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

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

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 08/09/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/11/2019-06/01/2021

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 .07 .00 .00 .00 .00	6:14pm 6:15pm 6:16pm 6:16pm 6:17pm 6:18pm 6:20pm 6:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 625 Test Date: 08/09/2020 Test Time: 6:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:23pm
FLO	Pass	6:23pm
FC	Pass	6:23pm

#### Temperature Tests

Test	5	Status	Time
FC1 SRC DET BAR BT	I I	Pass Pass Pass Pass	6:23pm 6:23pm 6:23pm 6:23pm 6:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:23pm
	CRC Tests	
Test	Status	Time

COMP	Pass Pass	6:24pm 6:24pm

Preventive Maintenance Status: Pass

Analyst

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

County Be	aufort	Instrument Location_	Belhaver	1 PD
Instrument Seria	al No. 008928	12	25 W. Mai	n St. Belhoven
	maintenance procedures for the 0,000 or higher) to be followed			tox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet			of pressure, or the alcoholic grade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	29		
(4)	Enter information as promp	eted;		
(5)	Verify instrument accuracy			
(6)	When "PLEASE BLOW" a	ppears, collect breath sar	nple;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive mai	ntenance status of "Pass";	and
(10)				late, or the alcoholic breath nolic Breath Simulator tests,
I certify that on were performed and Human Ser	theday ofdo not the instrument indicated a vices, and the instrument is fur	above, in accordance with	2 the forgoing prevent current regulations of the	tive maintenance procedures e N.C. Department of Health
THE STATE OF THE S	CARO			643
	A X	Signature of Certifying (	Official	Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 08/18/2020

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 SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	11:12am 11:13am 11:13am 11:14am 11:15am 11:16am 11:17am 11:18am
AIK DUK	. 00	TT: Todill

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 BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 428
Test Date: 08/18/2020 Test Time: 11:19am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:19am
FC	Pass	11:19am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:20am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	County CASu	vell Instrument Location CASwell (	o Detertion Gra
	Instrument Seria	No.008593 211 County 1	PARK PO YANCEJUILLE, M
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and ,000 or higher) to be followed at least once every four months are:	I Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
)	(5)	Verify instrument accuracy;	
1	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	
	were performed	the	ng preventive maintenance procedures tions of the N.C. Department of Health
	THE STATE OF A STATE O	Stokes Some	642
1		Signature of Certifying Official	Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 08/03/2020

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:46am 10:46am 10:47am 10:48am 10:48am
AIR BLK SUB TEST	.00	10:49am 10:51am
AIR BLK	.00	10:51am

Signature of Chemical Analyst

Court CVR

Analyst

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 1817
Test Date: 08/03/2020 Test Time: 10:52am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	10:53am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:53am
	Printer Test	S
Test	Status	Time

PRNT	Pass	10:53am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seria	Instrument Location Hickory P.D.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
THE STATE OF THE PARTY OF THE P	656 May 656

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

Signature of Certifying Official

Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 08/05/2020

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: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:49pm 2:50pm 2:50pm
AIR BLK SUB TEST	.00	2:51pm 2:52pm
AIR BLK SUB TEST AIR BLK	.00	2:53pm 2:54pm 2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 2060 Test Date: 08/05/2020 Test Time: 2:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

## Temperature Tests

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

#### Blank Tests

Test Status Time

AIR Pass 2:58pm

#### Printer Tests

Test Status Time
PRNT Pass 2:58pm

#### CRC Tests

Test Status Time

COMP Pass 2:58pm
CAL Pass 2:58pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services

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

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

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008927 Test Date: 08/14/2020

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: Hutchinson, Joseph E Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:04pm 4:05pm
ACCY CHK	.08	4:06pm
AIR BLK SUB TEST	.00	4:07pm 4:07pm
AIR BLK	.00	4:08pm
SUB TEST AIR BLK	.00	4:10pm 4:10pm

Reported, AC:

.00 g/210L

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

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008927 Test Record Number: 579
Test Date: 08/14/2020 Test Time: 4:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:11pm 4:11pm
FC	Pass	4:12pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

ATR Pass 4:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pagg	4 · 12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:13pm
CAL	Pass	4:13pm

Preventive Maintenance Status: Pass

**Analyst** 

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

Instrument Seri	al No. 008591 PITTSBORD, N.C.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the <u>55</u> day of <u>AUGUST</u> , 20 <u>36</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF STA	Add the state of t

Signature of Certifying Official

Certificate Number

#### CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 08/05/2020

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: Galloway, Charles L Permit Number: 0023-9771 Effective:

02/17/2020-02/17/2022

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

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

Test	g/210L	Time
DIAG	Pass	1:57pm
AIR BLK	. 0 0	1:58pm
ACCY CHK	.08	1:58pm
AIR BLK	. 0 0	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	. 0 0	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



#### CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 2381 Test Date: 08/05/2020 Test Time: 2:05pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm

#### CRC Tests

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

Preventive Maintenance Status: Pass



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

County Instrument Seri	Instrument Location Chowar Parlie Safety Ce al No. DO8855  305 FreeMASON ST., Eden
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF THE STATE	No.

TANK 12 TO THE STATE OF THE STA

Signature of Certifying Official

Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 08/05/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

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

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

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lines Lesse Analyst

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 976
Test Date: 08/05/2020 Test Time: 12:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:06pm

Preventive Maintenance Status: Pass

Analyst

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

County Col	TITUCK Instrument Location Curritude Co.s. 2 - Cosolla
Instrument Seria	
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the day of 200 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF A	ORDER CAROLINA CAROLI
QUAM VILLE	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 08/26/2020

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, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

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

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

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:54pm
AIR BLK	. 0 0	1:55pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 558
Test Date: 08/26/2020 Test Time: 2:01pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
ATR	Pass	2.02nm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County DA	Instrument Location Kill Regil Hills P.D.
Instrument Seria	100 Town DA., Kill Devil Hills.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 26 Hay of
O WE STATE OF THE	A CAROUNT CARO
STERRICE STATE	- Tinen A flesh 647
	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 08/26/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:

07/08/2019-07/08/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:27pm 12:28pm 12:29pm 12:30pm 12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2405
Test Date: 08/26/2020 Test Time: 12:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:36pm 12:36pm 12:36pm 12:36pm 12:36pm
D 1	Labb	12.50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

n is used when performing Preventive Maintenance pro

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

County A	VIDSON Instrument Location THOM	ASVILLE
Instrument Seri	al No. 008872 POLICE	DEPARTMENT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	
were performed	the 18 day of AUGUST, 20 20 the forgoing on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly.	g preventive maintenance procedures ons of the N.C. Department of Health
STATE OF THE STATE	CAROLINE CAR	669
	Signature of Certifying Official	Certificate Number

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 08/18/2020

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	12:38pm 12:39pm 12:40pm 12:41pm 12:41pm 12:42pm 12:43pm 12:44pm
TILL DILL		-2 . I I PIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1488
Test Date: 08/18/2020 Test Time: 12:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:47pm 12:47pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

Coun	ty Du	ham Instrument Location Dukang C	· Joic
Instru	ıment Seria	1 No. 00 8855 219 5. A	Margen Si. Duham
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	
were	performed	the	ng preventive maintenance procedures tions of the N.C. Department of Health
137	STATE OF AUTO		
THE GREAT		Stokes Sm.	662
		Signature of Certifying Official	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 08/03/2020

