PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A			
County A	LAMANCE	Instrument Location A	MAKE & JAIL
Instrument	Serial No. <u>008907</u>	1095 MAPIE ST	- GRAHAM, NC
The prevent four months	tive maintenance procedures fo s are:	r the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minus	nister displays pressure, or the alcohols. 2 degree centigrade;	olic breath simulator thermometer show
2.	Verify instrument display	ys time and date;	
3.	Initiate breath test sequen	ice;	
4.	Enter information as pror	npted;	
5.	Verify instrument accurac	су ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program	m; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before exp s changed every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
certify that or rocedures we repartment or	on the <u>OG</u> day of <u>L</u> ere performed on the instrumen f Health and Human Services, a	t indicated above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. perly.
OF THE STATE OF TH	O NO CAROLINA CAROLIN		
QUANTINO	1 Scd	Sant	637
•	5	Signature of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008907 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
ATR BIK	0.0	3 • 13 mm

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008907 Test Record Number: 971
Test Date: 12/06/2019 Test Time: 3:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:13pm 3:13pm
FC	Pass	3:13pm

Temperature Tests

Status	Time
Pass	3:13pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:14pm 3:14pm

Preventive Maintenance Status: Pass

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ALAMANCE	Instrument Location Alaman	Co Co JAIL
Instrumen	t Serial No. <u>008853</u>	09 S. Maple ST C	ORAHAM, NC
The preve	ntive maintenance procedures for the Intox as are:	imeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic brea e centigrade;	ath simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify the procedures Departmen	were performed on the instrument indicate of Health and Human Services, and the in	ded above, in accordance with currentstrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
POPULATION OF THE CREAT OF THE	<u>() +0/0</u>	Alexander	662
	Signature	of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:36pm 2:37pm
ACCY CHK	.08	2:37pm
AIR BLK SUB TEST	. <u>0</u> 0 . 00	2:38pm 2:39pm
AIR BLK SUB TEST	.00 .00	2:40pm 2:42pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853

Test Record Number: 2968

Test Date: 12/06/2019 Test Time: 2:47pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
\mathtt{BT}	Pass	2:47pm

Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AL	AMANCE Instrument Location Alamance Co JAIL
Instrument Se	erial No. 008913 109 S. Maple ST. GRAHAM, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the <u>30</u> day of <u>December</u> , 20 <u>19</u> the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 12/30/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES
Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK	.00	10:51am
ACCY CHK	.08	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
ATR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 3775 Test Date: 12/30/2019 Test Time: 11:00am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 11:00a
SRC Pass 11:00a
DET Pass 11:00a
BAR Pass 11:00a
BT Pass 11:00a

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

Test

PRNT	Pass	11:0 1 am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:01am 11:01am

Status

Time

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

٨١	intoximeters, model intox ec/ir ii
County /	wander Instrument Location Alexander County SO
Instrument Seri	Instrument Location Alexander County SO al No. 008813 91 Commercial Park Ave., Taylorsville
	· · · · · · · · · · · · · · · · · · ·
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	the day of <u>lecember</u> , 20 <u>19</u> , the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE CHANGE THE STATE OF A STATE O	Signature of Certifying Official Certificate Number
	f Signment by County me Continuate Number

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Date: 12/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	:	g/210L	Time
DIAC	3	Pass	1:35pm
AIR		0.0	1:36pm
ACCY	CHK	.08	1:37pm
AIR	BLK	.00	1:38pm
SUB	TEST	.00	1:39pm
AIR	BLK	.00	1:40pm
SUB	TEST	-00	1:41pm
AIR	BLK	.00	1:42pm

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Record Number: 1912 Test Date: 12/12/2019 Test Time: 1:44pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
	2.50	
IR	Pass	1:44pm
FLO	Pass	1:44pm
F'C	Pass	1:45pm
and the second s		_

Temperature Tests

Test	Status	Time
FCL	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

Blank Tests

Test	Status	Time
		•
AIR	Pass	1:45pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A =	INTOXIMETERS, MODEL INTOX EC/I	IR II
County /	leshand Instrument Location Alle	shaney.
Instrument Ser	ial No. 008890 Country	Dail
	Sparta)	WC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath soholic Breath Simulator tests,
	n theday of	
TARE QUAM YORK	CAROLLE Tarles	6 5 Santage Residences
	Signature of Certifying Official	Certificate Number
A signed origin	al of the preventive maintenance record shall be kept on file for at/least th	ree years.

DHHS 4080 (11/07)

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

lest	g/210L	Time
DIAG	Pass	12:10pm
AIR BLK	.00	12:10pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

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

Analyst

Department of Health and Human Services

Rev. 12/2007

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Serial Number: 008890 Test Record Number: 791
Test Date: 12/17/2019 Test Time: 12:22pm EST

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 12:23pm

Printer Tests

rest	Status	Time
דואקס	Dagg	12.22m

CRC Tests

Test	Status	Time
COMP	Pass	12:23pm
\mathtt{CAL}	Pass	12:23pm

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

	INTOXIMETERS, MODEL INTOX EC/	
County //	15011 (a. Instrument Location 115011	o. Sheriff Office
Instrument Ser	ial No. <u>DO8591</u> <u>WAdes boree</u>	, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
	n the <u>3</u> day of <u>December</u> , 20 , the fore re performed on the instrument indicated above, in accordance with cur f Health and Human Services, and the instrument is functioning proper	rent regulations of the N.C.
STATE OF THE STATE	Signature of Certifying Official	654 Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Date: 12/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:48am 11:49am
ACCY CHK	.08	11:50am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

Reported AC, 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Record Number: 1738
Test Date: 12/31/2019 Test Time: 11:56am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:56am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
\mathtt{BT}	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time

+		
COMP CAL	Pass Pass	11:57am 11:57am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOXIMETERS, MODEL INTOX EC/IR II
County ///	1501/ (a. Instrument Location Hy 501/C. Sheritt Office
Instrument Seri	al No. 008739 (VAdesbowo, X/C
T	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3/h day of Deceniber, 20/l, the foregoing preventive maintenance be performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CO TOUR STATE OF THE STATE OF T	Signature of Certifying Official Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Date: 12/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:50am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 482 Test Date: 12/31/2019 Test Time: 11:57am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:58am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58am

Preventive Maintenance Status: Pass

Pass

11:58am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

1	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location A She
Instrument Seria	al No. 008849 Country Coil
The preventive four months are	maintenance procedures for the Intoximeters, Model/Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday ofday
STATE OF STA	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/17/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

11/01/2018-11/01/2020

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

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	2:29pm
AIR BLK	.00	2:30pm
ACCY CHE	.07	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1310 Test Date: 12/17/2019 Test Time: 2:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

Blank Tests

Test Status Time
AIR Pass 2:40pm

Printer Tests

Test Status Time
PRNT Pass 2:40pm

CRC Tests

Test Status Time

COMP Pass 2:40pm
CAL Pass 2:40pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Belhaven N.C. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; 5. 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 Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 12/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 406 Test Date: 12/17/2019 Test Time: 11:12am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	11:12am
FC	Pass	11:12am

Temperature Tests

Test	Status	Time
FC1	Pass	11:12am
SRC	Pass	11:12am
DET	Pass	11:12am
BAR	Pass	11:12am
BT	Pass	11:12am

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. __, the foregoing preventive maintenance I certify that on the day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008851 Test Date: 12/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008851 Test Record Number: 656
Test Date: 12/23/2019 Test Time: 10:02am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
${f BT}$	Pass	10:03am

Blank Tests

Test	Status	Time
AIR	Pass	10:04am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:04am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\sim	INTOAMETERS, MODEL INTOA ECIR II
County Be	Instrument Location Bertie (o. S.O.
Instrument Serie	al No. 008897 222 County Farm Rd., Windson
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
1	theday of
O'M STATE OF ME ST	Zeu Louis Certificate Number Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 12/16/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG911506 Exp Date: 04/25/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1295
Test Date: 12/16/2019 Test Time: 11:54am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:56am

Preventive Maintenance Status: Pass

Pass

11:56am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BLADEN	Instrument Location			
Instrumen	t Serial No. <u>00 8894</u>		DETENTIO	N CEN	TER
The preve	ntive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be follow	red at least once e	every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		lcoholic breath simu	lator thermomete	r shows
2.	Verify instrument displays ti	me and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	,		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample	·	·	i
8.	Print test record;				
9.	Verify Diagnostic Program; a	and			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.				
procedure	nat on theday ofday ofday ofday ofday ofday ofday ofday ofday ofday of Health and Human Services, as		nce with current regu		C.
2 cpui cine			g propositi		% 0.00
A GREAT CR.	ATE OF ACOUNTY				\(\sum_{\chi}\)
* ties on	alle	gnature of Certifying Officia	al C	€4€ Certificate Numbe	 er

