	When "PLEASE BLOW" appears, co	llect 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.	being chang ery four mo	ed before expiration da nths or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on procedures were Department of I	the 17 day of Jan Lane e performed on the instrument indicated Health and Human Services, and the inst	above, in accument is fur	_, 20 the forgo cordance with current r actioning properly.	oing preventive maintenance regulations of the N.C.
O'ME STATE OF ME S	State of the state			OG 2
	Signature o	f Certifying	Official	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 01/17/2020

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, 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	Pass	1:01pm
AIR BLK	.00	1:02pm
ACCY CHK	.08	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2366
Test Date: 01/17/2020 Test Time: 1:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm
	CRC Tests	

rest	Status	Time
COMP	Pass	1:10pm
CAL	Pass	1:10pm

Preventive Maintenance Status: Pass

Analyst

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

County Dun	Han Instrument Location, Duham Co Jaic		
Instrument Seria	al No. 008891 219 S. Mangem ST Deallam, 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 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.		
I certify that on to procedures were Department of H	the 17 day of January, ,20 2-2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.		
STATE OF N. STATE	Signature of Certifying Official  Certificate Number		

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 01/17/2020

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: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:59pm 1:00pm 1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 01/17/2020

Test Record Number: 4160 Test Time: 1:06pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:06pm 1:06pm
FC	Pass	1:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:08pm
CAL	Pass	1:08pm

Preventive Maintenance Status: Pass

Analyst

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

County Dwn	2 14 AU	Instrument Location De vham.	Co JAIL
Instrument Seri	ial No. <u>008878</u>	219 5. MANJEW ST	
The preventive four months are	•	oximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic brea ree centigrade;	nth simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	·	
10.		ter is being changed before expiration ged every four months or after 125 Al	
I certify that on procedures wer Department of	the 17 day of Andre e performed on the instrument indic Health and Human Services, and the	the force the depth of the force that the force tha	orgoing preventive maintenance nt regulations of the N.C.
OTH STATE OF OTHER PROPERTY OF THE PROPERTY OF	Signat	Lanus ture of Certifying Official	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 01/17/2020

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, 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	12:57pm 12:57pm
AIR BLK	.00	12:58pm 12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
ATR BLK	. 0.0	1 • 0 3 mm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 4761 Test Date: 01/17/2020 Test Time: 1:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:03pm
FLO	Pass	1:03pm
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
$\mathtt{BT}$	Pass	1:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	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	DUPLIN Instrument Location DUPLIN COUNTY  Serial No. 008864  DETENTION CENTER
Instrument	Serial No. 008864 DETENTION CENTER
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.
I certify the procedure Departme	nat on theday ofANUARY , 20ZO, the foregoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
THE CREAT CO.	ATE OF NO.
ESE CON	Signature of Certifying Official Certificate Number

#### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Date: 01/21/2020

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: AG904301 Exp Date: 02/12/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 3789 Test Date: 01/21/2020 Test Time: 2:59pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:01pm

Pass

3:01pm

Preventive Maintenance Status: Pass

CAL

#### Analyst

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

County	OUPLIN Instrument Location WALLACE POLICE DEPT.
Instrument S	erial No. <u>008858</u>
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;
<b>7.</b>	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
CAN STATI	Oln 7, 13 648
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 01/21/2020

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
	Pass	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:22pm
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

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 1013

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC .	Pass	1:28pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:28pm
	CRC Tests	

Time

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

Preventive Maintenance Status: Pass

alu Ry Bons
Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County E	decombe Instrument Location Edgerombe Co. Magist
Instrument Ser	ial No. 00 8663 Office, 300 S. Anaronda Rd., Tar.
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.
I certify that o procedures we Department o	on theday ofGOOD, 20, 20, the foregoing preventive maintenance are 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 STATE	Signature of Certifying Official Certificate Number

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 01/14/2020

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: AG902201 Exp Date: 01/22/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3250 Test Date: 01/14/2020 Test Time: 10:18am EST

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	10:19ar

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Ed	gerombe Instrument Location Edgeronde Co. Megisa	
Instrument Seri	ial No. 008603 Office, 300 S. Anaconda Rd., Ta	
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 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.	
I certify that on the		
OF THE STATE OF THE OF	Signature of Certifying Official Certificate Number	

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 01/14/2020

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	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Test Record Number: 1801 Serial Number: 008603 Test Date: 01/14/2020

Test Time: 10:39am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:39am
FLO	Pass	10:39am
FC	Pass	10:39am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:40am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:40am
CAL	Pass	10:40am

Preventive Maintenance Status: Pass

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

County 10	•	_ Instrument Location For	ster - Sulem, NC
Instrument S	erial No. <u>00 865 9</u>	Win.	Star - Sulem, NC
The prevention four months a		Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d		nolic breath 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; ar	nd	
10.			expiration date, or the alcoholic breather 125 Alcoholic Breath Simulator tests,
procedures w	on the	ndicated above, in accordance	the foregoing preventive maintenance with current regulations of the N.C. g properly.
THE STATE OF THE S		nature of Certifying Official	649

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008659 Test Date: 01/13/2020

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: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:30pm 4:31pm 4:31pm
ACCY CHK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 5401 Test Date: 01/13/2020 Test Time: 4:38pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:39pm
FLO	Pass	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	Pass	4:40pm
CAL	Pass	4:40pm

Preventive Maintenance Status: Pass

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

County For	SVH Instrument Location For SVH Co. Detentio.
Instrument Seria	Instrument Location Forsinth Co. Detention  Winsten Salen, NC
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 breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
; <b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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
THE STATE OF A STATE O	Signature of Certifying Official  Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 01/13/2020

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: AG919901 Exp Date: 07/18/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 7991
Test Date: 01/13/2020 Test Time: 4:37pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:38pm
FLO	Pass	4:38pm
FC	Pass	4:38pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:38pm
SRC	Pass	4:38pm
DET	Pass	4:38pm
BAR	Pass	4:38pm
$\mathtt{BT}$	Pass	4:38pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:39pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:39pm

4:39pm

Preventive Maintenance Status: Pass

Pass-

CAL

Analyst

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

		KS, MODEL INTOX EC/	
County For	SYTh	Instrument Location F01511H	i Co Detention
Instrument Serie	al No. <u>00 8925</u>	Instrument Location Forsytt	-Salom, NC
The preventive four months are		ntoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic brea gree 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" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	ı	
10.		ster is being changed before expiration nged every four months or after 125 Al	
procedures wer	e performed on the instrument in	, 20 20, the forest dicated above, in accordance with current the instrument is functioning properly	ent regulations of the N.C.
THE STATE OF THE S	# CAROLINA Sign	nature of Certifying Official	649 Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 01/13/2020

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: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	4:28pm 4:29pm
ACCY CHK	.08	4:30pm
AIR BLK SUB TEST	.00 .00	4:31pm 4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 3080 Test Date: 01/13/2020 Test Time: 4:37pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:37pm
FLO	Pass	4:37pm
FC	Pass	4:37pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:37pm
SRC	Pass	4:37pm
DET	Pass	4:37pm
BAR	Pass	4:37pm
BT	Pass	4:37pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:38pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:38pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:38pm
CAL	Pass	4:38pm