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

rmit 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	1:57pm
AIR BLK	.00	1:57pm
ACCY CHK	. 08	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: 00 g/2101

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2404
Test Date: 08/03/2020 Test Time: 2:04pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	2:04pm 2:04pm 2:04pm 2:04pm 2:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:05pm
CAL	Pass	2:05pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced was reial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted:  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the 3 day of Argust 20 20 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heand Human Services, and the instrument is functioning properly.	County Dur	9m Instrume	ent Location Ducha	m G JAK	hara e
serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the 3 day of 4 20 the forgoing preventive maintenance proceducer performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He and Human Services, and the instrument is functioning properly.	Instrument Seria	1 No.00 8878	_219 5	. Margan S	Dukan, N
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to twhichever occurs first.  1 certify that on the					C/IR II (Enhanced with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  1 Certify that on the 3 day of 4 20 20 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He and Human Services, and the instrument is functioning properly.	(1)				essure, or the alcoholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  1 certify that on the	(2)	Verify instrument displays time and da	ate;		
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	(3)	Initiate breath test sequence;			
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	(4)	Enter information as prompted;			
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	(5)	Verify instrument accuracy;			
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	(6)	When "PLEASE BLOW" appears, col	lect breath sample;		
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	(7)	When "PLEASE BLOW" appears, col	lect breath sample;		
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	(8)	Print test record;			
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	(9)	Run diagnostic program and confirm p	preventive maintenance	status of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He and Human Services, and the instrument is functioning properly.	(10)	simulator solution is being changed			
La Ces Sames 662	were performed	on the instrument indicated above, in ac	ccordance with current i		
	STATE	OR CARC			
Company of Continue Official	APRIL 12 1772	Stokes is	MUS of Certifying Official		66 Z

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 08/03/2020

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 AIR BLK	Pass .00 .08 .00	1:53pm 1:54pm 1:55pm 1:56pm
SUB TEST AIR BLK	.00	1:57pm 1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: 08 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 4888
Test Date: 08/03/2020 Test Time: 2:01pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:02pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm

#### CRC Tests

Test	Status	Time
		ALC:
COMP	Pass	2:02pm
CAL	Pass	2:02pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

Ins	strument Seria	al No. 00 8891 Z19 5. Maryan ST. Duhans
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced v 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholereath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.
We	ere performe	the 3 day of
S. GREAT CO.	THE STATE OF THE S	CAROUND A 1
4	THE QUAN VICEN	1 Lord January 662

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 08/03/2020

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 AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:54pm 1:55pm 1:56pm 1:57pm 1:58pm 1:59pm 2:00pm
AIR BLK	.00	2:01pm

Reperted AC: \_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4242
Test Date: 08/03/2020 Test Time: 2:02pm EDT

System Check: Passed

#### Baseline Tests

Test S	tatus	Time
FLO P	ass ass	2:02pm 2:02pm 2:02pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass 2:03pm

CAL

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

Rev. 12/2007

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	n the, 20 the forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
NE STATE	
WN 20.075	(A)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 08/03/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2019-00/00/0000

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:16pm 3:17pm 3:18pm
AIR BLK	.00	3:19pm
SUB TEST AIR BLK	.00	3:19pm 3:20pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 8186 Test Date: 08/03/2020 Test Time: 3:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:26pm
FLO	Pass	3:26pm
FC	Pass	3:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

#### Printer Tests

lest	Status	TIME
PRNT	Pass	3:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:27pm
CAL	Pass	3:27pm

Preventive Maintenance Status: Pass

Analyst

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

Cou	nty For	SythInstrument Location_Kerners Ville
Insti	rument Seria	No. 008650 Police Department
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
wei	re performed	the, 20, 20, 20
ME GREAT SE	THE STATE OF THE S	
	A COUNTY OF THE PARTY OF THE PA	Signature of Contifuing Official Contifuent Number

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 08/12/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	4:33pm 4:34pm 4:35pm 4:36pm 4:36pm 4:37pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:39pm
		-

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1628
Test Date: 08/12/2020 Test Time: 4:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	4:41pm 4:41pm
FC	Pass Pass	4:41pm 4:41pm

#### Temperature Tests

Status	Time
Pass	4:41pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance Status: Pass

Analyst

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

Instrum	ent Seria	1 No. 1208659	strument Location	Wirston	-Sclem 1	1/
						*
		maintenance procedures for the Int 0,000 or higher) to be followed at le			odel Intox EC/IR	I (Enhanced with
	(1)	Verify the ethanol gas canister of breath simulator thermometer sl				e, or the alcoholic
	(2)	Verify instrument displays time	and date;			
	(3)	Initiate breath test sequence;				
	(4)	Enter information as prompted;				
	(5)	Verify instrument accuracy;				
	(6)	When "PLEASE BLOW" appear	ars, collect breath sar	mple;		
	(7)	When "PLEASE BLOW" appe	ars, collect breath sar	mple;		
	(8)	Print test record;				
	(9)	Run diagnostic program and co	onfirm preventive ma	intenance status of "	Pass"; and	
	(10)	Verify that the ethanol gas of simulator solution is being clubhichever occurs first.				
were p	erforme	day of day of do n the instrument indicated above rvices, and the instrument is function	ve, in accordance wit	the forgoing th current regulation		
83	WY 20.1775					
15/1	2 7 0	A SERVICE OF THE SERV	ž			

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

Signature of Certifying Official

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 08/03/2020

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

Department of Health and Human Service
Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 5509
Test Date: 08/03/2020 Test Time: 3:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:26pm
FLO	Pass	3:26pm
FC	Pass	3:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:27pm

#### CRC Tests

	0110 10000	
Test	Status	Time
COMP CAL	Pass Pass	3:27pm 3:27pm

Preventive Maintenance Status: Pass

Analyst

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

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 08/03/2020

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIP BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:17pm 3:18pm 3:19pm 3:19pm 3:20pm 3:21pm 3:23pm
AIR BLK	. 00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 3308
Test Date: 08/03/2020 Test Time: 3:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:26pm
FLO	Pass	3:26pm
FC	Pass	3:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:26pm
SRC	Pass	3:26pm
DET	Pass	3:26pm
BAR	Pass	3:26pm
BT	Pass	3:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

#### Printer Tests

Test.	Status	Time
PRNT	Pass	3:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:27pm

Preventive Maintenance Status: Pass

CAL Pass 3:27pm

Analyst

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

County G	1 Instrument Location Gates 6.5.0
Instrument Seri	al No. 008884 202 Court St., Gates Ville, V
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	theday of, 20the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF THE 22 TO THE SECOND STATE OF THE SECOND S	7/m 0 643
	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 08/05/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:44am 10:45am 10:46am 10:47am 10:47am 10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 960 Test Date: 08/05/2020 Test Time: 10:51am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:53am

Preventive Maintenance Status: Pass

Analysi

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

		Anuille Instrument Location Creedmar PD
Inst	rument Seria	al No D 8641 III MASONIZ ST. Cheedmoon, NC
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
wei	re performed	the day of
A.	STATE OF	
A E	84.8	
S. S.		
86	Many or 100	Sta 154- 662