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:35am
ACCY CHK	.08	10:35am
AIR BLK	.00	10:37am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Record Number: 1194
Test Date: 12/20/2019 Test Time: 10:42am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time
ATR	Pagg	10 · 43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:43am

10:43am

Preventive Maintenance Status: Pass

Pass

CAL

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BLADEN	Instrument Location RLAD	EN COUNTY	
Instrumer	nt Serial No. <u>008818</u>	DE 70	ENTION CENTE	
The preve		Intoximeters, Model Intox EC/IR II to be	followed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breatlegree centigrade;	simulator thermometer shows	
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.		nister is being changed before expiration of anged every four months or after 125 Alcohol.		
procedur	es were performed on the instrument i	ECEMBER, $20\frac{19}{9}$, the foregoindicated above, in accordance with curre ad the instrument is functioning properly.	nt regulations of the N.C.	
A CORPATOR	TATE OF MODELLE STATE O	Za Jan	<u>C48</u>	
	Sic	anature of Certifying Official	Certificate Number	

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Date: 12/20/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:32am 10:33am 10:34am
ACCI CHK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 1576
Test Date: 12/20/2019 Test Time: 10:40am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:41am 10:41am
FC	Pass	10:41am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:42am 10:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	BRUNSWICK Instrument Location BRUNSWICK COUNT	7			
Instrume	t Serial No. 608603 DETENTION CENT	TER			
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once exhs are:	veгy			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	show			
2.	Verify instrument displays time and date;				
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, collect breath sample;	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	ath tests,			
procedu	that on theday of DECEMIBER_, 20_15_, the foregoing preventive maintenances were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.	ince			
A COREATOR OF STATE O	CATE ON DEPARTMENT OF THE PARTMENT OF THE PART				
155 C	Signature of Certifying Official Certificate Number				
	Signature of Certifying Official Certificate Number	r			

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 4474
Test Date: 12/02/2019 Test Time: 1:07pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 12/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:59pm 1:00pm 1:01pm 1:02pm 1:03pm
AIR BLK SUB TEST	.00 .00	1:04pm 1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

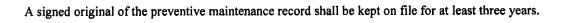
Court CVR

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNGWICK	Instrument Location_	BRUNSWICK COUNTY
Instrument S	Gerial No. <u>00858</u> 5		DETENTION CENTER
The preventi	•	ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		lcoholic breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample	;
7.	When "PLEASE BLOW" appe	ears, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures :	t on theday ofE were performed on the instrument in t of Health and Human Services, and	idicated above, in accorda	, the foregoing preventive maintenance nce with current regulations of the N.C. ning properly.
AND STATE STATE OF THE STATE OF	CON	2, 13mm	C 48
	Sign	nature of Certifying Offici	al Certificate Number



BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 12/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.07	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 4337 Test Date: 12/02/2019 Test Time: 1:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	mc80:1

Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
\mathtt{BT}	Pass	1:08pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:09pm 1:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSWICK Instrument Location OAK ISLAND		
Instrume	BRUNSWICK Instrument Location OAK TSLAND ont Serial No. 008648 POLICE DEPT		
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the day of the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.			
COREAT CAREAT CA	TATE OF NO BY CAROL		
* ESE	all Pe Be 5		
	Signature of Certifying Official Certificate Number		

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 12/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG911506 Exp Date: 04/25/2021

g/210L	Time
Pass .00 .07	2:11pm 2:12pm 2:12pm
00	2:13pm
.00	2:14pm
.00	2:1.5pm
.00	2:16pm
00	2:17pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 1645

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:18pm
FLO	Pass	2:18pm
FC	Pass	2:18pm

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 2:19pm

Printer Tests

TESL SLALUS IIII	[est	Status	Time
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PRNT Pass 2:19pm

CRC Tests

Test Status Time

COMP Pass 2:19pm CAL Pass 2:19pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_		KS, MODEL IN I		
County Bi	ZUNSWICK	Instrument Location	BUNSET	BERCH
Instrument Seri	2UN5WICK al No. 008874		POLICE	DEPT
				• . •
The preventive four months are	maintenance procedures for the In: :	ntoximeters, Model Intox l	EC/IR II to be followe	d at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a gree centigrade;	lcoholic breath simula	tor thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		<i>i</i>
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.			
	n the day of e performed on the instrument in Health and Human Services, and		nce with current regul	ventive maintenance ations of the N.C.
TARE QUANTON	The second of th	29 Bana		<u>د</u> 48
	Sign	nature of Certifying Officia	al Co	ertificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 12/02/2019

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test g	[/210L	Time
AIR BLK .		4:07pm 4:08pm 4:09pm
AIR BLK .	00	4:10pm 4:11pm
SUB TEST .	00	4:11pm 4:13pm 4:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874

Test Record Number: 688

Test Date: 12/02/2019

Test Time: 4:14pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	
Tog+	Ctatua	mi mo

Tesc	Status	TTITE
COMP	Pass	1.16mm
		4:16pm
CAL	Pass	4:16pm

Preventive Maintenance Status: Pass

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bul			
Instrument Seria	1 No. 008904 Marganton		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
procedures were	the		
OF THE STATE OF A	Signature of Certifying Official Cortificate Number		

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 12/27/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:19am 11:20am 11:20am
AIR BLK SUB TEST	.00	11:21am 11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Record Number: 2439
Test Date: 12/27/2019 Test Time: 11:26am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:27am
FLO	Pass	11:27am
FC	Pass	11:27am

Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
\mathtt{BT}	Pass	11:27am

Blank Tests

Test	Status	Time
ATR	Pass	11:28am

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:28am

Preventive Maintenance Status: Pass

Pass

11:28am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bu	the Instrument Location Burke	Co. Jail
Instrument Seria	al No. DO8831 Morganto	1,NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures wer	theday of <u>December</u> , 20 <u>/9</u> , the foreg e performed on the instrument indicated above, in accordance with curre Health and Human Services, and the instrument is functioning properly	ent regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 12/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07/28/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:19am 11:20am 11:21am 11:22am 11:23am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 2197
Test Date: 12/27/2019 Test Time: 11:28am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

Temperature Tests

Status	Time
Pass	11:29am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	abarrus Instrument Location BAL MOLIK Unit Z
Instrument S	erial No. 009973
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
TAME STATE	

CABARRUS BAT MOBILE UNIT 02 120

Serial Number: 008973 Test Date: 12/12/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:33pm 8:34pm
ACCY CHK	.08	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm
ATR BLK	.00	8:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CABARRUS BAT MOBILE UNIT 02 120

Serial Number: 008973 Test Record Number: 742 Test Date: 12/12/2019 Test Time: 8:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:41pm
FLO	Pass	8:41pm
FC	Pass	8:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
BT	Pass	8:41pm

Blank Tests

Test	Status	Time
AIR	Pass	8:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:42pm

Preventive Maintenance Status: Pass

Pass

8:42pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	abarros Instrument Location Byt Mobile Und 2		
Instrument S	erial No. 608973 Concord PD		
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures w	on the <u>20</u> day of <u>Decestor</u> , 20 <u>19</u> , the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
STATE OF STA			

CABARRUS COUNTY BAT MOBILE UNIT 02 120

> Serial Number: 008970 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.08	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 02 120

Serial Number: 008970 Test Record Number: 686
Test Date: 12/20/2019 Test Time: 8:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
\mathtt{BT}	Pass	8:22pm

Blank Tests

Test	Status	Time
AIR	Pass	8:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:23pm

8:23pm

Preventive Maintenance Status: Pass

Pass

CAL

My Va

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (4)	Instrument Location Bbt M65.12 Und 2
Instrument Seri	al No. 009970 Concord 90
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>ZU</u> day of <u>December</u> , 20 <u>19</u> , the foregoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Centifying Official Certificate Number
	Signature of Centifying Official Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 02 120

> Serial Number: 008973 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

05/01/2019-05/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:15pm 8:16pm
ACCY CHK	.08	8:17pm
AIR BLK SUB TEST	.00 .00	8:18pm 8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:21pm
ATR BLK	. 00	8:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CABARRUS COUNTY BAT MOBILE UNIT 02 120

Serial Number: 008973 Test Record Number: 749
Test Date: 12/20/2019 Test Time: 8:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
AIR	Pass	8:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:24pm