Preventive Maintenance Status: Pass

Analyst

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

	154th	Instrument Location Remed	SV1112 1 ()
Instrument Seria	1 No. <u>00 8650</u>	Keiners	ville, NC
The preventive i	· · · · · · · · · · · · · · · · · · ·	toximeters, 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	lisplays pressure, or the alcoholic breat gree 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	l	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
	performed on the instrument in	, 20 <u>20</u> , the foreg dicated above, in accordance with curre the instrument is functioning properly	ent regulations of the N.C.
O'THE STATE OF THE	OSTILL CAROLINA	ature of Certifying Official	Certificate Number

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 01/13/2020

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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:46pm
ACCY CHK	.07	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1598
Test Date: 01/13/2020 Test Time: 2:52pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:53pm 2:53pm
FC	Pass	2:53pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:53pm
CAL	Pass	2:53pm

Preventive Maintenance Status: Pass

Analyst

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

County FR	Instrument Location FRANKUNTON PD		
Instrument Se	rial No. 008815 47 W. MASON ST FRANKUNTON, NO		
The preventiv	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 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 we	n the		
STAIF OR FALL OF THE CARE AT T	CAROLINA CONTRACTOR OF THE PARTY OF THE PART		
TOP QUAMVIDE	De DAnits 637		
	Signature of Certifying Official Certificate Number		

## FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 01/14/2020

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: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	6:51pm
AIR BLK	.00	6:52pm
ACCY CHK	.08	6:53pm
AIR BLK	.00	6:54pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm
SUB TEST	.00	6:57pm
AIR BLK	.00	6:58pm

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

## FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 1242

Test Date: 01/14/2020

Test Time: 6:59pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:59pm
FLO	Pass	6:59pm
FC	Pass	6:59pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:59pm
SRC	Pass	6:59pm
DET	Pass	6:59pm
BAR	Pass	6:59pm
BT	Pass	6:59pm

## Blank Tests

Test	Status	Time
AIR	Pass	7:00pm

## Printer Tests

Test	Status	Time
PRNT	Pass	7:00pm
. • .	CRC Tests	
Test	Status	Time
COMP	Pass	7:00pm

Preventive Maintenance Status: Pass

Pass

7:-00pm

CAL

Analyst

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

Instrument Serial No.  Colored  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator ther 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. 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 alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  1 certify that on the day day of the forgoing preventive procedures were performed on the instrument indicated above, in accordance with current regulations of Department of Health and Human Services, and the instrument is functioning property.	_ (-)	INTOXIVI Ordan	e i eks, MODEL INI OX EC	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator them 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. 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 Simulators whichever occurs first.  1 certify that on the day of day of largery and lar	County	13/01/	Instrument Location CACSE	COUNTY
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator them 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. 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 alcois simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  1 certify that on the	Instrument Se	rial No. 008687	Sharitis	Obtice
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator them 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. 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 alcois simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  1 certify that on the Again day of Against 2000 the forgoing preventive procedures were performed on the instrument indicated above, in accordance with current regulations of 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 alcosismulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  1 certify that on the			r the Intoximeters, Model Intox EC/IR II to	be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. 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 alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  I certify that on the day of da	1.			eath simulator thermometer show
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.</li> <li>I certify that on the day of day</li></ol>	2.	Verify instrument display	ys 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 alcol simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  I certify that on the	3.	Initiate breath test seque	nce;	
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 alcol simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  1 certify that on the day of day of you have procedures were performed on the instrument indicated above, in accordance with current regulations of Department of Health and Human Services, and the instrument is functioning properly.	4.	Enter information as pro-	mpted;	
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 alcol simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  1 certify that on the	5.	Verify instrument accura	cy;	
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcol simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  I certify that on the	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 alcol simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW	" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcol simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  I certify that on the	9.	Verify Diagnostic Progra	nm; and	
procedures were performed on the instrument indicated above, in accordance with current regulations of Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is beir		
STATE OF CAROLING STATE OF CAR	procedures we	re performed on the instrume	ent indicated above, in accordance with curr	
	STATE OF THE STATE	CAROUND	Signature of Contifue Commission	Certificate Number

#### GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 01/29/2020

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:12am 10:13am 10:14am 10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
AIR BLK	.00	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 4597 Test Date: 01/29/2020 Test Time: 10:19am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:20am
${ t FLO}$	Pass	10:20am
FC	Pass	10:20am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

#### Blank Tests

Test	Status	Time	

AIR Pass 10:21am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:21am

CRC Tests

Test Status Time COMP Pass 10:21am CAL Pass 10:21am

Preventive Maintenance Status: Pass

Analyst

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

County_	GRANVILLE	Instrument Location REPERA	Masur PD
Instrume	nt Serial No. <u>008641</u>	111 MASONIC ST. C	REEDMOR, NC
The preve		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 bre degree centigrade;	ath 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" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		nnister is being changed before expiration hanged every four months or after 125 A	
procedure	s were performed on the instrument i	MUAIZY, 20 20 the foodicated above, in accordance with curred the instrument is functioning properly.	ent regulations of the N.C.
THE CREAT SE	TATE OF AROUND A CONTROL OF THE CONT		
TISE OF		D Smith	637
	Si	gnature of Certifying Official	Certificate Number

## GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1253 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	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	2:42pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:42pm
CAL	Pass	2:42pm

Preventive Maintenance Status: Pass

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 01/08/2020

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: Smith, Brian D

Permit Number: 0032-6608

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	2:34pm 2:34pm
ACCY CHK	.08	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County 61	RANVILLE Instrument Location Ox FORD PD
Instrument Se	erial No. 008923 204 E MCCLANAHAN ST OXFORD, NO
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 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.
I certify that o procedures we Department of	on the
STATE CREATER STATE OF STATE O	
	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 01/07/2020

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: Smith, Brian D
Permit Number: 0032-6608
Effective:
07/09/2019-07/09/2021

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	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.07	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

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

## GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 01/07/2020

Test Record Number: 2321

Test Time: 1:52pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:54pm
	- 0.2.2	51bm

## Printer Tests

rest	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

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

County (70	ilford Instrument Location High Point Jail
Instrument Seria	ilford Instrument Location High Point Jail al No. 008655 High Point, vc
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 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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 01/08/2020

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: 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	5:52pm
AIR BLK	.00	5:53pm
ACCY CHK	.07	5:54pm
AIR BLK	.00	5:55pm
SUB TEST	.00	5:56pm
AIR BLK	.00	5:57pm
SUB TEST	.00	5:58pm
ATR BLK	. 00	5:59pm

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

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 3495 Test Date: 01/08/2020 Test Time: 6:00pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:00pm
${ t FLO}$	Pass	6:00pm
FC	Pass	6:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:01pm
SRC	Pass	6:01pm
DET	Pass	6:01pm
BAR	Pass	6:01pm
BT	Pass	6:01pm

## Blank Tests

Test	Status	Time
AIR	Pass	6:01pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:01pm
CAL	Pass	6:01pm

Preventive Maintenance Status: Pass

Analyst

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

	4	ERS, MODEL INTOX EC	
County 70	4 Hord		<u> </u>
Instrument Se	rial No. <u>OO 8828</u>	High	Doint we
The preventive four months ar	e maintenance procedures for the	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		· .
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample:	
7.	When "PLEASE BLOW" app	•	
8.	Print test record;	<b>, ,</b>	
9.	Verify Diagnostic Program; an	d.	
10.	Verify that the ethanol gas can	ister is being changed before expiration nged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on	the 8 day of J	<u>anuary</u> , 20 20, the fores	
procedures wer	e periormed on the instrument in	dicated above, in accordance with curr the instrument is functioning properly	ent regulations of the N.C.
STATE OF THE STATE	OF THE STATE OF TH		
	CAROL	·	
APRIL 12, 17th  APRIL 12, 17th  APRIL 12, 17th			
- unannum		50.46: 600.	649
	Signi	ature of Certifying Official	Certificate Number

## GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 01/08/2020

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: 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 ACCY CHK	Pass .00	5:22pm 5:23pm 5:24pm
AIR BLK	.00	5:25pm
SUB TEST AIR BLK	<b>.00</b> .00	<b>5:25pm 5:26pm</b>
SUB TEST	.00	5:28pm
AIR BLK	.00	5:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

## GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 3280 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:30pm 5:30pm
FC	Pass	5:30pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:30pm
SRC	Pass	5:30pm
DET	Pass	5:30pm
BAR	Pass	5:30pm
BT	Pass	5:30pm

## Blank Tests

Test	Status	Time
AIR	Pass	5:31pm

## Printer Tests

Test	Status	Time
PRNT	Pass	5:31pm

## CRC Tests

Test	Status	Time
COMP	Pass	5:31pm
CAL	Pass	5:31pm

Preventive Maintenance Status: Pass

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

County 7/	ilford	Instrument Location Geal	25/140 Ja:1
Instrument Serial	No. <u>009790</u>	Greens b	noro, NC
The preventive m four months are:	naintenance procedures for the Int	toximeters, 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	lisplays pressure, or the alcoholic bre tree 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" appear	ars, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" appear	ars, collect breath sample;	A control
8.	Print test record;		
<b>9</b> .	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 A	
procedures were	performed on the instrument inc	20, the fore dicated above, in accordance with cut the instrument is functioning proper	rrent regulations of the N.C.
STATE OF NO. 1775 THE	Signa	ature of Certifying Official	Certificate Number

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 01/14/2020

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: 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	Pass	4:36pm 4:37pm
ACCY CHK	.08	4:37pm
AIR BLK SUB TEST	.00 .00	4:38pm 4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm

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

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6705 Test Date: 01/14/2020 Test Time: 4:45pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:46pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	4:46pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:47pm

Preventive Maintenance Status: Pass

Pass

4:47pm

CAL

Analyst

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

County 7	· ·	Instrument Location 7/	rens 6010 PD	
Instrument Se	erial No. <u>0087</u>	25 (714	enshoro, NC	
The preventive four months a	•	s for the Intoximeters, Model Intox EC/IR II	to be followed at least once every	
1.		s canister displays pressure, or the alcoholic inus .2 degree centigrade;	breath simulator thermometer show	
2.	Verify instrument dis	plays time and date;		
3.	Initiate breath test sec	quence;		
4.	Enter information as	Enter information as prompted;		
5.	Verify instrument acc	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 Pro	ogram; and		
10.		ol gas canister is being changed before expirate being changed every four months or after 12 t.		
		of <u>January</u> , 20 <u>20</u> , the rument indicated above, in accordance with vices, and the instrument is functioning pro		
STATE STATE OF THE			> 104G	
	1	Signature of Certifying Official	Certificate Number	

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 01/14/2020

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: 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 ACCY CHK AIR BLK	Pass .00 .08 .00	3:19pm 3:20pm 3:21pm 3:22pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:25pm

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

## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4531 Test Date: 01/14/2020 Test Time: 3:28pm EST

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
$\mathtt{BT}$	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 (10)	1 Ford Instrument Location UACG PD
Instrument Seria	INO. 008604 Gleensboro, NC
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 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 were	the
THE STATE OF A STATE O	Single Control of Cont

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 01/14/2020

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: 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	Pass	2:24pm 2:25pm
ACCY CHK	.00	2:25pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1879 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

## 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	2:35pm

P	rinter Tes	ts
Test	Status	Time
PRNT	Pass	2:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:35pm 2:35pm

Preventive Maintenance Status: Pass

Analyst

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

County He	nderson	Instrument Location Hencles	son Co Detent.
Instrument Seria	al No. <u>00 4306</u>	- Hond-user	ville, NC
The preventive i		Intoximeters, 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 breatlegree centigrade;	n simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>i</b> ;	
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 or after 125 Alcohology	
procedures were	e performed on the instrument i	ndicated above, in accordance with curre d the instrument is functioning properly.	nt regulations of the N.C.
THE STATE OF THE S	Cia Cia	nature of Cortifying Official	G G G

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 01/21/2020

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	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 2878
Test Date: 01/21/2020 Test Time: 2:28pm EST

System Check: Passed

#### Baseline Tests

2:28pm 2:28pm 2:29pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:29pm
CAL	Pass	2:29pm

Preventive Maintenance Status: Pass

Analyst

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

County He	Acterson Instrument Location Henderson Co. Detention
Instrument Se	erial No. 008822 Henderson Ville, 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 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
O THE STATE OF THE	Signature of Certifying Official  Certificate Number

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 01/21/2020

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: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	2:18pm 2:19pm
ACCY CHK	.08	2:20pm
AIR BLK SUB TEST	.00 .00	2:21pm 2:22pm
AIR BLK	.00	2:22pm
SUB TEST AIR BLK	.00 .00	2:26pm 2:27pm
HTK DUV	.00	2:2/DIII

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

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2534
Test Date: 01/21/2020 Test Time: 2:28pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:29pm 2:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hev	Hord Instrument Location Ahoskie P.D.
Instrument Seria	1No. 008848 705 W. Main St., Ahoskie, A
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 simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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 January, 20 20 the foregoing preventive maintenance 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.
TO THE STATE OF NO.	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 01/24/2020

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: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:58am 10:59am 10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1454

Test Date: 01/24/2020

Test Time: 11:09am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:09am
FLO	Pass	11:09am
FC	Pass	11:09am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:10am

### Printer Tests

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

11:10am

Preventive Maintenance Status: Pass

Pass

CAL

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County I	INTOXIMETERS, MODEL INTOX EC/IR II  redell Instrument Location States ville PD
Instrument S	00000 2000 5 1 10 11 11
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 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 v	on the 15 day of January, 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.
STATION STATE OF STAT	

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 01/15/2020

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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	10:50am
AIR BLK	.00	10:51am
ACCY CHK	.07	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
ATR BLK	. 00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVŔ

Analyst

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1674
Test Date: 01/15/2020 Test Time: 11:00am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

#### Temperature Tests

Status	Time
Pass	11:00am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:01am

Preventive Maintenance Status: Pass

Pass

11:01am

CAL

Analyst

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

County	JONES Instrument Location JONES COUNTY
Instrument Se	DONES Instrument Location JONES COUNTY  Perial No. 008705 DETENTION CENT
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.
I certify that procedures w Department	on the <u>33</u> day of <u>JANUR124</u> , 20 <u>20</u> , 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.
O'ME STATE OF THE	CAROLL CA
	Signature of Certifying Official Certificate Number

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Date: 01/23/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anályst

#### JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Record Number: 1395
Test Date: 01/23/2020 Test Time: 10:15am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:15am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
	•		
AIR	Pass	10:16am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	/ INTOXIMETE	RS, MODEL INTOX EC/JI	
Country	ENOIR	11.07 United 20	STON P.P.
Instrument Se	erial No. 008634	205 E. KING ST	KINSTON, A
The preventive four months a	•	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 breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	5	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	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 d nged every four months or after 125 Alco	
	vere performed on the instrument ir	ANUA / ( / , 20 ), the foregondicated above, in accordance with current the instrument is functioning properly.	ing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	ON ORDER OF THE PARTY OF THE PA	dr. Ceel	647
	Sign	nature of Certifying Official	Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 01/24/2020

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	Pass	12:30pm
AIR BLK	.00	12:30pm
ACCY CHK	.08	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
ATR BLK	. 00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1819
Test Date: 01/24/2020 Test Time: 12:37pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	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 CAL	Pass Pass	12:38pm 12:38pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location LENOIR Co. S. O.
Instrument S	erial No. 008439 130 Queens ST., KINSTON, N.
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 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 v	on the day of January, 20 day, 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.
TATE THE CREAT OF	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 01/24/2020

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	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.07	11:47am
AIR BLK	.00	11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	. 00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3389 Test Date: 01/24/2020 Test Time: 11:53am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:54am

#### Printer Tests

Test

Status

Time

1656	bcacus	TIME
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:54am 11:54am

Preventive Maintenance Status: Pass

Analyst

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

County Mc	c Dowell Co Jail
Instrument Seri	ial No. 008888 Marion, 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 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 wer	n the
TO THE STATE OF TH	CAROLINA DE LA CAROLINA DEL CAROLINA DE LA CAROLINA DEL CAROLINA DE LA CAROLINA D

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 01/29/2020

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: 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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:36pm 2:37pm 2:38pm
AIR BLK SUB TEST	.00 .00	2:39pm 2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:41pm
AIR BLK	00	2:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1541

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

#### CRC Tests

Test	Status	Time
200		
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County //	Instrument Location Mc Dowell Co. Ja. 1
Instrument Se	rial No. OD8892 Marion, NC
The preventive four months a	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 the
OTHER STATE OF THE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 01/29/2020

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: Unknown

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

AIR BLK .00 2	ime
AIR BLK .00 2 SUB TEST .00 2 AIR BLK .00 2	:36pm :37pm :37pm :38pm :39pm :40pm :41pm
	:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Record Number: 829

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 SRC	Pass Pass	2:44pm 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

Analyst

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

County_	Meckleaburg Instrument Location CMPD-LEC
Instrume	nt Serial No. <u>00 86 9/</u>
The preve	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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<sup>7</sup> .	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	that on the
SE S	Signature of Certifying Official  Certificate Number

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 01/23/2020

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: 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: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	9:45am
AIR BLK	.00	9:46am
ACCY CHK	.08	9:46am
AIR BLK	.00	9:48am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
ATR BLK	.00	9.52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 7969 Test Date: 01/23/2020 Test Time: 9:55am EST

System Check: Passed

#### Baseline Tests

Test		Status	Time
IR		Pass	9:56am
FLO	٠	Pass	9:56am
FC		Pass	9:56am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:56am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County M	ecklinburg Instrument Location MCSO		
Instrument Ser	ial No. 008690 804 E 410 St. Chyclote		
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.		
	the 23 day of Jonaly, 20 20, the foregoing preventive maintenance are 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.		
THE STATE OF THE S			

#### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 01/23/2020

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: 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	10:15am
AIR BLK	.00	10:16am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
ATR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemica/ Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

#### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690

Test Record Number: 6466

Test Date: 01/23/2020

Test Time: 10:25am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:25am 10:25am
FC	Pass	10:25am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