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 08/04/2020

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: AG919902 Exp Date: 07/18/2021

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

Reported AC: .00 g/210L

Signature of themical Analyst

Court CVR

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1312
Test Date: 08/04/2020 Test Time: 1:16pm EDT

System Check: Passed

#### Baseline Tests

FLO Pass 1:17pm	Test	Status	Time
rass 1.1/pii			1:17pm 1:17pm 1:17pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Gro	Instrument Location OXFORD	PD
Instrument Seri	ZOU E. P.	1. Clanahan ST. OXFERD
4		
	maintenance procedures for the Intoximeters, Model Intox EC/IR II a 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2 of	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance statu	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	
were performe	the day of, 2022 the forgot on the instrument indicated above, in accordance with current regularizes, and the instrument is functioning properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
O IN STATE OF THE PROPERTY OF	See Alles Anna	662
The same of the sa	Signature of Certifying Official	Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 08/04/2020

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: 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: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIRG		1005
DIAG	Pass	10:05am
AIR BLK	. 00	10:06am
ACCY CHK	. 07	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 2429
Test Date: 08/04/2020 Test Time: 10:16am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:17am 10:17am
FC	Pass	10:17am

#### Temperature Tests

Test Status	Time
FC1 Pass	10:17am
SRC Pass	10:17am
DET Pass	10:17am
BAR Pass	10:17am
BT Pass	10:17am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18am

CAL Pass 10:18am

Preventive Maintenance Status: Pass

Analyst

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

		Instrument Location Unc - Greek bord  al No. 008604  Deline Department
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were and l	performe	the
THE GREATS		CAROLINA
all a	ESSE QUAM VICES	649

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 08/06/2020

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: 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	7:04pm
AIR BLK	.00	7:05pm
ACCY CHK	.08	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	.00	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm

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: 1906
Test Date: 08/06/2020 Test Time: 7:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:12pm
FLO	Pass	7:12pm
FC	Pass	7:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:12pm
SRC	Pass	7:12pm
DET	Pass	7:12pm
BAR	Pass	7:12pm
BT	Pass	7:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:13pm

Preventive Maintenance Status: Pass

CAL Pass 7:13pm

Analyst

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

CountyG	UILFORD Instrument Location HIGH POINT JAI	
Instrument Seria	al No. 008655 HIGH POINT, NC	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enha 0,000 or higher) to be followed at least once every four months are:	nced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
were performed	the 18 day of August .2029 the forgoing preventive maintenance p on the instrument indicated above, in accordance with current regulations of the N.C. Department vices, and the instrument is functioning properly.	rocedures of Health
APRIL 12 TR.	669 669	
37778888	Signature of Cartifying Official Cartificate Number	er

#### GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 08/18/2020

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CH AIR BLK SUB TES AIR BLK SUB TES	IK .07 C .00 ST .00	3:16pm 3:16pm 3:17pm 3:18pm 3:19pm 3:20pm 3:21pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 3578
Test Date: 08/18/2020 Test Time: 3:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:24pm
FLO	Pass	3:24pm
FC	Pass	3:25pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:25pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:25pm
CAL	Pass	3:25pm

Preventive Maintenance Status: Pass

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

Cou	nty <u>G</u>	Wilford Instrument Location Greensbarg	
Instr	rument Seria	rial No. 009725 Police D-part	ment_
-			
		e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR 10,000 or higher) to be followed at least once every four months are:	II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressubreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	re, or the alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
6	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Break whichever occurs first.	
Loc	autifu that an	on the 10 day of 15,000 the forgoing preventive main	tananaa mraaaduras
wei	re performe	ed on the instrument indicated above, in accordance with current regulations of the N.C. De ervices, and the instrument is functioning properly.	
A	STATE OF THE STATE OF		
A K	MY S		
18			
No	SE QUAM VICE	Man - 64	9
		Signature of Certifying Official Certific	ate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 08/10/2020

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: 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	3:29pm
AIR BLK	.00	3:30pm
ACCY CHK	.08	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4573
Test Date: 08/10/2020 Test Time: 3:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:37pm
FLO	Pass	3:37pm
FC	Pass	3:37pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:37pm 3:37pm 3:37pm 3:37pm 3:37pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:37pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:38pm 3:38pm

Preventive Maintenance Status: Pass

Analyst

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

County_/	ALIFAX Instrument Location Rodnolle Papers PD
Instrument Se	rial No. 008235 1040 Resente Ave
-	Ruanoke Rapids NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I sawifi di u	
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
O IN STATE OF	
THE STATE OF THE S	Alex Lance = 113
	Signature of Certifying Official Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 08/05/2020

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	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2.35pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

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

### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1795
Test Date: 08/05/2020 Test Time: 2:36pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:38pm

Preventive Maintenance Status: Pass

Pass

2:38pm

CAL

Analyst Analyst

This form is used when performing Preventive Maintenance procedures
This form is used with period Terras for Alcohold Vanishtenance procedures
Department of Hearth 2/2004 uman Services
Department of Hearth 2/2004 uman Services

Rev. 12/2007

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

County H	ALIFAX	Instrument Location Rosmoke	RAPIDS PD
Instrument Se	erial No. 00865C	1040 R	Anoko Aue
		Ranoke	RAPIDS NC
		the Intoximeters, Model Intox EC/IR II an wed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)		anister displays at least 51 pounds per squar meter shows 34 degrees, plus or minus .2 de	
(2)	Verify instrument displa	ays time and date;	
(3)	Initiate breath test seque	ence;	
(4)	Enter information as pro	ompted;	
(5)	Verify instrument accur	acy;	
(6)	When "PLEASE BLOV	" appears, collect breath sample;	
(7)	When "PLEASE BLOV	" appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program	and confirm preventive maintenance status	of "Pass"; and
(10)		l gas canister is being changed before e eing changed every four months or after	
were perforr	on the day of ned on the instrument indicate Services, and the instrument is	ed above, in accordance with current regula	ing preventive maintenance procedures ations of the N.C. Department of Health
O W. SIAM.		des Barres	662
		Signature of Certifying Official	Certificate Number

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 08/05/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:27pm 2:28pm
ACCY CHK	.07	2:29pm
AIR BLK SUB TEST	.00	2:30pm 2:30pm
AIR BLK	.00	2:31pm
SUB TEST AIR BLK	.00	2:32pm 2:33pm

Reported AC: .. 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 689
Test Date: 08/05/2020 Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

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

#### 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	2:35pm

#### Printer Tests

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.			maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 0,000 or higher) to be followed at least once every four months are:	Intox EC/IR	II (Enhanced with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the		(1)			ire, or the alcoholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the		(2)	Verify instrument displays time and date;		
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the day of		(3)	Initiate breath test sequence;		
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the		(4)	Enter information as prompted;		
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	)	(5)	Verify instrument accuracy;		
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the day of		(6)	When "PLEASE BLOW" appears, collect breath sample;		
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the		(7)	When "PLEASE BLOW" appears, collect breath sample;		
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the		(8)	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the day of		(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt		(10)	simulator solution is being changed every four months or after 125 Ale		
and Human Services, and the instrument is functioning properly.	were	performed			
	THE GREAT				
	9	THE QUAN VICEN	Holes Stars	64	2