Preventive Maintenance Status: Pass

Pass

8:24pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County (a	mden Instrument Location Camden (U.S.D.
Instrument Ser	rial No. 008940 113 Huy 343, Canden, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 13th day of Do (Pmb-Pr, 2019, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE CLAM VIEW	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 12/13/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 990 Test Date: 12/13/2019 Test Time: 12:15pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 12:17pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Mobile BAT UNIT 1
Instrument 5	erial No. 008600 Emerald Isla PD
The prevent four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus 2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures	t on the
TAN ON THE PARTY OF THE PARTY O	72 and 655
	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE 12 150

Serial Number: 008600 Test Date: 12/21/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.03	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE 12 150

Serial Number: 008600

Test Record Number: 1932

Test Date: 12/21/2019

Test Time: 9:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm
	the state of the s	■

Blank Tests

Test	Status	Time
N		
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm
	CRC Tests	

CRC.	Tests

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

Preventive Maintenance Status: Pass

Analyst

alla

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_C	·teret	Instrument Location_	nobile	BAT UNIT 12
Instrument Seria	l No. <u> </u>	Emerald	Isla	PD
The preventive r	naintenance procedures for the	Intoximeters, Model Intox E	EC/IR II to be t	followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d		lcoholic breath	simulator thermometer show
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample;	· •	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	;	
8.	Print test record;			
9.	Verify Diagnostic Program; as	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.			
	the 2! day of D ce performed on the instrument in Health and Human Services, and		nce with currer	
STATE OF THE PROPERTY OF THE P	Sent Carolina (1997)			
TO THE PARTY OF TH	17 Cm	enature of Certifying Officia		Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 12 150

Serial Number: 008788 Test Date: 12/21/2019

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

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

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

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

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

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE UNIT 12 150

Serial Number: 008788 Test Record Number: 1462 Test Date: 12/21/2019 Test Time: 11:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:12pm
FLO	Pass	11:12pm
FC	Pass	11:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:13pm
SRC	Pass	11:13pm
DET	Pass	11:13pm
BAR	Pass	11:13pm
BT	Pass	11:13pm

Blank Tests

Test	Status	i .	Time	
			1	
AIR	Pass		11:13pm	1

Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:13pm
CAL	Pass	11:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET	Instrument Location_	CARTERET COUNTY	
Instrumen	nt Serial No. <u>008882</u>		DE TENTION CENTE	
The preve		ntoximeters, Model Intox I	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulator thermometer shows	
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;	-	
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample	;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
procedure		idicated above, in accorda	7_, the foregoing preventive maintenance nee with current regulations of the N.C. ning properly.	
SE S	TATE OF NO PLANT STATE STATE OF NO PLANT STATE STATE OF NO PLANT STATE STATE STATE STATE STATE STATE S			
The same		nature of Certifying Officia	S Certificate Number	
	Sign	iatare of Corniying Officia	a Continuate Number	

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Date: 12/19/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:28pm 12:29pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Record Number: 1918
Test Date: 12/19/2019 Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm

CRC Tests

Test	Status	Time
COMP	Pass	12:37pm
CAL	Pass	12:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET	Instrument Location_	CARTERET	COUNTY
Instrumen	nt Serial No. <u>008605</u>		DETENTION	CENTER
The preve	entive maintenance procedures for the I hs are:	ntoximeters, Model Intox	EC/IR II to be followed at I	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath simulator th	nermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample	,	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.			
procedure	hat on the	idicated above, in accorda	nce with current regulation	ve maintenance s of the N.C.
ALL CREATES	TATE ON NO CANADA			
SE OF	Sign	ature of Certifying Offici	al Certific	48 cate Number
	0-	,		

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Date: 12/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:23pm 12:24pm 12:25pm 12:26pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Che Ry Bon-

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Record Number: 3915 Test Date: 12/19/2019 Test Time: 12:31pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

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

Preventive Maintenance Status: Pass

Colon Rg Bangs
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Catawba Instrument Location Hickory PD
Instrume	Instrument Location Hickory PD and Serial No. 008841 347 209 Ave. Sw Hickory
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on theday oflocernber, 20, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
O HE CREAT SE	Signature of Certifying Official Certificate Number
A signed o	\ original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 12/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:18am
AIR BLK	.00	10:19am
ACCY CHK	.08	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst/

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 1996
Test Date: 12/12/2019 Test Time: 10:26am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:27am

Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
BT	Pass	10:27am

Blank Tests

Test	Status	Time
AIR	Pass	10:28am

Printer Tests

Tesc	Status	111116
PRNT	Pass	10:28am
		• "

CRC Tests

iest	Status	Time
COMP	Pass	10:28am
CAL	Pass	10:28am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Catawba Instrument Location Catawba County SO
Instrumer	nt Serial No. 008687 100 B. Southwest Blvd. Newton
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the 6 House day of Secender, 20 19, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT THE	TATE OF NO.
***************************************	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	3:44pm
AIR BLK	.00	3:45pm
ACCY CHK	.07	3:46pm
AIR BLK	00	3:47pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 12/06/2019 Test Time: 3:52pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
\mathtt{BT}	Pass	3:52pm

Blank Tests

Test	Status	Time
AIR	Pass	3:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:53pm 3:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Catawba Instrument Location Catawba County 50
Instrumer	nt Serial No. 008821 100 B. Southwest Blvd, Wewton
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
_ 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedui	that on theday of
SE S	Signature of Certifying Official Certificate Number
A signed	original of the preventive maintenance record shall be kept on file for at least three years.

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	3:37pm 3:38pm
ACCY CHK	.00	3:30pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Record Number: 2049
Test Date: 12/06/2019 Test Time: 3:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:46pm
FLO	Pass	3:46pm
FC	Pass	3:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:46pm
SRC	Pass	3:46pm
DET	Pass	3:46pm
BAR	Pass	3:46pm
BT	Pass	3:46pm

Blank Tests

•	
AIR Pass	3:47rom

Printer Tests

lest	Status	Time
PRNT	Pass	3:47pm

CRC	Τ	u	5	L	H

Test	Status	Time
COMP	Pass	3:47pm
CAL	Pass	3:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

	INTOAIMETERS,	, MODEL INTOX EC/II	
County	Lerolet 1	Instrument Location Cherok	ce Co. Jail
Instrument Se	erial No. <u>() () 8 7 //</u>	Morphy, NC	
The preventive four months a	ve maintenance procedures for the Intoxi	meters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath centigrade;	simulator thermometer show
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; and	_	
10.		is being changed before expiration d every four months or after 125 Alco	
procedures w	on theday ofor rere performed on the instrument indicate of Health and Human Services, and the	ted above, in accordance with curren	ing preventive maintenance at regulations of the N.C.
THE STATE OF THE S	S A ROLLING		
ALL QUANTING	- Poil	P. Coth	635
	Signature	e of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 12/03/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:58am 11:59am
ACCY CHK AIR BLK	.07 .00	12:00pm 12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 1045 Test Date: 12/03/2019

Test Time: 12:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:07pm 12:07pm 12:07pm 12:07pm 12:07pm
		==:0.6

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	heroker	Instrument Location Chest	kze Co. Jail
Instrument Se	rial No. <u>///8</u> 622	Murphy, NE	
The preventiv	•	oximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breat ree centigrade;	h simulator thermometer shov
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		Service 1
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 Alc	
	ere performed on the instrument ind	cember, 20 <u>/9</u> , the foreg licated above, in accordance with curre the instrument is functioning properly	ent regulations of the N.C.
STATE STATE OF THE	CAROLINIA CAROLINIA		
EGE QUAM VIO	_ () ~~	R. Cath	635
	Signa	ture of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 12/03/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

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

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Toot

lest	g/210L	TIME
DIAG	Pass	11:57am
AIR BLK	.00	11:59am
ACCY CHK	.08	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1111
Test Date: 12/03/2019 Test Time: 12:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:06pm 12:06pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
\mathtt{BT}	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

	CRC Tests	
PRNT	Pass	12:07pm
Test	Status	Time

Test	Status	Time	
COMP	Pass	12:08pm	
CAL	Pass	12:08pm	

Preventive Maintenance Status: Pass

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch	Instrument Location Chowan Co. Public Sa
Instrument Serie	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the 12 day of December, 20 19, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 12/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
ATR BLK	. 0.0	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 937 Test Date: 12/12/2019 Test Time: 10:39am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

Blank Tests

Test	Status	Time
AIR	Pass	10:41an

Printer Tests

Test

PRNT	Pass	10:41am
	CRC Tests	

Status

Time

Test	Status	Time
COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance Status: Pass