#### Blank Tests

Test	Status	Time
ATR	Pass	10:26am

#### Printer Tests

	~~~	
PRNT	Pass	10:26am
Test	Status	Time

#### CRC Tests

Test	Status	Time
COMP	Pass	10:26am
CAL	Pass	10:26am

Preventive Maintenance Status: Pass

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

County M,	tchell Instrument Location Spruce Pine PD
Instrument Serie	Sprue Pine, 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 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.
I certify that on procedures were Department of	the
O'THE STATE OF THE	Signature of Certifying Official Certificate Number

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 01/27/2020

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	Pass	3:35pm
AIR BLK	.00	3:36pm
ACCY CHK	.08	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:41pm
AIR BLK	0.0	3:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 1029
Test Date: 01/27/2020 Test Time: 3:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:44pm
FLO	Pass	3:44pm
FC	Pass	3:44pm

#### Temperature Tests

Test		Status	Time
FCl		Pass	3:44pm
SRC	· 1	Pass	3:44pm
DET		Pass	3:44pm
BAR		Pass	3:44pm
BT		Pass	3:44pm

#### Blank Tests

Test	Status		Time
AIR		Pass	3:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:45pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:45pm
CAL	Pass	3:45pm

Preventive Maintenance Status: Pass

Analyst

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

County	ON3LOW	Instrument Location_	JACKSONVI	
Instrument Se	erial No. <u>0089<i>30</i></u>		POLICE	DEPT
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be followed a	t least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		lcoholic breath 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;			e, and
6.	When "PLEASE BLOW" app	pears, collect breath sample	ç	
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 cha whichever occurs first.			
	, <del>T</del>			
I certify that	on the day of free performed on the instrument i	11UAIZY , 20 Z	<u></u> , the foregoing preven	tive maintenance
	of Health and Human Services, an		U	ons of the N.C.
	· ·			
STATE STATE OF THE	CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLI			
+ SSE QUAM VE		Z3 3cm		48
	Sig	nature of Certifying Officia	ıl Certii	ficate Number

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 01/06/2020

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: AG831801 Exp Date: 11/14/2020

Test	g/210	I Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.08	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930

Test Record Number: 2067

Test Date: 01/06/2020 Test Time: 3:19pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

#### Temperature Tests

Status	Time
_ :	
Pass	3:20pm
	Pass Pass Pass

#### Blank Tests

Test	Status	Time
	:	
AIR	Pass	3:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm
	CPC Tests	

Test	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1950	Sustank Instrument Location Rescustank Co. Public Se
Instrument Serial	No. DO 8950 Bldg., 200E. (donial St., Alizabeth 1
The preventive m	aintenance 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.
I certify that on procedures were Department of I	the
STATE OF NO.	

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

Signature of Certifying Official

### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 01/23/2020

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: 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: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:51am 11:52am
ACCY CHK	.08	11:52am
AIR BLK	.00	11:54am
SUB TEST AIR BLK	.00 .00	<b>11:54am</b> 11:55am
SUB TEST	.00	11:57am
AIR BLK	- 00	11:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Department of Health and Human Services Rev. 12/2007

#### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1750 Test Date: 01/23/2020 Test Time: 11:59am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test		Status	Time
AIR	1,	Pass	12:00pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORDING INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOX EC/IK II
County 105	Gustank Instrument Location Elizabeth City P.D.
Instrument Serial	CONDOUR DIE COM CLEON ON CAL
The preventive m	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.  I certify that on	Verify that the ethanol gas canister is being changed before 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
procedures were	performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of I	Health and Human Services, and the instrument is functioning properly.  Signature of Certifying Official  Certificate Number

#### PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 01/23/2020

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: 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: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:09am 11:10am 11:10am 11:11am
AIR BLK	.00	11:13am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1407 Test Date: 01/23/2020 Test Time: 11:17am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:18am 11:18am

Preventive Maintenance Status: Pass

Ker

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	PENDER Instrument Location PENDER COUNTY
Instrument	INTOXIMETERS, MODEL INTOX EC/IR II  PENDER Instrument Location PENDEIZ COUNTY  Serial No. 008948 GOVERNMENT ANNEX
The prevent	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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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 procedures Departmen	ton the
STAR STAR STAR STAR STAR STAR STAR STAR	

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 01/22/2020

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
	Pass	12:52pm
AIR BLK	.00	12:52pm
ACCY CHK AIR BLK		12:53pm
SUB TEST	.00 .00	12:54pm
		12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 955 Test Date: 01/22/2020

Test Time: 12:59pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	PENDER Instrument Location PENDER COUNT
Instrumen	t Serial No. OO8935 DE TENTION CENT
The preve	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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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
SOLUTION STATES OF STATES	Signature of Certifying Official  Certificate Number

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 01/22/2020

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	9:05am
AIR BLK	.00	9:06am
ACCY CHK	.07	9:06am
AIR BLK	.00	9:07am
SUB TEST	.00	9:08am
AIR BLK	.00	9:09am
SUB TEST	.00	9:10am
AIR BLK	.00	9:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 2581 Test Date: 01/22/2020 Test Time:  $9:12am\ EST$ 

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:12am 9:12am
FC	Pass	9:12am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:12am
SRC	Pass	9:12am
DET	Pass	9:12am
BAR	Pass	9:12am
BT	Pass	9:12am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:13am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:13am 9:13am

Preventive Maintenance Status: Pass

Analyst

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

	MICAIMETER	cs, model in i	OA EC/IK II	$\sim$
County	PENDER			
Instrument S	erial No. <u>008</u> 946		DETENTIO	N CENTE
The prevention	ve maintenance procedures for the Intare:	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 simulate	or 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" appear	ars, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample	<b>;</b>	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan, whichever occurs first.			
procedures v	on the <u>JJ</u> day of <u>JA</u> vere performed on the instrument inc of Health and Human Services, and	licated above, in accorda	nce with current regula	entive maintenance tions of the N.C.
O'NE STATI	A AROUNT			
* ESSE QUAM V	_ all [	? 13 am	<u> </u>	048
	Signa	ture of Certifying Offici	al Cer	tificate Number

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

DHHS 4080 (11/07)

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Date: 01/22/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1

Subject'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	9:02am
AIR BLK	.00	9:03am
ACCY CHK	.08	9:03am
AIR BLK	.00	9:04am
SUB TEST	.00	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946

Test Record Number: 1066

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:09am 9:09am
FC	Pass	9:09am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:09am
SRC	Pass	9:09am
DET	Pass	9:09am
BAR	Pass	9:09am
BT	Pass	9:09am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:10am
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	9:10am 9:10am

Preventive Maintenance Status: Pass

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

- C +	MIOXIMETERS, MODEL INTOX EC/IR II
CountyI	Instrument Location Polk Canty LEC
Instrument S	Gerial No. 008832 164 Government Complex Dr. Columbus
The manual	
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,
I certify that on procedures were Department of	1/
THE STATE OF N. CO. THE ST	- Man CCC

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 01/16/2020

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: 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: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	10:54am
AIR BLK	.00	10:55am
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 AC: \00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CONTRACTOR OF

#### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1551 Test Date: 01/16/2020 Test Time: 11:05am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	11 · 06an

#### 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

	INTOXIMET	ERS, MODEL IN LOX EC	IK II
County C	olK	Instrument Location	County LEC
Instrument S	Serial No. <u>00881</u>	164 Government Dr.	Colmbus
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	er displays pressure, or the alcoholic bre degree centigrade;	ath 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 expiratio anged every four months or after 125 A	
	were performed on the instrument	, 20 <u>20</u> , the fore indicated above, in accordance with cure and the instrument is functioning proper	
THE STATE OF THE S	Man Man	gnature of Certifying Official	Certificate Number

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Date: 01/16/2020

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: 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
AIR BLK	Pass	10:40am 10:41am
ACCY CHK	.08	10:41am 10:42am
SUB TEST	.00	10:42am
AIR BLK	.00	10:44am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Record Number: 868
Test Date: 01/16/2020 Test Time: 10:48am EST

System Check: Passed

#### Baseline Tests

10:48am 10:48am 10:48am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	•
Test	Status	Time

COMP Pass 10:49am CAL Pass 10:49am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD TOXIMETERS, 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: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. 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. \_\_\_\_\_, 20 \_\_\_\_\_\_\_, 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.

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

Signature of Certifying Official

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Date: 01/10/2020

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: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	3:22pm 3:23pm
ACCY CHK	.08	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm

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