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

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 08/05/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:31am 11:32am 11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	. 00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 2963 Test Date: 08/05/2020 Test Time: 11:41am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:42am

#### Printer Tests

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

CAL Pass 11:42am

Preventive Maintenance Status: Pass

Analyst

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

	al number 1	maintenance procedures for the Intoximeters, 0,000 or higher) to be followed at least once e		no woder mox bone i	Emigniced with
	(1)	Verify the ethanol gas canister displays at breath simulator thermometer shows 34 de			or the alcoholic
	(2)	Verify instrument displays time and date;			3
	(3)	Initiate breath test sequence;			
	(4)	Enter information as prompted;		*	
	(5)	Verify instrument accuracy;	*	52.1	€3
	(6)	When "PLEASE BLOW" appears, collect	breath sample;		
	(7)	When "PLEASE BLOW" appears, collect	breath sample;		
	(8)	Print test record;			
	(9)	Run diagnostic program and confirm preven	entive maintenance statu	s of "Pass"; and	
I ce	(10)	Verify that the ethanol gas canister is simulator solution is being changed eve whichever occurs first.	ry four months or after	r 125 Alcoholic Breath S	Simulator tests,
wer	Human Ser	d on the instrument indicated above, in according propertyices, and the instrument is functioning property	dance with current regul rly.	ations of the N.C. Depart	ment of Health
8	S WASTATE CO	(8)		San Contraction of the Contracti	
SF					
13/			1		
15	- Steen of			668	

DHHS 4080 (04/20)

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 08/10/2020

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: LOFTIS, BENJAMIN C
Permit Number: 24801E
Effective:
07/01/2019-07/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHI AIR BLK SUB TES	.00 .00	12:13pm 12:14pm 12:14pm 12:15pm 12:15pm 12:16pm
SUB TEST	00. 1	12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2632 Test Date: 08/10/2020 Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

Analyst

Department of Health and Human Services Rev. 12/2007

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

County Z	Redeu Instrument Location BATMOBILE #3
Instrument Seri	Instrument Location BATMOBILE #3  al No. 008002  LAKE HORMAN
	LAKE NORMAN
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 8th day of August 20 26 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

IREDELL BAT MOBILE 3 480

Serial Number: 008002 Test Date: 08/08/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 01/11/1911

Subject's Sex: Male

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

Analyst's Name: Ingle, Larry W

Permit Number: 0035-2495

Effective:

01/09/2020-01/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:53pm 5:54pm
ACCY CHK	.08	5:54pm
AIR BLK	.00	5:55pm
SUB TEST	.00	5:56pm
AIR BLK	.00	5:57pm
SUB TEST	.00	5:58pm
AIR BLK	.00	5:59pm

Reported AC:

80 /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

Department of Health and Human Services Rev. 12/2007

#### IREDELL BAT MOBILE 3 480

Serial Number: 008002 Test Record Number: 557
Test Date: 08/08/2020 Test Time: 6:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:01pm 6:01pm
FC	Pass	6:01pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	6:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:02pm
	CRC Tests	
Test	Status	Time

Pass

Pass

6:02pm

6:02pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

County_Tre	Instrument Location Shopes	Ville PD
Instrument Seria	al No. 008619	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	
were performed	the day of Age 2000 the forgoing on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
STATE OF THE STATE	Sala Maria Company	656
	Signature of Certifying Official	Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 08/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:43pm
ACCY CHK	.08	1:43pm
AIR BLK SUB TEST	.00	1:44pm
AIR BLK	.00	1:46pm 1:47pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:49pm

Reported AC: 00 g/210L

Signature of Chemical Amalyst

Court CVR

Analysi

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1738 Test Date: 08/13/2020 Test Time: 1:50pm EDT

System Check: Passed

#### Baseline Tests

IR Pass 1:51 FLO Pass 1:51 FC Pass 1:51	Lpm

## Temperature Tests

Test Status Time	
FC1 Pass 1:51p	m
SRC Pass 1:51p	m
DET Pass 1:51p	m
BAR Pass 1:51p	
BT Pass 1:51p	m

## Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>day of Ago the</u> , 2020 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 08/13/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:18pm 12:19pm
AIR BLK SUB TEST	.00	12:20pm 12:21pm 12:22pm
AIR BLK SUB TEST AIR BLK	.00	12:23pm 12:24pm 12:25pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 3420 Test Date: 08/13/2020 Test Time: 12:26pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:28pm

Preventive Maintenance Status: Pass

Pass

12:28pm

CAL

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 08/27/2020

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: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	9:14am 9:15am
ACCY CHK	.08	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:21am
AIR BLK	.00	9:22am

Reported AG: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

#### IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 4464
Test Date: 08/27/2020 Test Time: 9:24am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATD	Dogg	0 05

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:25am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:25am 9:25am

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Bad Mobile Unit 2
Instrument Ser	al No. 008970 Wildlife
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade:
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 72 day of August , 20 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF STA	Ch ~ Doy 658
The same of the sa	Signature of Certifying Official Certificate Number

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

IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Date: 08/22/2020

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: TOWERY, CHAD V
Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	D	4 15000
DIAG	Pass	4:15pm
AIR BLK	. 00	4:16pm
ACCY CHK	.08	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:20pm

AIR BLK .00 4:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Record Number: 752
Test Date: 08/22/2020 Test Time: 4:22pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass	4:23pm 4:23pm 4:23pm 4:23pm 4:23pm

#### Blank Tests

Test	Status	Time
ATR	Pass	4:24pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Ch v Do Analyst

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

County	colel Instrument Location Dat Mobile U-+ 2
Instrument Seri	al No. 60 8973 Wildlife
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	the 22 day of Av, v, 20 70 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF STA	
GE QUAM VIDO	Signature of Certifying Official Certificate Number
	Signature of Certifying Official

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

DHHS 4080 (04/20)

#### IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Date: 08/22/2020

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: TOWERY, CHAD V
Permit Number: 26632E
Effective:
05/01/2019-05/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	4:14pm 4:15pm 4:16pm 4:16pm 4:17pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:20pm

Reported AC: .00 g/210k

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Record Number: 825
Test Date: 08/22/2020 Test Time: 4:21pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:22pm
SRC	Pass	4:22pm
DET	Pass	4:22pm
BAR	Pass	4:22pm
BT	Pass	4:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	FE al No. 008867	Instrument Location_	SANFORL	DELICE DEL
	maintenance procedures for the 0,000 or higher) to be followed			Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer			si) of pressure, or the alcoholic sigrade;
(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	pears, collect breath sa	mple;	
(7)	When "PLEASE BLOW" ap	ppears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program and	confirm preventive ma	intenance status of "Pass'	"; and
(10)				date, or the alcoholic breath oholic Breath Simulator tests,
were performe	the 5 day of Add on the instrument indicated abovices, and the instrument is fund	ove, in accordance wit		
STATE OF STA	SAPO NO.	202		

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

Signature of Certifying Official

Certificate Number

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 08/05/2020

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: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/17/2020-02/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