The

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Cleveland Instrument Location Cleveland Cuty 50-Annex
Instrume	nt Serial No. 008887 407 McBrayer St, Shelby
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the 4+h day of December, 2019, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tent of Health and Human Services, and the instrument is functioning properly.
GREAT	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: 008887 Test Date: 12/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG814902 Exp Date: 05/29/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887

Test Record Number: 3035
Test Time: 3:00pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
\mathtt{BT}	Pass	3:01pm

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cle	veland Instrument Location Cleveland Cuty SU-Ann
Instrument Seria	Instrument Location Cleveland Cuty SU-Ann INO. 008893 407 McBrayer St, Shelby
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
THE STATE OF N. ST	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: 008893 Test Date: 12/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.08	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Sagnature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1701 Test Date: 12/04/2019 Test Time: 2:58pm EST

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	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:59pm 2:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Cleveland	Instrument Location_	Kings Mountain PD	
Instrumer	ent Serial No. <u>008900</u>	12 S. Pied	Kings Mountain PD mont Ave, Kings Mt	
The preve	ventive maintenance procedures for the Intox nths are:	imeters, Model Intox I	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		coholic breath simulator thermometer shows	
2.	Verify instrument displays time and	Verify instrument displays time and date;		
3.	Initiate breath test sequence;	Initiate breath test sequence;		
4.	Enter information as prompted;	Enter information as prompted;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
procedure	that on the <u>/ 6 /h</u> day of <u>De Ce</u> res were performed on the instrument indica nent of Health and Human Services, and the	ted above, in accordan	ce with current regulations of the N.C.	
S S S S S S S S S S S S S S S S S S S	_ YOU EN	e of Certifying Officia	Certificate Number	

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	3:16pm
AIR BLK	.00	3:17pm
ACCY CHK	.08	3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 786

Test Date: 12/16/2019 Test Time: 3:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:24pm
FLO	Pass	3:24pm
F'C	Pass	3:24pm

Temperature Tests

Test	2 4	Status	Time
FC1	٠	Pass	3:24pm
SRC		Pass	3:24pm
DET		Pass	3:24pm
BAR		Pass	3:24pm
BT		Pass	3:24pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:25p	m

Printer Tests

Test	Status	Time
PRN'I'	Pass	3:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:25pm 3:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location	NEW	BERN
Instrument Se	rial No. <u>0088/7</u>	Instrument Location	POLIC	E DEPT
The preventiv	e maintenance procedures for the I	ntoximeters, Model Intox E	C/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath si	mulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8,	Print test record;		4	
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.			
	on the day ofEre performed on the instrument in f Health and Human Services, and		ce with current i	
STATE OF THE STATE				
Windship of the Control of the Contr	- Ulu-	nature of Certifying Official	<u></u>	Certificate Number
	Sigi	made of Certifying Official		Continuate Number

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

DHHS 4080 (11/07)

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 12/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:55pm 4:55pm 4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1520 Test Date: 12/04/2019 Test Time: 5:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:02pm
FLO	Pass	5:02pm
FC	Pass	5:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:02pm
SRC	Pass	5:02pm
DET	Pass	5:02pm
BAR	Pass	5:02pm
\mathtt{BT}	Pass	5:02pm

Blank Tests

Test	Status	Time
AIR	Pass	5:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:03pm
CAL	Pass	5:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyC	RAVEN	Instrumen	t Location_	SAT	M012	E uns	56
Instrument S	erial No. 00 9570	NOW	MMA	i			
The preventi four months	ve maintenance procedures are:	for the Intoximeters, M	odel Intox	EC/IR II to	o be follo	wed at leas	t once ever
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressu nus .2 degree centigrade	ire, or the a	lcoholic b	reath sim	ulator thern	nometer sh
2.	Verify instrument disp	lays time and date;				•	:
3.	Initiate breath test sequ	ence;					
4.	Enter information as pr	ompted;	4.				
5.	Verify instrument accu	racy;					
6.	When "PLEASE BLOW	W" appears, collect bre	ath sample;				
7.	When "PLEASE BLOV		7				† 1s
8.	Print test record;				.		
9.	Verify Diagnostic Progr	ram; and					
10.	Verify that the ethanol simulator solution is be whichever occurs first.	es canister is heing che	inged befor months or a	e expiration	on date, o	r the alcoho Breath Sim	lic breath ulator test
certify that o rocedures we department o	on the <u>2</u> day of the performed on the instru of Health and Human Service	DECMINE ment indicated above, it ces, and the instrument		, the for ce with cui	egoing pr rrent regu ly.	eventive ma dations of t	ilntenance he N.C.
STATE OF THE STATE	North						
LET COLIN VON		1/_					
WALLEY TO SERVICE STATES		Signature	0.00.1	· ·	4	43	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Signature of Certifyir	ig Official	· · · · · · · · · · · · · · · · · · ·	C	ertificate N	umber

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

DHHS 4080 (11/07)

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008580 Test Date: 12/21/2019

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

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

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

TERL	g/210L	Time
DIAG	Pass	8:44pm
AIR BLK	.00	8:45pm
ACCY CHK	.07	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:49pm
AIR BLK	.00	8 - 5000

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008580 Test Record Number: 2543 Test Date: 12/21/2019 Test Time: 8:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:51pm
FLO	Pass	8:51pm
FC	Pass	8:52mm

Temperature Tests

rest	Status	Time
FC1	Pass	8:52pm
SR¢	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

Blank Tests

Test	Status Time
AIR	Pass 8:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm

CRC Tests

Test	Status	Time
COMP	Pass	8:52pm
CAL	Pass	8:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	uniber And Co. Instrument Location FT. BRAG LEC
Instrument So	erial No. <u>CD8863</u> <u>PMD</u>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE COUNTY OF TH	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008863 Test Date: 12/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

'l'est	g/210L	Time
DIAG AIR BLK	Pass	11:07am 11:07am
ACCY CHK	.07	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
AIR BLK	.00	11:13am

Reported AC,

 $0.0 \, gr/210 L$

Signature of Chemical Analyst

Court CVR

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

Analyst

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008863 Test Record Number: 740 Test Date: 12/27/2019 Test Time: 11:15am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Status

Test

CAL

PRNT	Pass	11:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:16am

Time

11:16am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (instrument Location Chritick Co. S.O.
Instrument Se	rial No. 008947 407-A Maple Rd., Maple, N.C.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of
STATE OREATOR OF THE STATE OF T	

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 12/13/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.08	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 2534
Test Date: 12/13/2019 Test Time: 11:34am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

Temperature Tests

Test Status Tir	ne
FC1 Pass 11	:35am
SRC Pass 11	:35am
DET Pass 11	:35am
BAR Pass 11	:35am
BT Pass 11:	:35am

Blank Tests

Test	Status	Time
AIR	Pass	11:35am

Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:36am 11:36am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DUPLIN Instrument Location WALLACE POLICE DEP
Instrumen	Serial No
The preve	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	at on theday ofDECEMBER, 20_1, the foregoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
THE CREAT OF THE C	WE OR
Control of the Contro	al Rg Bas 648
	Signature of Certifying Official Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008901 Test Date: 12/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ol Ry Banalyst

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008901 Test Record Number: 1188
Test Date: 12/29/2019 Test Time: 12:52am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:53am
FLO	Pass	12:53am
FC	Pass	12:53am

Temperature Tests

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

Blank Tests

Test	Status	Time
	÷	
AIR	Pass	12:54am

Printer Tests

Test	Status	Time
PRNT	Pass	12:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:54am 12:54am

Preventive Maintenance Status: Pass

Colon Ry Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	URHAM	Instrument Location BA	T MOBILE UNIT I
Instrument Se	erial No. <u>008939</u>	DURHAM	P. D.
The preventive four months a	ve maintenance procedures for th	e Intoximeters, Model Intox EC/II	R 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 alcohole degree centigrade;	olic breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	eted;	
5.	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 simulator solution is being whichever occurs first.	canister is being changed before ex changed every four months or after	xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
procedures	were performed on the instrumen	t indicated above, in accordance wand the instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.
STAND 20 TO THE STAND AND THE CORE AT 20 TO THE STAND AND THE CORE AT 20 TO THE STAND AND THE STAND	CAROUNA	Signature of Certifying Official	Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008939 Test Date: 12/06/2019

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

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	10:39pm
AIR BLK	.00	10:39pm
ACCY CHK	.08	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008939 Test Record Number: 989
Test Date: 12/06/2019 Test Time: 11:16pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURHAM	Instrument Location BAT Means UNIT I
Instrument S	erial No. <u>008898</u>	DURHAM P.D.
The prevention four months		ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 3	ster displays pressure, or the alcoholic breath simulator thermometer show 2 degree centigrade;
2.	Verify instrument displays	time and date;
3.	Initiate breath test sequence	
4.	Enter information as promp	oted;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW"	appears, collect breath sample;
7.	When "PLEASE BLOW"	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program	; and
10.		canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
	were performed on the instrume t of Health and Human Services,	ELEMBER, 20/9, the foregoing preventive maintenance nt indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.