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 3320 Test Date: 01/10/2020 Test Time: 3:30pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:31pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:31pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:32pm
CAL	Pass	3:32pm

Preventive Maintenance Status: Pass

Analyst

County A	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Archieve
Instrument Seria	1 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 breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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 virilarly, 20 20, the foregoing preventive maintenance 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 N. STATE	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Date: 01/10/2020

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: AG902202 Exp Date: 01/22/2021

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

<del>Signatur</del>e of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 2773
Test Date: 01/10/2020 Test Time: 3:32pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:32pm
FLO	Pass	3:32pm
FC	Pass	3:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:32pm
SRC	Pass	3:32pm
DET	Pass	3:32pm
BAR	Pass	3:32pm
${f BT}$	Pass	3:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:33pm
CAL	Pass	3:33pm

Preventive Maintenance
/ Status: Pass

**A**nalyst

County LA	INTOXIMETERS, MOI	DEL INTOX EC/IR	
Instrument Seria	INO. 008737 RA	Holleman, 1	AC ,
The preventive i	naintenance procedures for the Intoximeters, N	Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad		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 b	reath sample;	
7.	When "PLEASE BLOW" appears, collect b	reath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.		
	the day of AHUARY performed on the instrument indicated above Health and Human Services, and the instrume	e, in accordance with current	ng preventive maintenance t regulations of the N.C.
THE STATE OF MANY 20, 1775	Signature of Certi	fying Official	654 Certificate Number

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 01/10/2020

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	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported NC: / 00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 1136 Test Date: 01/10/2020 Test Time: 2:35pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:36pm

Preventive Maintenance

Pass

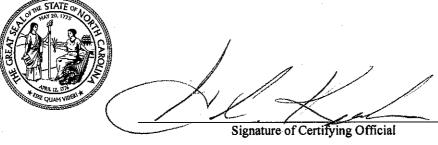
2:36pm

CAL

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD TOXIMETERS, MODEL INTOX EC/I Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .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; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 16 , 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.



Certificate Number

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 01/10/2020

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	1:07pm 1:07pm 1:08pm 1:09pm
SUB TEST	.00	1:10pm
AIR BLK SUB TEST	.00	1:10pm <b>1:12pm</b>
AIR BLK	.00	1:13pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 658
Test Date: 01/10/2020 Test Time: 1:13pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
${ t FLO}$	Pass	1:14pm
FC	Pass	1:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time

lest	Status	TIME
COMP	Pass	1:15pm
CAL	Pass	1:15pm

Preventive Maintenance , Status: Pass

beacus. rass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX 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: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .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; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20  $\stackrel{\frown}{\sim}$ , 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

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 01/14/2020

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	Pass .00 .08	10:10am 10:11am 10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am

Reported Acr

رg/210Lر

Signature of Chemical Analyst

Court CVR

Analyst

#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1205 Test Date: 01/14/2020 Test Time: 10:18am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
	_	
AIR	Pass	10:19am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

2 P	Charries Co. Instrument Location Kichmond Co. Macistate Africa
County/ Instrument S	01.
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 theday of, 20, 20, 20
THE STATE OF THE S	Signature of Certifying Official Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

> Serial Number: 008840 Test Date: 01/14/2020

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	Pass	10:08am 10:09am
ACCY CHK	.07	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
ATR BLK	0.0	10·14am

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

#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2385 Test Date: 01/14/2020 Test Time: 10:15am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	<b>10:</b> 15am
BAR	Pass	10:15am
$\mathtt{BT}$	Pass	10:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16am

#### Printer Tests

Status

Test

CAL

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

Time

10:16am

Preventive Maintenance

Pass

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: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_, 20 \_\_\_\_\_, 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

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 01/13/2020

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: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
		1
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.07	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:05pm

Reported AC. . 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 5348 Test Date: 01/13/2020 Test Time: 12:13pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test		Status	Time
FC1		Pass	12:14pm
SRC	÷	Pass	12:14pm
DET		Pass	12:14pm
BAR		Pass	12:14pm
BT	Maria de la compansión de	Pass	12:14pm

#### Blank Tests

Test	Stat	us	Time
AIR	Pass		12:14pm
			20 N

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
· 	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:15pm 12:15pm

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; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 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. , 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.

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

Signature of Certifying Official

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 01/13/2020

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: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:44am
AIR BLK	.00	11:44am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported &C: /.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 4528 Test Date: 01/13/2020 Test Time: 11:58am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	• .
Teat	Status	Time

Test	Status	Time	
COMP	Pass	12:00pm	
CAL	Pass	12:00pm	

Preventive Maintenance Status: Pass

Analyst

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

County	Kahasa Sam
County	Dobeson Instrument Location ISAT Mobile Unit#
Instrument :	Serial No. 008826 Lumberton P.D
The prevent four months	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.
I certify that of procedures we Department of	on the
STATE OF STA	Signature of Certifying Official Certificate Number

### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 01/01/2020

Test Record Number: 8171 Test Time: 10:03pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10 · 04m

#### Printer Tests

rest	Status	Time
PRNT	Pass	10:04pm
	CRC Tests	

rest	Status	Time
COMP	Pass	10:04pm
CAL	Pass	10:04 m

Preventive Maintenance Status: Pass

Analyst

### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 01/01/2020

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: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L Time	
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm

Reported AC: .00 g/210L

Signature of Chemical Malyst

Court CVR

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

County	Polosia a
county	Instrument Location BAT Mobile Unit#
Instrument	Serial No. 008704 Lumbertow P.D.
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
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.
certify that procedures v Department	on theday of, 20 2()_, the foregoing preventive maintenance vere 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.
O UNI STATI	Signature of Certifying Official  Certificate Number

### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 01/01/2020

Test Record Number: 606 Test Time: 5:46pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:46pm
FLO	Pass	5:46pm
FC	Pass	5:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:46pm
SRC	Pass	5:46pm
DET	Pass	5:46pm
BAR	Pass	5:46pm
BT	Pass	5:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:47pm
		•

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:47pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:47pm 5:47pm

Preventive Maintenance Status: Pass

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 01/01/2020

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: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	5:30pm
AIR BLK	.00	5:31pm
ACCY CHK	.07	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	.00	5:35pm
AIR BLK	.00	5:36pm

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County K	004500	Instrument I	Location	3ATM Conhh	obite i	2n, 1#5
Instrument Seri	al No. <u>00 8 82 C</u>	Ko	מטנשם	Contry	Sterrit	FS Off
		<u> </u>				
The preventive four months are	maintenance procedures for the	Intoximeters, Mo	del Intox EC/	IR II to be foll	owed at least	once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 (	r displays pressur degree centigrade;	e, or the alcol	nolic breath sir	nulator thermo	ometer show
2.	Verify instrument displays tir	ne and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	d;				
<b>5.</b>	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collect brea	th sample;			
<b>7.</b>	When "PLEASE BLOW" ap	pears, collect brea	th 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 cha anged every four I	nged before e nonths or afte	xpiration date, r 125 Alcohol	or the alcoho ic Breath Sim	lic breath ulator tests,
	- 41					
I certify that on		Junuary	_, 20_2.0	the foregoing	preventive ma	intenance
Department of	e performed on the instrument i Health and Human Services, an	indicated above, in	i accordance s	uith current ea	gulations of t	he N.C.
		d the monthing !	is runctioning	property.		
CTATE	is.					
13/20					:* :*	

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

Signature of Certifying Official

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 01/04/2020

Test Record Number: 8174
Test Time: 9:45pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:45pm
FLO	Pass	9:45pm
FC	Pass	9:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:45pm
SRC	Pass	9:45pm
DET	Pass	9:45pm
BAR	Pass	9:45pm
BT	Pass	9:45pm

#### Blank Tests

Test	1.	St	atus	Time
		. :		
AIR		Pa	SS	9:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:46pm CAL Pass 9:46pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

**Analyst** 

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 01/04/2020

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: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:37pm
AIR BLK	.00	9:38pm
ACCY CHK	08	9:39pm
AIR BLK	0.0	9:40pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44 pm

Reported Ad: .00 g/210L

Sygnature of Chemical Analyst

Court CVR

This form is used when performing Properties Marine

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

Instrument S	erial No. <u>08764</u>	Robeson C	County She	riff's off