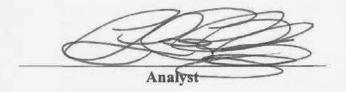
Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG	Pass	4:18pm
AIR BLK	.00	4:19pm
ACCY CHK	.08	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1168
Test Date: 08/05/2020 Test Time: 4:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:27pm
FLO	Pass	4:27pm
FC	Pass	4:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:27pm
SRC	Pass	4:27pm
DET	Pass	4:27pm
BAR	Pass	4:27pm
BT	Pass	4:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:28pm
CAL	Pass	4:28pm

Preventive Maintenance Status: Pass



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

County M	al No. 008973 Instrument Location BA Mobile Unit Z
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy:
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 12 day of Avgust , 20 70 the forgoing preventive maintenance procedures I on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE PARTY	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 02 590

Serial Number: 008973 Test Date: 08/12/2020

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

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

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

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
05/01/2019-05/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	7:51pm
AIR BLK	.00	7:52pm
ACCY CHK	.08	7:53pm
AIR BLK	.00	7:54pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm
SUB TEST	.00	7:57pm
AIR BLK	.00	7:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 02 590

Serial Number: 008973 Test Record Number: 821 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:59pm 7:59pm
FC	Pass	7:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:59pm
SRC	Pass	7:59pm
DET	Pass	7:59pm
BAR	Pass	7:59pm
BT	Pass	7:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:00pm 8:00pm

Preventive Maintenance Status: Pass

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

County	ecklenburg Instrument Location Bry Mobile Units
Instrument Seria	11 NO. DD 8970 CmgD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 17 day of 20 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE PARTY	Ch- Dr
GOVW AND	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

MECKLENBURG COUNTY BAT MOBILE UNIT 02 590

Serial Number: 008970 Test Date: 08/12/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
05/01/2019-05/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	7:53pm
AIR BLK	. 00	7:54pm
ACCY CHK	.08	7:55pm
AIR BLK	. 00	7:56pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:59pm
AIR BLK	. 00	7:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Ch 0207

#### MECKLENBURG COUNTY BAT MOBILE UNIT 02 590

Serial Number: 008970 Test Record Number: 745
Test Date: 08/12/2020 Test Time: 8:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	mq00:8
FC	Pass	8:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:01pm
SRC	Pass	8:01pm
DET	Pass	8:01pm
BAR	Pass	8:01pm
BT	Pass	8:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:01pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:01pm 8:01pm

Preventive Maintenance Status: Pass

**Analyst** 

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

Ins	strument Seri	ial No. 008726 Instrument Location Spruce Pine Police Dep	
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
We	ere performed	the 3 day of August , 20 20 the forgoing preventive maintenance proceed on the instrument indicated above, in accordance with current regulations of the N.C. Department of H rvices, and the instrument is functioning properly.	dures lealth
S. CREAT CO			
	QUAM VIDE	Signature of Certifying Official Certificate Number	

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 08/03/2020

Citation Number: MC000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

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

Analyst's Name: LOFTIS, BENJAMIN C
Permit Number: 24801E
Effective:
07/01/2019-07/01/2021

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

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

Test	9/2106	Time
DIAG AIR BLK	Pass .00	9:47am 9:48am
ACCY CHK AIR BLK	. 08 . 00	9:49am 9:50am
SUB TEST AIR BLK	.00	9:50am 9:52am
SUB TEST AIR BLK	.00	9:53am 9:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anady

## MITCHELL COUNTY SPRUCE PINE PD 500

Serial Number: 068726 Test Record Number: 1052
Test Date: 08/03/2020 Test Time: 9:54am EDI

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:55am
FLO	Pass	9:55am
FC.	Pass	9:55am

## Temperature Tests

Test	Status	Time
FCI	Pass	9:55am
SRC	Pass	9:55am
DET	Pass	9:55am
BAR	Pass	9:55am
BT	Pass	9:55am

#### Blank Tests

TALL T	Status	izil me
ATE	Pass	9:56am

### Printer Tests

145.t	Status	Time
PRNT	Pass	9:50am
	CRC Tests	
Test	Status	rime
COMP	Pass Pass	9:56am 9:56am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	Instrument Location MOORE G. DETENTION CENTED AND NO. 008735  CARTHAGE, N.C.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 17 day of AUGUST, 2020 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

STATE OF THE PARTY OF THE PARTY

Signature of Certifying Official

Certificate Number

#### MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 08/17/2020

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: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/17/2020-02/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:53pm 5:54pm 5:54pm 5:55pm 5:56pm 5:57pm
SUB TEST	.00	5:59pm
AIR BLK	.00	5:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Record Number: 2454
Test Date: 08/17/2020 Test Time: 6:00pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:01pm
FLO	Pass	6:01pm
FC	Pass	6:01pm

## Temperature Tests

Status	Time
Pass Pass	6:01pm 6:01pm
Pass	6:01pm
Pass	6:01pm
Pass	6:01pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	6:02pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	6:02pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:02pm
CAL	Pass	6:02pm

Preventive Maintenance Status: Pass

Analyst

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

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

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 08/05/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:48am 9:49am 9:50am 9:51am <b>9:51am</b>
AIR BLK	.00	9:51am 9:52am
SUB TEST	.00	9:52am
AIR BLK	.00	9:54am

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Record Number: 4838
Test Date: 08/05/2020 Test Time: 9:55am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Status	Time
Pass Pass	9:55am 9:55am
Pass	9:55am
Pass	9:55am
Pass	9:55am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9.56an

## Printer Tests

rest	Status	Time
PRNT	Pass	9:56am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:56am
CAL	Pass	9:56am

Preventive Maintenance Status: Pass

Analyst

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

Cou	inty_NA	Instrument Location ROCKY Mont PD	
Inst	rument Seria	No. 008740 LAZA ROCKY No	mot .
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 0,000 or higher) to be followed at least once every four months are:	with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	nolic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic braimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twhichever occurs first.	
wei	re performed	the	
ME GREAT &	SIATE		
9	COR QUAM VICENT	8 to les SARIES 662	

Signature of Certifying Official

Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 08/05/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	8:39am 8:40am 8:40am 8:41am 8:42am 8:43am
SUB TEST	.00	8:44am
AIR BLK	.00	8:45am

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 746
Test Date: 08/05/2020 Test Time: 8:47am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:49am
	CRC Tests	

Test	Status	Time
COMP	Pass	8:49am
CAL	Pass	8:49am

Preventive Maintenance Status: Pass

Analyst

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

	County_NA	5H Instrument Location Rocky	Mont Plas Raky Hant, in
	Instrument Seria	#1 Governm	neut Plaza Racky Haut, in
		maintenance procedures for the Intoximeters, Model Intox EC/IR II a 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
4	(5)	Verify instrument accuracy;	
F	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance state	us of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	
	were performed	the	oing preventive maintenance procedures alations of the N.C. Department of Health
	THE STATE OF THE S		
	APRIL 12 17Th	I de to	112
4	The same of the sa	Signature of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 08/05/2020

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	8:39am
AIR BLK	.00	8:40am
ACCY CHK	.07	8:41am
AIR BLK	.00	8:42am
SUB TEST	.00	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:45am
ATR BLK	. 00	8:45am

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

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2617
Test Date: 08/05/2020 Test Time: 8:48am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	8:49am

### Printer Tests

Test	Status	Time
PRNT	Pass	8:49am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass 8:49am