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

Certificate Number

ESSE QUAM VIDER

DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008898 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, JASON R Permit Number: 19145E Effective:

03/01/2018-03/01/2020

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	10:40pm
AIR BLK	.00	10:41pm
ACCY CHK	.07	10:42pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:44pm
SUB TEST	.00	10:45pm
AIR BLK	.00	10:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008898 Test Record Number: 1028 Test Date: 12/06/2019 Test Time: 11:17pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County F-12	DNKUN Instrument Location Franklin Co. LEC	pa
,	erial No. OO8942 295 TKEMPRO LOUISBUP	
The preventive four months are	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least oure:	nce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermo- 34 degrees, plus or minus .2 degree centigrade;	meter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
ં.6.	When "PLEASE BLOW" appears, collect breath sample;	
্ৰ শিক্তাৰ্যন্তু 7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholisimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
procedures were	on the <u>20</u> day of <u>DECEMBER</u> , 20 19 the forgoing preventive mere performed on the instrument indicated above, in accordance with current regulations of the f Health and Human Services, and the instrument is functioning properly.	aintenance N.C.
TOTAL STATE OF THE	Bu D Anath 63°	<u>7</u>

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:34pm
AIR BLK	.00	4:35pm
ACCY CHK	.08	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:39pm
ATR BLK	. 00	4 · 4 0 mm

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

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942

Test Record Number: 1845

Test Date: 12/20/2019

Test Time: 4:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:44pm
FLO	Pass	4:44pm
FC	Pass	4:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:44pm
SRC	Pass	4:44pm
DET	Pass	4:44pm
BAR	Pass	4:44pm
BT	Pass	4:44pm

Blank Tests

Test	Status	Time

AIR Pass 4:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:45pm

CRC Tests

Test	Status	Time
COMP	Pass	4:45pm
CAL	Pass	4:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fe	
Instrument Seri	al No. 008933 285 TKEMPRD LOUISBURG, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 20 day of DECEMBEN, 20 19 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:28pm
AIR BLK	.00	4:28pm
ACCY CHK	.07	4:29pm
AIR BLK	00	4:30pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:34pm
ATR BLK	. 00	4 · 35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Record Number: 1175 Test Date: 12/20/2019 Test Time: 4:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:37pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTOX EC/IR II
County G	10ston Instrument Location Gaston County SO
Instrument Ser	rial No. 008910 425 N. Marietta St. Gastana
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the
THE STATE OF THE PROPERTY OF T	Signature of Ceptifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008910 Test Date: 12/13/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:52am
AIR BLK	00	9:53am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:56am
AIR BLK	.00	9:56am

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008910 Test Record Number: 932 Test Date: 12/13/2019 Test Time: 9:57am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

Blank Tests

Test	Status	Time
AIR	Pass	9:58am

Printer Tests

Test	Status	Time
PRNT	Pass	9:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Go	aston Instrument Location Gaston County SO
Instrument Seri	ial No. 008643 425 N. Marietta St., Gasdia
	,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or	n the 13 day of Occember, 20 19, the foregoing preventive maintenance
procedures we	re performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of	Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Date: 12/13/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:28am 9:29am 9:29am
AIR BLK	.00	9:31am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am

Reposted AC: .00 g/210L

Signature of Chemical A

Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Record Number: 3407 Test Date: 12/13/2019 Test Time: 9:37am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

Blank Tests

Test	Status	Time
AIR	Pass	9:39am

Printer Tests

Test

	200000	110
PRNT	Pass	9:39am
	CRC Tests	

Status Time

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

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

The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	,
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
	t on theday of	rent regulations of the N.C.

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 12/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:22pm 12:23pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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GATES COUNTY GATES CO SO 360

Serial Number: 008884

Test Record Number: 930

Test Date: 12/17/2019

Test Time: 12:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
	_	
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Status	Time
Pass	12:29pm
	Pass Pass Pass Pass

Blank Tests

rest	Status	Time
ΔΤΟ	Dagg	12.30nm

Printer Tests

— t-	a	m !
÷	CRC Tests	
PRNT	Pass	12:30pm
Test	Status	Time

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance Status: Pass

Jineba Keesl

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Con		m Co.
Instrument Seri	al No. 008915 Robbinsuille, N	<u> </u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	
	theday of	rrent regulations of the N.C.
CALL OF THE CALL O	SAH CANOLINA	
	Signature of Certifying Official	Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 12/03/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:10am
AIR BLK	.00	10:11am
ACCY CHK	.08	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 783 Test Date: 12/03/2019 Test Time: 10:19am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:19am

Temperature Tests

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

Blank Tests

Test		Statu	S	Time	∍ `
7 7 7		D		10.5	· ·

Printer Tests

Test Si	catu	S ,	T.T	me	
		, ,			
PRNT Pa	ass		10	:20	am

CRC Tests

Test	Status	Time
COMP	Pass	10:20am
CAL	Pass	10:20am
	and the second s	ž.

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 20 day of December, 20 19 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008939 Test Date: 12/20/2019

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

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

Analyst's Name: SMITH, JASON R Permit Number: 19145E Effective: 03/01/2018-03/01/2020

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

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

g/210L	Time
Pass	9:53pm
.00	9:54pm
.08	9:54pm
.00	9:55pm
.00	9:56pm
.00	9:57pm
.00	9:58pm
.00	9:59pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008939 Test Record Number: 995 Test Date: 12/20/2019 Test Time: 10:00pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008898 Test Date: 12/20/2019

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

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	9:53pm
AIR BLK	.00	9:53pm
ACCY CHK	.07	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008898 Test Record Number: 1033 Test Date: 12/20/2019 Test Time: 10:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	10:01pm 10:01pm
FC	Pass	10:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	recustors Guilford Instrument Location Bas Mabile Unit 2
Instrument Se	rial No. 009970
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

Intox EC/IR-II: Subject Test illord County REENSBORD BAT MOBILE UNIT 02 400

Serial Number: 008970 Test Date: 12/05/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:50pm 8:51pm
ACCY CHK	.08	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm

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

Culford County
CREENSBORD BAT MOBILE UNIT 02 400

Serial Number: 008970 Test Date: 12/05/2019 Test Record Number: 681 Test Time: 8:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:59pm
FLO	Pass	8:59pm
FC	Pass	8:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

Blank Tests

Test	Status	Time
AIR	Pass	9:00pm
ω_{TL}	Fass	J: O O DIII

Printer Tests

Test	Status	Time
PRNT	Pass	9:00pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	9:00pm 9:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAI Mobile Unit 2
Instrument So	erial No. <u>668973</u>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
TO STATE AND TO ST	Signature of Certifying Official Control Certificate Number

Intox EC/IR-II: Subject Test
Guilford County

GREENSBORD BAT MOBILE UNIT 02 400

Serial Number: 008973 Test Date: 12/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

.