The preventi four months	ve maintenance procedures for the Intoximeters are:	, Model Intox EC/IR II	to be followed at	least once every
1,	Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centigo	essure, or the alcoholic rade;	breath simulator t	hermometer show
2.	Verify instrument displays time and date;	$\mathcal{F}_{i} = \{ x_i \in \mathcal{F}_{i,j} \mid i \in \mathcal{F}_{i,j} \}$		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	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. I certify that	Verify that the ethanol gas canister is being simulator solution is being changed every f whichever occurs first.  on the	our months or after 12	5 Alcoholic Breat	Simulator tests,
procedures w	ere performed on the instrument indicated abo of Health and Human Services, and the instrum	y, 20 <u>20</u> , the f ve, in accordance with tent is functioning pro	current remulation	ve maintenance s of the N.C.
THE STATE	OF AND			
	TO SERVICE OF THE SER			

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

Signature of Certifying Official

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 01/04/2020

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: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.08	9:41pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 01/04/2020

Test Record Number: 610 Test Time: 9:47pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:48pm
SRC	Pass	9:48pm
DET	Pass	9:48pm
BAR	Pass	9:48pm
BT	Pass	9:48pm

#### Blank Tests

Test	Status	Time
		t white
AIR	Pass	9:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm

CRC Tests

Test	Status	Time
COMP	Pass	9:48pm
CAL	Pass	9:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Sca	HANCE Cc. Instrument Location Scal AND Co, Sherciff Office
Instrument Seria	al No. DO8861 LAURIN burg, 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 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
TOTAL STATE OF MAN AND AND AND AND AND AND AND AND AND A	Signature of Certifying Official  Certificate Number

#### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 01/15/2020

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: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	9:09am 9:10am
ACCY CHK	.08	9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:12am
AIR BLK	.00	9:13am
SUB TEST	.00	9:15am
AIR BLÆ	.00	9:16am

Reported AC

.0/0∕σ/210Tu

Signature of Chemical Analyst

Court CVR

Analyst

#### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1603 Test Date: 01/15/2020 Test Time: 9:17am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:17am
FLO	Pass	9:17am
FC	Pass	9:17am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:18am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:18am
CAL	Pass	9:18am

Preventive Maintenance Status: Pass

Analyst

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

County Sco	HANGE Co. Instrument Location LAURINDURG P.D
Instrument Seria	INO. 008834 LACIRINDURC, NC
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 simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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
THE STATE OF AN ANY TOTAL AND AND ANY TOTAL	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 01/15/2020

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 AIR BLK ACCY CHK	Pass .00	8:32am 8:33am 8:33am
AIR BLK	.00	8:34am
SUB TEST	.00	8:35am
AIR BLK	.00	8:36am
SUB TEST	.00	8:38am
AIR BLK	.00	8:38am

Reported M: .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

#### SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 01/15/2020

Test Record Number: 924

Test Time: 8:39am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:39am
FLO	Pass	8:39am
FC	Pass	8:39am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:40am 8:40am
DET	Pass	8:40am
BAR	Pass	8:40am
BT	Pass	8:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:40am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:40am
CAL	Pass	8:40am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD

County	INTOXIMETERS, MODEL INTOX EC/IR II
Instrum	Instrument Location Stanly County SO
The	10033-St. Albemarle
four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  Verify the ethanol gas canister die 1
1	Model Intox EC/IR II to be followed as I.
r.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows  Verify instrument displays time and be
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW"
7.	When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW"
8.	When "PLEASE BLOW" appears, collect breath sample; 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 whichever occurs first.  The 17 canister is being changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on Procedures were Department of I	theday of
THE STATE OF NO.	AH CAROL
William Wash	

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 01/17/2020

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: Hays, Mark D
Permit Number: 0011-3099

Effective:

12/2010 11/12/20

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	10:28am 10:29am
ACCY CHK	.07	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:35am

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 1516 Test Date: 01/17/2020 Test Time: 10:37am EST

System Check: Passed

#### Baseline Tests

IR Pass 10:37a	
FLO Pass 10:37a FC Pass 10:37a	m

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
•		
AIR	Pass	10:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:38am

Preventive Maintenance Status: Pass

Pass

10:38am

CAL

Analy

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

County 51	Instrument Location Stany Cowy SO
Instrument Seria	al No. 008842 1265 3rd st. Alberrack
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 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 17 day of 9000, the foregoing 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.
TAPE QUANVIONAL	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 01/17/2020

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: Hays, Mark D

Permit Number: 0.011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:14am 10:15am 10:15am
SUB TEST	.00	10:16am <b>10:17am</b>
AIR BLK	.00	10:18am
SUB TEST	.00	10:20am
AIR BLK	.00	10:20am

Reported AC:  $\setminus$  .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SO 830

Test Record Number: 2276 Serial Number: 008842

Test Date: 01/17/2020 Test Time: 10:22am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:23am
SRC	Pass	10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

#### Blank Tests

	ime
AIR Pass 10	0·24am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:24am

Preventive Maintenance Status: Pass

Pass

10:24am

CAL

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

County WA	Ke	Instrument Location CARY	PD
Instrument Serial No. 008587		120 Wilkerson A	M. CARY, NC
The preventive four months are		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 degree centigrade;	breath 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	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 anged every four months or after 12:	
I certify that on procedures wer Department of	the 21 day of 32	no AA , 20 2 o the dicated above, in accordance with call the instrument is functioning proper	ne forgoing preventive maintenance surrent regulations of the N.C.
THE STATE OF THE S	TO CAROUND THE CAR		
* EDE QUAM VIDEN	& takes	Ans	662
	Sig	gnature of Certifying Official	Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 01/21/2020

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	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Report#d AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 4199
Test Date: 01/21/2020 Test Time: 12:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:55pm 12:55pm
- <del>- •</del>		_
FC	Pass	12:55pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County (1/A	Instrument Location Apr x PT) STATION 4
Instrument Se	erial No. DO8621 1615 E. Williams St. Apax, NC
The preventiv	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.
I certify that o procedures we Department of	on the 2/ day of January, 2020 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	NOOLE CAROLLE
Transaction of the second	Signature of Certifying Official Certificate Number
	Signature of Corarying Official Certificate Number

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 01/21/2020

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	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.07	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
ATP BIK	0.0	11 · 28am

Reported AC: -00 g/210L

Signature of Chemical Analyst

Court CVR

### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2743
Test Date: 01/21/2020 Test Time: 11:28am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:29am 11:29am
FC	Pass	11:29am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

#### Printer Tests

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

rest	Status	TIME
COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance Status: Pass

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

County WA	, , , , , , , , , , , , , , , , , , , ,
Instrument Seri	al No. 1008577 3301 HAMMAN 120 1246156, NC
	Note: The second of the second
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 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.
	W
procedures were	the // day of
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 01/16/2020

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: AG920301 Exp Date: 07/22/2021

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 4792

Test Date: 01/16/2020 Test Time: 11:00am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	WAKE	Instrument Location WANG (	Co DETENTION COR
Instrument	Serial No <i>DO8778</i>	3301 HAMMOND RD	RALEIGH, NC
The prevent four months	tive maintenance procedures for the are:	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;	eath simulator thermometer shows
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	pears, collect breath sample;	i.
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the	dicated above, in accordance with curr the instrument is functioning properly.	Forgoing preventive maintenance ent regulations of the N.C.
STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI	Sign Sign Sign Sign Sign Sign Sign Sign	Dand nature of Certifying Official	Certificate Number
	<b>5.5</b>		Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 01/16/2020

Citation Number: M0000000-0 Subject's Name:

MAINTENANCE, PREVENTIVE

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

Subject's Sex: Male

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

Analyst's Name: Smith, Brian D Permit Number: 0032-6608

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 ACCY CHK	Pass .00 .07	10:39am 10:39am 10:40am
AIR BLK	.00	10:42am
SUB TEST AIR BLK	.00 .00	10:42am 10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 4684
Test Date: 01/16/2020 Test Time: 10:55am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
FC	Pass	10:56am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:5бат
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

### Blank Tests

Test	Status	Time
AIR	Pass	10:56am

### Printer Tests

Test	Status	Time
PRNT	Pass	<b>1</b> 0:57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:57am 10:57am

Preventive Maintenance Status: Pass

Analyst

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

County_W	AKE Instrument Location WAKE CO. DETENTION CTR		
Instrument Ser	ial No. 008760 3301 HAMMOND RD RALEIGH, NC		