8:49am

COMP

CAL

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

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

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

Signature of Certifying Official

Certificate Number

# NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 08/05/2020

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	12:53pm
AIR BLK	.00	12:53pm
ACCY CHK	.07	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1051
Test Date: 08/05/2020 Test Time: 1:00pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

Instrument Se	rial No. 008288 105 W. JoHosson St. JAckson, N
	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the day of, 20 the forgoing preventive maintenance procedures ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
SIATE OF THE STATE	A L

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

Signature of Certifying Official

Certificate Number

# NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 08/05/2020

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
277.0	_	10.54
DIAG	Pass	12:54pm
AIR BLK	.00	12:54pm
ACCY CHK	.07	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 879
Test Date: 08/05/2020 Test Time: 1:01pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:01pm 1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:02pm 1:02pm

Preventive Maintenance Status: Pass

Analyst

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 20 day of 10,54, 20 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

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

Signature of Certifying Official

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008707 Test Date: 08/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Todd, Shane C Permit Number: 0035-4789

Effective:

06/08/2020-06/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

	rest		g/210L	Time
	DIAG		Pass	3:17pm
		BLK	. 00	3:18pm
1	ACCY	CHK	. 08	3:19pm
1	AIR	BLK	.00	3:19pm
		TEST	.00	3:20pm
Ž	AIR	BLK	.00	3:21pm
9	SUB	TEST	.00	3:22pm
1	AIR	BLK	. 00	3:23pm

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

## ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008707 Test Record Number: 2645
Test Date: 08/20/2020 Test Time: 3:24pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

#### Printer Tests

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

CAL Pass 3:25pm

Preventive Maintenance Status: Pass

Analyst

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

	1N. V. 46 00		
instrument Seri	al No008680		inceds Farry
			وبالمراجع سياتان المناز المناز
	maintenance procedures for the In 0,000 or higher) to be followed at		x EC/IR II and Model Intox EC/IR II (Enhanced with bonths are:
(1)			ands per square inch (psi) of pressure, or the alcoholic or minus .2 degree centigrade;
(2)	Verify instrument displays tim	e and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted	,	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" app	ears, collect breath sam	ple;
(7)	When "PLEASE BLOW" app	ears, collect breath sam	ple;
(8)	Print test record;		
(9)	Run diagnostic program and c	onfirm preventive main	tenance status of "Pass"; and
(10)			ged before expiration date, or the alcoholic breath on the or after 125 Alcoholic Breath Simulator tests
were performed	the day of day of about on the instrument indicated about on the instrument is function.	ve, in accordance with	the forgoing preventive maintenance procedure current regulations of the N.C. Department of Healt
S COMM VIEW			66.5
All Printers		nature of Certifying Of	

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008600 Test Date: 08/08 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: 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: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:55pm 10:56pm 10:56pm 10:57pm
SUB TEST	.00	11:01pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008600 Test Record Number: 1981 Test Date: 08/08/2020 Test Time: 11:08pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:10pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 0 08600	Jacksonulle
	maintenance procedures for the Intoxime 0,000 or higher) to be followed at least or	ters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced watche every four months are:
(1)		s at least 51 pounds per square inch (psi) of pressure, or the alcoho degrees, plus or minus .2 degree centigrade;
(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)	Run diagnostic program and confirm	preventive maintenance status of "Pass"; and
(10)		is being changed before expiration date, or the alcoholic brea every four months or after 125 Alcoholic Breath Simulator tes
were performed		, 20 20 the forgoing preventive maintenance procedur ccordance with current regulations of the N.C. Department of Hear roperly.
STO GRAM VIDEN	I made	665

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008600 Test Date: 08/12/2020

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: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	10:38pm 10:39pm
ACCY CHK	. 08	10:40pm
AIR BLK	. 00	10:41pm
SUB TEST	.00	10:41pm
AIR BLK	. 0 0	10:42pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm

Reported AC: .00 2/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008600 Test Record Number: 1984
Test Date: 08/12/2020 Test Time: 10:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:47pm
FLO	Pass	10:47pm
FC	Pass	10:47pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:47pm
SRC	Pass	10:47pm
DET	Pass	10:47pm
BAR	Pass	10:47pm
BT	Pass	10:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:48pm 10:48pm

Preventive Maintenance Status: Pass

M Carl

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

	Instrument Location_BAT  al No. 008698  Swan	
Instrument Seri	3000 S S T O	× y 0, 0
	maintenance procedures for the Intoximeters, Model Intox EC/IR II 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per sq breath simulator thermometer shows 34 degrees, plus or minus .2	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance sta	itus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.	
were performed	the 13 day of August 2020 the formula on the instrument indicated above, in accordance with current regulates, and the instrument is functioning properly.	going preventive maintenance procedures gulations of the N.C. Department of Health
S PASSATE OF	CAROUNT CAROUN	
STO CHAM VIDER	mark	665

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008698 Test Date: 08/13/2020

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: 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: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	6:24pm
AIR BLK	.00	6:25pm
ACCY CHK	.08	6:26pm
AIR BLK	.00	6:26pm
SUB TEST	.00	6:27pm
AIR BLK	.00	6:28pm
SUB TEST	.00	6:29pm
ATR BLK	. 0 0	6.30pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008698 Test Record Number: 1565
Test Date: 08/13/2020 Test Time: 6:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:39pm 6:39pm
FC	Pass	6:40pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	6:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:41pm
CAL	Pass	6:41pm

Preventive Maintenance Status: Pass

Analyst

Man

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

Instrument Seri	al No. 008788 Janeks	onville
	maintenance procedures for the Intoximeters, Model Intox EC/IR II at 0,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 c	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance statu	s of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	
were performe	the 12 day of $4 \times 3 \times 5$ , 20 20 the forgod on the instrument indicated above, in accordance with current regularices, and the instrument is functioning properly.	
THE STATE OF THE S	CAROL	
TABLE 12 1779 QUAM VIDE	In out	665
	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Date: 08/12/2020

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: 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	g/210L	Time
DIAG	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CH	K .08	10:23pm
AIR BLK	.00	10:24pm
SUB TES	T .00	10:24pm
AIR BLK	.00	10:25pm
SUB TES	T .00	10:27pm
AIR BLK	.00	10:28pm

Reported AC: .00 #210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 1546
Test Date: 08/12/2020 Test Time: 10:29pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
FC	Pass	10:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:29pm
SRC	Pass	10:29pm
DET	Pass	10:29pm
BAR	Pass	10:29pm
BT	Pass	10:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

#### Printer Tests

PRNT	Pass	10:30pm

Test Status Time

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	10:30pm 10:30pm

Preventive Maintenance Status: Pass

Analyst

Marche

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

County	Onslow	Instrument LocationMC	AS NEW KIVER.
Instrument	Serial No. 008919	PMO	
The prever		e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	, ,	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	and the second
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expir changed every four months or after 12	
procedure	es were performed on the instrumen	Avgust, 20, 20, the nt indicated above, in accordance with and the instrument is functioning pro-	current regulations of the N.C.
THE GREAT SECTION OF S	CAROLINA THE STATE OF THE STATE		
All Control of Control	Olin R	5 Bans	_ 648