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:49pm 8:50pm
ACCY CHK	.08	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Adalyst

Court CVR

Mr Dox

Gulford County GREENSBORD BAT MOBILE UNIT 02 400

Serial Number: 008973

Test Record Number: 738

Test Date: 12/05/2019

Test Time: 8:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:56pm
FLO	Pass	8:56pm
FC	Pass	8:56pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:57pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:57pm
CAL	Pass	8:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II
County Ai tac Instrument Location Overs Dovo
Instrument Serial No. 008660
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the day of day of 22, 20 1 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
O'THE STATE O'NO. 1713 NO. 171

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	1:02pm 1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Record Number: 4185 Test Date: 12/20/2019 Test Time: 1:13pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	1:14pm 1:14pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007-

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location (Weer Shoro Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 17, the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 12/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

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	2:34pm 2:35pm
ACCY CHK	.08	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6783 Test Date: 12/11/2019 Test Time: 2:41pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:42pm
SRC	Pass	2:42pm
DET	Pass	2:42pm
BAR	Pass	2:42pm
\mathtt{BT}	Pass	2:42pm

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm

CRC Tests

Test	Status	Time
COMP	Pass	2:43pm
CAL	Pass	2:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		iks, Model intox ec	
County Ha		- 	od Co. Fail
Instrument Ser	ial No. <u>008712</u>	Waynesville 1	1C
The preventive four months ar		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i ,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
procedures we	re performed on the instrument i	ndicated above, in accordance with cur d the instrument is functioning proper	rrent regulations of the N.C.
ONE STATE OF THE S	CAROUIL Sin	P. Cuthannature of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 12/17/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
07/12/2019-07/12/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	12:34pm 12:35pm 12:35pm 12:36pm 12:37pm 12:38pm 12:39pm 12:40pm
		<u></u>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2268
Test Date: 12/17/2019 Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm

CRC Tests

Test	Status	Time
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		5, MODEL IN TOTAL COLL	
County //	aywood	Instrument Location Hay wood	d Co. Jail
Instrument S	Serial No. <u>008714</u>	Waynesville, NC	
The preventi	ive maintenance procedures for the Into are:	ximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath see centigrade;	simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; and	·	
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration da ed every four months or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
procedures v	t on theday ofc were performed on the instrument indi t of Health and Human Services, and th	cated above, in accordance with curren	
ARE GLEAT STATE OF THE STATE OF	Signati	R Cothure of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 12/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:32pm 12:33pm
ACCY CHK	.07	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1592 Test Date: 12/17/2019 Test Time: 12:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:40pm

Temperature Tests

Status	Time
Pass	12:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

Printer Tests

Status

Time

12:40pm

Test

CAL

PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:40pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyInstrument S	erial No. 008906 156. Broad St., Mustrees burg, V
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday of
Of THE STAT	E of NO



Signature of Certifying Official

Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 12/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 741 Test Date: 12/17/2019 Test Time: 11:22am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:23am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔTR	Dagg	11·24am

Printer Tests

Test	Status	Time
PRNT	Pass	11:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:24am

Preventive Maintenance Status: Pass

Pass

11:24am

CAL

Jinis A. Keesl
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County I	redel Instrument Location Porces ille	DD.	
Instrument S	00000- 90011-1111 M	porecy,1)e	
The preventi	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followers are:	d at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	tor thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or t simulator solution is being changed every four months or after 125 Alcoholic B whichever occurs first.		
	at on the <u>B</u> day of <u>learned</u> , 20 <u>9</u> , the foregoing prewere performed on the instrument indicated above, in accordance with current regulated fleath and Human Services, and the instrument is functioning properly.	ventive maintenance	
STATI STATI	11/CMD W 1/3	56 ertificate Number	

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 12/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	11:00am
AIR BLK	.00	11:01am
ACCY CHK	.07	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:07am
ATR BLK	. 00	11.08am

Reported AS: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 3302 Test Date: 12/23/2019 Test Time: 11:09am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	'l'ime
AIR	Pass	11:10am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:10am

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

County 17	CENELL	Instrument Location	BAT	MODI	e and	0
Instrument Ser	ial No. <u>00 9590</u>	Moonesi	Δ ι6			
The preventive four months are	maintenance procedures for the I	ntoximeters, Model Intox I	EC/IR II	o be folk	owed at least once ev	very
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alegree centigrade;	lcoholic	reath sin	nulator thermometer	shov
2.	Verify instrument displays tim	e and date;		THE COURSE OF TH		
3.	Initiate breath test sequence;					
4.	Enter information as prompted	•				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" app	ears, collect breath sample:	;			
7.	When "PLEASE BLOW" app	ears, collect breath sample	;			
8.	Print test record;					
9.	Verify Diagnostic Program; an	d				
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.					
I certify that or procedures wer Department of	n the <u>2</u> ¶ day of <u>DE</u> re performed on the instrument in FHealth and Human Services, and	idicated above, in accordar	ice with	urrent re	preventive maintena gulations of the N.C	nce C.
STATE OF THE STATE	Sign	nature of Certifying Officia	>		La Z Certificate Number	

IREDELL COUNTY BAT MOBILE UNIT 6 480

Serial Number: 008580 Test Date: 12/28/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210

Effective: 08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:45pm
AIR BLK	.00	9:46pm
ACCY CHK	07	9:47pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

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

Analyst

Department of Health and Human Services

Rev. 12/2007

IREDELL COUNTY BAT MOBILE UNIT 6 480

Serial Number: 008580 Test

Test Record Number: 2546

Test Date: 12/28/2019 Test Time: 9:52pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:53pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:53pm
CAL	Pass	9:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \mathcal{I}	nfoct L	Instrument Location_	SAT MONZ	se my
Instrument Se	erial No. <u>008574</u>	MochesVII	E	
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox l	EC/IR II to be fo	lowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the a legree centigrade;	Icoholic breath s	mulator thermometer show
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d ;		
5.	Verify instrument accuracy;	· · · ·		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample) ;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	und		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befor anged every four months or	ore expiration dat rafter 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
procedures v	on the 2Y day of were performed on the instrument of Health and Human Services, as		ince with current	g preventive maintenance regulations of the N.C.
STATION STATION OF THE STATION OF TH	//5	gnature of Certifying Offici	al	263 Certificate Number

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

DHHS 4080 (11/07)

IREDELL COUNTY BAT MOBILE UNIT 6 480

Serial Number: 008584 Test Date: 12/28/2019

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

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

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

Test	g/210L	Time
DIAG	Pass	9:45pm
AIR BLK	.00	9:46pm
ACCY CHK	.07	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

IREDELL COUNTY BAT MOBILE UNIT 6 480

Serial Number: 008584

Test Record Number: 2312

Test Date: 12/28/2019

Test Time: 9:52pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm

CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	lenell	Instrument Location 14	MODE	FUND 4
Instrument Ser	rial No. <u>008119</u>	MOORESVALE	- Parking and a second a second and a second a second and	
The preventive four months ar		Intoximeters, Model Intox EC/IR II	to be folk	owed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus 2	er displays pressure, or the alcoholic degree centigrade;	breath sin	nulator thermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;		-
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expir hanged every four months or after 12	ation date 5 Alcoho	or the alcoholic breath ic Breath Simulator tests
	ere performed on the instrument	20/9, the tindicated above, in accordance with and the instrument is functioning pro	current r	preventive maintenance egulations of the N.C.
STATE OF THE STATE	CAR			

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

DHHS 4080 (11/07)

IREDELL COUNTY BAT MOBILE UNIT 6 480

Serial Number: 008779 Test Date: 12/28/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

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	9:45pm
AIR BLK	.00	9:46pm
ACCY CHK	.07	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	. 0.0	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 6 480

Serial Number: 008779 Test Date: 12/28/2019 Test Record Number: 3609 Test Time: 9:52pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

Blank Tests

Test	Statu	s	Tim	e
AIR	Pass		9:5	3pm

Printer Tests

Toot

Statue

TCDC.	blacus	TTIIC
PRNT	Pass	9:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Tohnston Co. Instrument Location Benson Police Dept.
Instrumen	t Serial No. <u>008885</u> <u>Bed Sovi</u> , NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the
COREAT SECTION OF SEC	Signature of Certifying Official Certificate Number

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

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Date: 12/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK		1:54pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
ATR RIK	00	1 · 5 9 mm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Record Number: 577

System Check: Passed

Baseline Tests

Status Time IR Pass 2:00pm FLO Pass | 2:00pm FC Pass 2:00pm

Temperature Tests

Test Status Time

FC1., Pass: 2:00pm SRC Pass 2:00pm DET Pass 2:00pm Pass 2:00pm BAR BT Pass 2:00pm

Blank Tests

Test Status Time

AIR. Pass 2:01pm

Printer Tests

Test Status Time

PRNT `Pass 2:01pm

CRC Tests

Test. Status Time

COMP Pass 2:01pm CAL Pass 2:01pm

Preventive Maintenance Status: Pass

Analyst

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

Signature of Certifying Official

Certificate Number

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

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 12/09/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: *Keesler, Grayham C*

Driver's License Number: NONE

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~/21 AT

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

Reported AC:

100 g/210L

Timo

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services Rev. 12/2007

JOHNSTON COUNTY DETENTION CENTER 500

Test Record Number: 3884 Serial Number: 008810 Test Time: 10:30am EST Test Date: 12/09/2019

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:31am 10:31am
FC	Pass	10:31am

Temperature Tests

SRC Pass 10:31am DET Pass 10:31am BAR Pass 10:31am	Test	Status	Time
	SRC DET	Pass Pass	10:31am 10:31am 10:31am 10:31am
			10:31am