The preventive four months ar	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.		
I certify that on procedures wer Department of	the		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 01/16/2020

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: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

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	10:37am 10:38am 10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 3690 Test Date: 01/16/2020 Test Time: 10:55am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:56am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:56am 10:56am 10:56am 10:56am 10:56am

### Blank Tests

Test	Status	Time
AIR	Pass	10:56an

### Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
		-

Tese	blatus	TIME
COMP	Pass	10:56am
CAL	Pass	10:56am

Preventive Maintenance Status: Pass

Analyst

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

County (1)	lake	Instrument Location	Alle County Uslewton Con	
Instrument Se	erial No. <u>0086/2</u>	3301 Haunum	Ro RALOIGH, NC	
The preventive four months a		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		holic breath simulator 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" appo	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before e nged every four months or afte	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,	
I certify that of procedures we Department of	on the <u>//</u> day of <u>//</u> ere performed on the instrument ind f Health and Human Services, and t	icated above, in accordance whe instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.	
THE STATE OF THE S	1 token	SAMOS	462	
	Sign	ature of Certifying Official	Certificate Number	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 01/16/2020

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	10:46am
AIR BLK	.00	10:47am
ACCY CHK	07	10:47am
AIR BLK	.00	10:49am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BLK	.00	10:52am

Report d AC: \_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 4389
Test Date: 01/16/2020 Test Time: 10:53am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	<b>10:</b> 54am
BAR	Pass	10:54am
$\mathtt{BT}$	Pass	10:54am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55am

### Printer Tests

Test	Status	Time
PRNT	Pass	<b>10:</b> 55am
•	CRC Tests	
Test	Status	Time

rest	Status	TTME
COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance Status: Pass

Analyst

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

County	WARREN Instrument Location WARREN CO. LEC
Instrumen	it Serial No. 008793 128 RAFTERS LN WARRENTON, NC
The preve	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.
I certify the procedures Departmen	at on the day of, 20, 20
OREAL SEA	137
	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 01/23/2020

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: Smith, Brian D Permit Number: 0032-6608

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	Pass , as &	4,28pm
AIR BLK	00	4:29pm
ACCY CHK	.07	4:30pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:34 m

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1558
Test Date: 01/23/2020 Test Time: 4:35pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
	100	
IR	Pass	4:35pm
FLO	Pass	4:35pm
(FC	Pass	4:35pm

### Temperature Tests

Test	gradi a filoso Santa de la segui	Statu	ເຮ	Time	٠. ﴿
	g á		· · · · · · · · · · · · · · · · · · ·		
FC1	r y 🎳	Pass	رىي مىلادۇنىڭ	4:35	mqc
SRC		Pass		4:35	5pm
DET.	i in inggreger Nelsen i George:	Pass		4:35	
BAR		Pass		4:35	
ŖΤ		Pass	1 · 1	4:35	5pm

### Blank Tests

Tes	time S	tatus	Time
(4) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
AIR	A WEST	ass	4:36pm
÷ 9	一 有權 医压力液		

#### Printer Tests

Tε	est		_,St	atus	3	Tir	ne∴	71
γγ <b>ή</b> ς:	1.0	33.15	# <u>-</u>		۳.	50.1.5	در والع	1
Y P	(IN.T		Ра	.នន		4:	sep	m
	4		RC	Test	- c:	ار ماه از	<b>W</b>	1
,	· .	1 (4) (1) F		100				٠.

PCDC . See BLACAB	
COMP Pass CAL Pass	4:36pm
CAL Pass	4:36pm
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	

Preventive Maintenance Status: Pass

Analyst

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

County //	erial No. 008715 Instrument Location Watauga Co. Jail
Instrument S	erial No. <u>008715</u> <u>Boone, NC</u>
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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 procedures w Department	on the <u>22</u> day of <u>January</u> , 20 <u>20</u> , the foregoing preventive maintenance vere 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.
THE STATE OF THE S	\$ 649
	Signature of Certifying Official Certificate Number
A signed orig	rinal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 01/22/2020

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	Pass	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
ATR BIK	0.0	3 · 04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2362 Test Date: 01/22/2020 Test Time: 3:06pm EST

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:07pm 3:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	Catauga Instrument Location Booke PO
Instrument S	
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 shows 34 degrees, plus or minus .2 degree centigrade;
<b>2.</b>	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<sup>1</sup> 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.
certify that or procedures wer Department of	the
OF THE STATE OF A	Signature of Certifying Official  Certificaté Number
	Continuate Number
igned original	of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 01/28/2020

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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	7:27pm 7:27pm 7:28pm 7:29pm 7:29pm 7:30pm 7:32pm 7:33pm

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

# WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 2538

Test Date: 01/28/2020

Test Time: 7:33pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:33pm
FLO	Pass	7:33pm
FC	Pass	7:34pm

### Temperature Tests

Test	_	- 50
	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	7:34pm 7:34pm 7:34pm 7:34pm 7:34pm

### Blank Tests

Test	Status	$T_{ime}$
AIR	D=	+ TIME

Pass 7:34pm

### Printer Tests

Test	Status	TT 4
PRNT	De	Time

Pass 7:34pm

### CRC Tests

Test		
	Status	Time
COMP CAL	Pass Pass	7:35pm
Prove		7:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (	Atha, 11 C. Instrument Location Siles C. ty 1)
Instrument Seria	INO. 008411 5. love C. 1, NC
The preventive r 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.
procedures were	the
* SSE CLAN YORK A	Signature of Certifying Official Certificate Number

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 01/22/2020

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	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:46pm

Reported AC: 00/g/210L

Signature of Chemical Analyst

Court CVR

12 7

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

Analyst

### CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Record Number: 1392 Test Date: 01/22/2020 Test Time: 12:47pm EST

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	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

### Blank Tests

Test	Status	Time
ATR	Pass	12:48pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	
Test	Status	Time

Pass	12:48pm
Pass	12:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MA	HAM Co. Instrument Location Chatham C. Detention Center
Instrument Seria	al No. <u>(20859)</u> <u>f. Hs bores, M</u>
The preventive i	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 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.
I certify that on procedures were Department of	theday of, 20, the foregoing 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.
THE STATE OF A PARTY OF THE STATE OF A PARTY OF THE STATE OF A PARTY OF THE STATE O	Signature of Certifying Official Certificate Number

### CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 01/22/2020

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: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:28am 11:29am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: 2.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 2274
Test Date: 01/22/2020 Test Time: 11:35am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	11:36am
	Pass Pass Pass Pass

### 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 (1)	the file Cc. Instrument Location FT. Citize LEC
Instrument Seria	11 No. 00 3706 PAIC
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 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.
	theday of, 20, the foregoing preventive maintenance 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.
OT ME STATE OF A	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Date: 01/23/2020

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, 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	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm

Reported AC;

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Record Number: 1850
Test Date: 01/23/2020 Test Time: 4:08pm EST

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	Pass	4:09pm
	~~ ~ .	

### CRC Tests

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

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; 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. 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

### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 3932 Test Date: 01/21/2020 Test Time: 12:16pm EST

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	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

### Printer Tests

Test Status Time

1000	Boards	110
PRNT	Pass	12:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance

Status: Pass

Analyst

### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 01/21/2020

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	Pass	12:08pm 12:09pm
ACCY CHK AIR BLK SUB TEST	.08	12:10pm 12:11pm 12:12pm
AIR BLK	.00	12:12pm
SUB TEST AIR BLK	.00	12:14pm 12:15pm

Reported Ac:

na a/210

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

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 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; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 <u>/ ,</u> 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.

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

Signature of Certifying Official

Certificate Number

### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 01/21/2020

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	12:00pm
AIR BLK	.00	12:01pm
ACCY CHK	.08	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported Mg: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 5032
Test Date: 01/21/2020 Test Time: 12:09pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time	
AIR	Pass	12:10pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:10pm

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 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; 4. 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. 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

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 01/21/2020

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	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

### JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 1580 Test Date: 01/21/2020 Test Time: 11:02am EST

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	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

### Blank Tests

Test	Status	Time
AIR	Pass	11:03am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:03am

Pass

11:03am

Preventive Maintenance
/ Status: Pass

CAL

Analyst