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 08/20/2020

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

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

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

Analyst's Name: 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	10:28am 10:28am
ACCY CHK	.08	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:31am
AIR BLK	.00	10:31am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 685
Test Date: 08/20/2020 Test Time: 10:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:36am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:36am
SRC	Pass	10:36am
DET	Pass	10:36am
BAR	Pass	10:36am
BT	Pass	10:36am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:36am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:36am 10:36am

Preventive Maintenance Status: Pass

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

Cou	nty	U3LOW	Instrume	nt Location	CAMP	LEJE	INE	
Inst	rument Seria	INO0089a	20	_	1	Omo		
v								
		maintenance procedures (0,000 or higher) to be followed				Model Intox EC/	IR II (Enhanc	ed with
	(1)	Verify the ethanol gas breath simulator thern					sure, or the a	lcoholic
	(2)	Verify instrument disp	plays time and da	ate;				
	(3)	Initiate breath test seq	uence;					
	(4)	Enter information as p	prompted;					
	(5)	Verify instrument acc	uracy;			3		
	(6)	When "PLEASE BLC	OW" appears, col	lect breath sam	ple;			
	(7)	When "PLEASE BLO	OW" appears, col	lect breath sam	ple;			
	(8)	Print test record;						
	(9)	Run diagnostic progra	am and confirm p	preventive main	tenance status o	of "Pass"; and		
	(10)	Verify that the ethan simulator solution is whichever occurs firs	being changed					
wei	re performed	the day of d on the instrument indic evices, and the instrument	ated above, in ac	ccordance with				
A	O THE STATE OF							
AT SE	1							
3								
Se	APRIL 12 1779 LOSE QUAM VIDOR	Al.	- Kg	13cm	-/3		148	
			Signature of	of Certifying Of	ficial	Certi	ficate Numbe	r

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 08/19/2020

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: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	3:41pm
AIR BLK	.00	3:41pm
ACCY CHK	.08	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Zg Banna Analyst

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1844
Test Date: 08/19/2020 Test Time: 3:49pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:50pm 3:50pm

Preventive Maintenance Status: Pass

alu Rg Bans Analyst

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

County	ONSLOW Instrument Location TA	CKSONVICLE.
Instrumen	t Serial No. 008930	CKSONVICLE.
		2
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II this are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer 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 expir simulator solution is being changed every four months or after 12 whichever occurs first.	
procedur	that on theday ofAUGUST, 20_ZO_, the res were performed on the instrument indicated above, in accordance with tent of Health and Human Services, and the instrument is functioning production.	current regulations of the N.C.
ME GREAT SCA	STATE OF NOTE HE CAROLINE	
* 1551 0	Signature of Certifying Official	648Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 08/19/2020

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: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:19pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu 23 Barros Analyst

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2083 Test Date: 08/19/2020 Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

al Ry Bans

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

County	0	NSLOW Instrument Location ONSLOW	COUNTY
Instrum	nent Serial	No. 008931 DETENTIO	N CENTER
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox 000 or higher) to be followed at least once every four months are:	EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrad	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; an	d
	(10)	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
were p	performed	the 19 day of August, 2020 the forgoing preventive on the instrument indicated above, in accordance with current regulations of the Nices, and the instrument is functioning properly.	
GRAT STATE	STATE ON THE STATE OF THE STATE	CARO	
2,0	SE QUAM VIDERS	Signature of Certifying Official	Certificate Number
		Signature of Certifying Official	Certificate Number

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 08/19/2020

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: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DERG		11 16
DIAG	Pass	11:16am
AIR BLK	.00	11:16am
ACCY CHK	.08	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ra Bars
Analyst

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 3376
Test Date: 08/19/2020 Test Time: 11:24am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
BT	Pass	11:24am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:25am

#### Printer Tests

Test

PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time

Status Time

COMP Pass 11:25am CAL Pass 11:25am

Preventive Maintenance Status: Pass

Analyst

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

CountyO	N3LOW Instrument Location ON3LOW COUNTY
Instrument Seri	ial No. 008932 DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	n the
STATE	ADBIT CARO
See QUAM VIDE	alun Rg Barro 648
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 08/19/2020

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, 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: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:54am 11:55am 11:55am
AIR BLK	.00	11:57am
SUB TEST AIR BLK	.00	11:57am 11:58am
SUB TEST AIR BLK	.00	12:00pm 12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olu Ry Bans Analyst

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 5649
Test Date: 08/19/2020 Test Time: 12:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:03pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:03pm 12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT,	Pass	12:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

alun Ra Bans

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

County Pers	Instrument Location Person Co 1EC
Instrument Seri	al No. 008693 120 Court ST ROXBORU, N
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 5 l pounds per square inch (psi) of pressure, or the alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performe	the
SIATE OF STATE OF STA	Together Carrows
THE QUANTIES	4 toles Lawes 662

Signature of Certifying Official

Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 08/03/2020

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: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG AIR BLK	Pass	7:52am 7:54am
ACCY CHK	.07	7:54am
AIR BLK	.00	7:55am
SUB TEST	.00	7:56am
AIR BLK	.00	7:57am
SUB TEST	.00	7:59am
ATR BIK	$\cap \cap$	7.59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1716
Test Date: 08/03/2020 Test Time: 8:00am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:01am
FLO	Pass	8:01am
FC	Pass	8:01am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:01am
SRC	Pass	8:01am
DET	Pass	8:01am
BAR	Pass	8:01am
BT	Pass	8:01am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:01am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:02am
CAL	Pass	8:02am

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Parson Co LEC
Instrument S	erial No. 008880 120 Court St. 20x2020, NC
	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perfori	t on the
STATE STATE OF THE	Adas Israes 642
- 181253A	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 08/03/2020

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: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	7:52am
AIR BLK	.00	7:53am
ACCY CHK	.08	7:53am
AIR BLK	.00	7:54am
SUB TEST	.00	7:55am
AIR BLK	.00	7:56am
SUB TEST	.00	7:57am
AIR BLK	.00	7:58am