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:32am

10:32am

Preventive Maintenance Status: Pass

Pass

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

County V	Mistor Co. Instrument Location To Instrument Control Control Control
Instrument Se	erial No. 008846 Sm. 7/ field, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 12/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass	10:24am 10:25am
.07	10:25am
.00	10:27am
.00	10:27am
.00	10:28am
.00	10:30am
.00	10:31am
	Pass .00 .07 .00 .00

Reported ACA .00/g/2101

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 4995 Test Date: 12/09/2019 Test Time: 10:31am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. <u>00</u>8595 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. day of the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

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

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:56pm 1:57pm
ACCY CHK	.07	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 1396

Test Date: 12/06/2019

Test Time: 2:04pm EST

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	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	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 CAL	Pass Pass	2:05pm 2:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	Shorted Co. Instrument Location	extens Police Dent
Instrument S	Gerial No. <u>008658</u> <u>Clay to</u>	N, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that or procedures were Department of	theday of	ne forgoing preventive maintenance current regulations of the N.C.
OSE COMM VIDER	TO THE CANOUNCE OF THE CANOUNC	general property of
	Signature of Certifying Official	Certificate Number

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

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective: 11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	12:58pm 12:58pm 12:59pm 1:00pm 1:01pm 1:02pm 1:03pm 1:04pm
	· - •	T.04DIII

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 12/06/2019

Test Record Number: 1557 Test Time: 1:05pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test Status Time

AIR Pass 1:06pm

Printer Tests

Test Status Time

PRNT Pass 1:06pm

CRC Tests

Test Status Time

COMP Pass 1:06pm Pass 1:06pm

Preventive Maintenance Status: Pass

Anglyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Lee Co. Instrument Location Lee Co. VA:
Instrumer	at Serial No. <u>(1)8645</u> <u>SANTOR</u> , NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on theday of
COREAL SECTION OF SECT	TATE OF NORTH
	Signature of Certifying Official Certificate Number

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

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 12/19/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

TCSC	9/2100	TIME
DIAG	Pass	11:24am
AIR BLK	.00	11:24am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:26am
AIR BLK		11:27am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

a/210T. Time

Reported ACT .00 9/210L

Teat

Signature of Chemical Analyst

Court CVR

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

Analyst

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 1984
Test Date: 12/19/2019 Test Time: 11:31am EST

System Check: Passed

Baseline Tests

Status	Time
Pass	11:32am
Pass	11:32am
Pass	11:32am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am
and the second s		

Blank Tests

Test	Statu	s Time
	_	
AIR	Pass	11:32am

Printer Tests

Test	- 1 j	Status	Ti	me :	1
1.	1.2		100	7.2	100

PRNT Pass 11:32am

CRC Tests

Test	Status	lime
COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ee Co.	Instrument Location A	seel Police Davi
Instrument Se	rial No. <u>(1)8867</u>	SANFORD,	×C
The preventive four months a	re maintenance procedures for the Intorre:	ximeters, Model Intox EC/IR II to b	ne followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic brea e centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time an	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		r is being changed before expiration devery four months or after 125 A	
	on theday ofere performed on the instrument indica f Health and Human Services, and the	ited above, in accordance with curre	
OKE STATE OF THE S	Signatu	are of Certifying Official	Certificate Number

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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 12/19/2019

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, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	12:11pm 12:11pm
ACCY CHK	.08	12:11pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
AIR BLK/7	0.0	12:17pm

Reperted AC.

210L/عر00.

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1137
Test Date: 12/19/2019 Test Time: 12:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:19pm

Temperature Tests

Status	Time
Pass	12:19pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

lest	4.1	Status	T.TWE
		1.0	
PRNT		Pass	12:19pm

CRC Tests

すななに	Status	TTHE
		•
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Lincoln Instrument Location Lincoln County Courthouse
Instrumen	t Serial No. 008827 Instrument Location Lincoln County Courthouse to Square, Lincolnton
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on theday of
ON STATE OF	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	2:31pm
AIR BLK	.00	2:32pm
ACCY CHK	.08	2:33pm
AIR BLK	00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 3305 Test Date: 12/06/2019 Test Time: 2:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

Temperature Tests

us Time
2:40pm
֡

Blank Tests

Test Status Time

AIR Pass 2:41pm

Printer Tests

Test Status Time

PRNT Pass 2:41pm

CRC Tests

Test Status Time

COMP Pass 2:41pm CAL Pass 2:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Lincoln Instrument Location Lincoln County Courthous
Instrumer	Lincoln Instrument Location Lincoln County Courthous t Serial No. 008823 #1 Court Square, Lincolnton
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the 6th day of December, 20 19, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
A signed	Signature of Certifying Official Certificate Number original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

		*
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:29pm
AIR BLK	0.0	2:30pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

AIR BLK .00 2:33pm SUB TEST .00 2:34pm

AIR BLK .00 2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 1548

Test Date: 12/06/2019

Test Time: 2:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	2:37pm

Printer Tests

PRNT Pass 2:37g	om

CRC Tests

Test	Status	Time
COMP	Pass	2:37pm
CAL	Pass	2:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	acon Instrument Location Macon (
Instrument Se	rial No. 008789 Franklin, NC	
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follows:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath ic Breath Simulator tests,
procedures w	on the <u>B</u> day of <u>Per em by, 20 / 9</u> , the foregoing were performed on the instrument indicated above, in accordance with current re of Health and Human Services, and the instrument is functioning properly.	preventive maintenance egulations of the N.C.
STATE OF A		4>5
_ _	Signature of Certifying Official	Certificate Number

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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 12/13/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
07/12/2019-07/12/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:34am 11:35am
ACCY CHK AIR BLK	.07	11:35am 11:36am
SUB TEST	.00	11:30am
AIR BLK	.00	11:38 am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 672 Test Date: 12/13/2019 Test Time: 11:42am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
\mathtt{BT}	Pass	11:42am

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

Printer Tests

Test

PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time

Status

Time

TCDC	Deacus	TIME
COMP	Pass	11:43am
CAL	Pass	11:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Locatio	n Macon Co. Jail
Instrument S	erial No. 008618 Franklin	NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Into	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	e alcoholic breath simulator thermometer 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 sam	ple;
7.	When "PLEASE BLOW" appears, collect breath sam	ple;
· 8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	
procedures v	on the	dance with current regulations of the N.C.
The state of the s	Pin-	
COREAT SECTION OF THE PROPERTY	CAROLLA CAROLL	
ASSE CILAMY	Signature of Certifying Off	icial Certificate Number
	, Digitalian 0, 04, 711, 118, 01.	

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 12/13/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 2011 Test Date: 12/13/2019 Test Time: 11:40am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
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	11:41am	

Printer Tests

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

COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ///	acon	Instrument Location Macon	Co. Magistrate
		Highlands, NC	······································
The preventi four months		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration d nged every four months or after 125 Alco	
procedures v	vere performed on the instrument ir	ndicated above, in accordance with current the instrument is functioning properly.	ing preventive maintenance nt regulations of the N.C.
STATI CULTUS STATI CULTUS STATI STATION STATION STATIO	Solve Carlo	R. ath	635
	Sign	pature of Certifying Official	Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
07/12/2019-07/12/2021

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

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

Test q/210L Time

	3,		
DIAG	Pass	11:28am	
AIR BLK	.00	11:29am	
ACCY CHK	.07	11;30am	
AIR BLK	.00.	11:31am	*!.
SUB TEST	.00	11:31am	į.
AIR BLK		11:32am	
SUB TEST	.00	11:34am	
AIR BLK	.00	11:35am	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 483 Test Date: 12/06/2019 Test Time: 11:36am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

11
am.
am
am
am
arn i

Blank Tests

			V
TT	Stati		7
TEGE	STATI	19 '	∵ımı⇔
			. 4.11
Test.	3. 01.00		2 6

AIR Pass, 11:37am

Printer Tests

Test Status Time
PRNT Pass 11:37am

CRC Tests

Test Status Time

COMP Pass 11:37am

CAL Pass 11:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Martin Co. S. O.
Instrument Ser	ial No. DO 8912 305 E. Main St., Williamshn, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday ofO (Property), the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF AN AND AND AND AND AND AND AND AND AND	ON THE CANON
Maria and Carlo	- Kur 643
	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 12/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:55am 11:56am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 1549
Test Time: 12:02pm EST