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1635
Test Date: 08/03/2020 Test Time: 8:00am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:00am 8:00am
FC	Pass	8:00am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:01am
SRC	Pass	8:01am
DET	Pass	8:01am
BAR	Pass	8:01am
BT	Pass	8:01am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:01am
	~~~	

#### CRC Tests

Test	Status	Time
COMP	Pass	8:01am
CAL	Pass	8:01am

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

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

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

County_	Instrument Location Pin Co. Detection Center  100. 008646 Lay New Hoge Rd., Brown N.C.
Instrument Seria	1 No. 00 8646 124 New Hoge Rd., Breening
	N.C.
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	theday of, 20the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE STATE	GRIP CAROUND TO THE PARTY OF TH
TOP CHAM VICEN	finity leave 647
	Signature of Certifying Official Certificate Number

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 08/06/2020

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: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:07pm 4:07pm 4:08pm 4:09pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm

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

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 4047
Test Date: 08/06/2020 Test Time: 4:15pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:16pm 4:16pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial	Instrument Location Pitt Co. Petention Cent  100. 00 8662  124 New Hope Rd. Green  No.
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of day o
STATE OF A	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 08/06/2020

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: Keesler, Linda A Permit Number: 0045-5468 Effective: 07/08/2019-07/08/2021

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

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

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

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 1177
Test Date: 08/06/2020 Test Time: 4:18pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	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
AIR	Pass	4:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:20pm
	CDC Toata	

CRC	Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Pitt Co. Autention Center
Instrument Seria	INO. 008668 124 New Hope Rd. Breenin
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
O WE STATE OF MANY 20. 100	Sent Carolina Carolin
STATE OF STA	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 08/06/2020

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: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 000 g/210L

Signature of Chemical Analyst

Court CVR

Inus A. Keese

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 3657
Test Date: 08/06/2020 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:14am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	11:14am 11:14am 11:14am 11:14am
BT	Pass	11:14am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
C	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:15am 11:15am

Preventive Maintenance Status: Pass

nes Kuck

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

County	ial No. 008704 Instrument Location BAT Mobile Unit #5
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	n the 2 day of 4, 2020 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
CIA	

Signature of Certifying Official

Certificate Number

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 08/02/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Todd, Shane C

Permit Number: 0035-4789

Effective:

06/08/2020-06/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:41pm 7:42pm 7:42pm
AIR BLK	.00	7:43pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 652 Test Date: 08/02/2020 Test Time: 7:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:50pm
FLO	Pass	7:50pm
FC	Pass	7:50pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	7:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:51pm 7:51pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seria	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of day of 200 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	Season Marian Control of the Control

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

Signature of Certifying Official

Certificate Number

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 08/13/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

11/13/2019-11/13/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	9:32am 9:33am 9:33am 9:34am 9:35am
AIR BLK SUB TEST	.00	9:36am 9:37am
AIR BLK	.00	9:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3559
Test Date: 08/13/2020 Test Time: 9:40am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	9:40am 9:40am 9:40am
BAR BT	Pass	9:40am 9:40am
	20100	2 . 2

#### Blank Tests

Test	Status	Time
AIR	Pass	9:41am

#### Printer Tests

Test	Status	Time	
PRNT	Pass	9 · 41am	

#### CRC Tests

Test	Status	Time
COMP	Pass	9:41am
CAL	Pass	9:41am

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location 3991/ COUNTY 50
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>B</u> day of <u>A</u> day of the forgoing preventive maintenance procedures do not the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE	

Signature of Certifying Official

Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 08/13/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:39am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
AIR BLK	.00	10:42am
SUB TEST	.00	10:45am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analys

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2312 Test Date: 08/13/2020 Test Time: 10:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:48am 10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

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

County_57	OKes Instrument Location STOKES Co Ja.1
Instrument Seri	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	n the
STATE OF STA	CAROLL CA
STORY OF	Signature of Certifying Official Certificate Number

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 08/11/2020

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: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK	Pass	6:49pm 6:50pm
ACCY CHK	.07	6:50pm
AIR BLK SUB TEST	.00	6:51pm 6:52pm
AIR BLK SUB TEST	.00	6:53pm 6:54pm
AIR BLK	.00	6:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1151
Test Date: 08/11/2020 Test Time: 6:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:57pm
FLO	Pass	6:57pm
FC	Pass	6:57pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:57pm
SRC	Pass	6:57pm
DET	Pass	6:57pm
BAR	Pass	6:57pm
BT	Pass	6:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:58pm
CAL	Pass	6:58pm

Preventive Maintenance Status: Pass

Analyst

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

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 08/31/2020

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: BURNETTE, ANTHONY J Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:48pm 2:49pm
ACCY CHK	.08	2:50pm
AIR BLK SUB TEST	.00	2:51pm 2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	. 00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 908
Test Date: 08/31/2020 Test Time: 2:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:58pm 2:58pm
FC	Pass	2:58pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	2:58pm 2:58pm 2:58pm 2:58pm 2:58pm

#### Blank Tests

Status	Time
Pass	2:59pr

#### Printer Tests

Status	Time
Pass	2:59pm
CRC Tests	
Status	Time
	Pass CRC Tests

CAL Pass 2:59pm

Pass

COMP

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

2:59pm

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

Analyst

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

Cor	unty_ <u>V</u> Av	Instrument Location Vance Co	5.0
Ins	trument Seria	al No. 008870 156 Church	St Henclason, NE
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status o	f "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1: whichever occurs first.	
we	ere performe	the	g preventive maintenance procedures ons of the N.C. Department of Health
CAEAT S	SIATE	SARO IN THE SARO I	
+	THE GRAM VICEN	8 +does Day	662
		Signature of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 08/04/2020

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: 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	10:58am
AIR BLK	.00	10:59am
ACCY CHK	.08	10:59am
AIR BLK	.00	11:01am
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

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

Rev. 12/2007

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 3046
Test Date: 08/04/2020 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:07am

11:07am

COMP

CAL

Analyst

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

County V	Instrument Location Vance 6 5.0
Instrument So	erial No. 00 8937 156 Church & Herdeson N
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were perform	on the day of
STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI	
A COM .	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 08/04/2020

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	. 00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 2879 Test Date: 08/04/2020 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:06am 11:06am 11:06am 11:07am
BT	Pass	11:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

#### Printer Tests

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

11:07am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County W	Acren	Instrument Location WARROW	LO LEC
Instrument So	erial No. <u>008793</u>	128 RAFT	er La Warranton, NE
		ne Intoximeters, Model Intox EC/IR II and at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)		ister displays at least 51 pounds per squaeter shows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays	s time and date;	
(3)	Initiate breath test sequence	ee;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accurac	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program a	nd confirm preventive maintenance statu	s of "Pass"; and
(10)			expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were perform	on the day of med on the instrument indicated Services, and the instrument is fu	above, in accordance with current regul	ing preventive maintenance procedures ations of the N.C. Department of Health
CAR STATION OF THE PROPERTY OF	AS CAROLINE	les Barres	6.72
-200000		Signature of Certifying Official	Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 08/04/2020

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

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

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

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1622 Test Date: 08/04/2020 Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:06pm 12:06pm 12:06pm 12:06pm 12:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:07pm
CAL	Pass	12:07pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Wilson Co. Petenton Con-
Instrument Seri	al No. DO 8627. 100 E. Breen St., W. 1500.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the day of, 20 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health prvices, and the instrument is functioning properly.
STATE OF THE STATE	GARLE CONTRACTOR OF THE PARTY O
APRIL 12 LTP. ASS CRIAM VIDES	100 la 1/and 647
- Tillian	Signature of Certifying Official Certificate Number

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 08/27/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:

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

07/08/2019-07/08/2021

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2604
Test Date: 08/27/2020 Test Time: 2:23pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

## Printer Tests

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

CAL Pass 2:25pm

Preventive Maintenance Status: Pass

Analyst

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

County /	Instrument Location Wilson Co. Detention Cer
Instrument Seri	Instrument Location Wilson Co. Detention Cer al No. 008652 100 F. Groen St., allson,
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;"
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
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WASTATE OF THE STATE OF THE STA	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 08/27/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	2:17pm 2:18pm 2:18pm 2:19pm 2:20pm 2:21pm 2:22pm 2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3458
Test Date: 08/27/2020 Test Time: 2:24pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

#### Printer Tests

Status	Time
Pass	2:25pm
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	2:25pm
CAL	Pass	2:25pm

Preventive Maintenance Status: Pass

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