Test Date: 12/12/2019

L ---

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

AIR Pass 12:04pm

Printer Tests

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

PRNT Pass 12:04pm

CRC Tests

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

COMP Pass 12:04pm Pass 12:04pm

Preventive Maintenance Status: Pass

Anglyer

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Dowell Instrument Location Mc Do	well Co Jail
Instrument Seria	INO. 008888Morion	1 , NC
The preventive refour months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be	pe followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that on procedures were Department of I	the <u>3</u> day of <u>December</u> , 20 <u>9</u> , the fore performed on the instrument indicated above, in accordance with curlealth and Human Services, and the instrument is functioning proper	going preventive maintenance rent regulations of the N.C. ly.
OT ME STATE OF NO. 175	Signature of Certifying Official	GGG Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 12/03/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .00	1:11pm 1:12pm 1:13pm 1:14pm 1:14pm 1:16pm 1:17pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1539
Test Date: 12/03/2019 Test Time: 1:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:19pm 1:19pm
FC FC		·-
rc	Pass	1:19pm

Temperature Tests

Test Status Tim	e
FC1 Pass 1:1 SRC Pass 1:1 DET Pass 1:1 BAR Pass 1:1 BT Pass 1:1	9pm 9pm 9pm

Blank Tests

Test	í S	tatus	T	ime
			1.1	
ΔTR	D	ace	- 1	• 2 0200

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:20pm
CAL	Pass	1:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ecklenbug Instrument Location Cornelius PD
Instrument S	erial No. 008692 21440 Catquiba Ave., Comelius
	· · · · · · · · · · · · · · · · · · ·
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 23 day of <u>lecember</u> , 20 <u>19</u> , the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE ONE STATE OF THE STATE OF	

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

Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 12/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	.00 .00	9:34am 9:35am 9:35am 9:36am 9:37am 9:38am 9:40am 9:40am
, (B 1	_	

.00 q/210L

Signature of Chemical

Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 2957 Test Date: 12/23/2019 Test Time: 9:42am EST

System Check: Passed

Baseline Tests

Status	Time
Pass	9:42am
Pass	9:42am
Pass	9: 43 am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	9:43am
SRC	Pass	9:43am
DET	Pass	9: 43 am
BAR	Pass	9:43am
BT	Pass	9:43am

Blank Tests

Test	Status	Time
		1
AIR	Pass	9:43am

Printer Tests

Test	Status	Time
PRNT	Pass	9:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:43am

Preventive Maintenance Status: Pass

Pass

9:43am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	chlenburg Instrument Location Hundersville PD			
Instrument Seri	al No. 008747 9630 JJian Clark Ava, Hudosuille			
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on the				
THE STATE OF THE S	Signature of Certifying Official Certificate Number			

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

DHHS 4080 (11/07)

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 12/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:45pm
AIR BLK	.00	4:45pm
ACCY CHK	.08	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:47pm
AIR BLK	00	4:48pm
SUB TEST	.00	4:50pm
AIR BLK	.00	4:51pm

Reported AC. .00 g/210L

Signature of Chemical/Analyst

Court CVR

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747

Test Record Number: 2749

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:52pm 4:52pm
FC	Pass	4:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
BT	Pass	4:52pm
BAR	Pass	4:52pm

Blank Tests

Test	Status	Time 🗸
		•
ATR	Pass	4 : 53pm*

Printer Tests

Test	Status	Time
		•
PRNT	Pass	4:53pm

CRC Tests

Test	Status	Time
COMP	Pass	4:53pm
CAL	Pass	4:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Meclilonours Instrument Location BAH Mobile Unit Z
Instrume	nt Serial No. <u>008973</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
EST COREATOR STATES	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 02 590

> Serial Number: 008973 Test Date: 12/18/2019

Citation Number: M0000000-0

Subject's Name:

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

Subject's Sex: Male

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

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

05/01/2019-05/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:22pm 8:23pm
ACCY CHK	.08 —	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:26pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 02 590

Serial Number: 008973

Test Record Number: 746

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	8:30pm mq08:8

Temperature Tests

Status	Time
Pass	8:30pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	8 • 3 1 mm

Printer Tests

TD	~ .	
	CRC Tests	
PRNT	Pass	8:31pm
Test	Status	Time

Test	Status	Time
COMP	Pass	8:31pm
CAL	Pass	8:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg Instrument Location Matthews PD
	at Serial No. 008699 1201 Crews Rd, Matthews
`.	
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday ofDecember, 20
CREAT CR	STATE OF NO. 1755 TO STATE OF
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.08	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:58pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

ture of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2822

Test Date: 12/16/2019

Test Time: 2:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:03pm 2:03pm
FC	Pass	2:04pm

Temperature Tests

Test	Sta tus	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pas s	2:04pm
BT	Pas s	2:04pm
SRC DET BAR	Pass Pass Pass	2:04pm 2:04pm 2:04pm

Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ///	ontenier Co. Instrument Location Monte ones Co. Detertion Center
Instrument So	erial No. 008709 TRoy, 14C
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 3/12 day of December, 20/1, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE WAY OF THE COMPANY OF THE	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 12/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

-- /0101

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:19pm 1:20pm 1:21pm 1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm

Reported AC

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. 00 vol 210Tu

Signature of Chemical Analyst

Court CVR

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

Analyst

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1207 Test Date: 12/31/2019 Test Time: 1:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:27pm

Temperature Tests

Status	Time
Pass	1:27pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
-	CRC Tests	
Test	Status	Time
COMP	Pass	1:28pm

Preventive Maintenance Status: Pass

Pass

1:28pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	MICHIELERS, WIODEL INTOX ECT	~ /
Instrument Se	rial No. <u>00865¹/</u> TRoy, 1.	VC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
	on the 3/ day of <u>Jacembel</u> , 20/1, the foregere performed on the instrument indicated above, in accordance with currof Health and Human Services, and the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 12/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:18pm 1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported All:

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

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 1660 Test Date: 12/31/2019 Test Time: 1:25pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:25pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
		•
AIR	Pass	1:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:26pm 1:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	Moore Co, Instrument Location Southern Pines P.D
Instrument S	Serial No. 008/120 Southern Pines, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the 30 day of 10 day
THE COURT	

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 12/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:46pm
AIR BLK	.00	3:46pm
ACCY CHK	0.7	3:47pm
AIR BLK	00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: 1.00 g/2101

Signature of Chemical Analyst

Court CVR

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

Analyst

MOORE COUNTY SOUTHERN FINES PD 620

Serial Number: 008720 Test Record Number: 1137

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:53pm
FLO	Pass	3:53pm
FC	Pass	3:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:53pm
SRC	Pass	3:53pm
DET	Pass	3:53pm
BAR	Pass	3:53pm
BT	Pass	3:53pm

Blank Tests .

Test	Status	Time
AIR	Pass	3:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:54pm

CRC Tests

Test	Status	Time
COMP	Pass	3:54pm
CAL	Pass	3:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Moore Co. Instrument Location Pirehurs	\sim \wedge \sim
msuument se	11a1 140. 000 110	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simmade degrees, plus or minus .2 degree centigrade;	ulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
_	on the <u>30</u> day of <u>December</u> , 20 <u>1</u> , the foregoing pere performed on the instrument indicated above, in accordance with current regof Health and Human Services, and the instrument is functioning properly.	
SIATE OF THE PROPERTY OF THE P	CAROLL CA	

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

Signature of Certifying Official

Certificate Number

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 12/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.07	2:52pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Record Number: 1644 Test Date: 12/30/2019 Test Time: 3:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
${f BT}$	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm
	CRC Tests	
Test	Status	Time
Test		Time

3:03pm

3:03pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Morre Co. Instrument Location Morre Co. Detertion Centar
Instrument So	erial No. 008735 CARTHAge MC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
TATE OF THE CAME O	

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 12/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:34pm
AIR BLK	.00	4:35pm
ACCY CHK	.08	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm

Reported AC: .. 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Record Number: 2365

Test Date: 12/30/2019 Test Time: 4:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:42pm 4:42pm
FC	Pass	4:42pm

Temperature Tests

Status	Time
Pass	4:42pm
	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	4:43pm
CAL	Pass	4:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NA	BH	Instrument Location SAT	menz	re and c
Instrument Seria	il No. <u>00 \$ 27 C</u>	SHAAPSAWAL		
The preventive refour months are:		ntoximeters, Model Intox EC/IR II	to be foll	owed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic egree centigrade;	breath sin	nulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	7		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample,		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed before expiranged every four months or after 12	tion date 5 Alcoho	or the alcoholic breath ic Breath Simulator tests,
I certify that on procedures were Department of I	performed on the instrument is	dicated above, in accordance with the instrument is functioning pro	current r	preventive maintenance egulations of the N.C.
THE STATE OF A STATE O	Sign	nature of Certifying Official		Certificate Number

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

DHHS 4080 (11/07)

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Date: 12/31/2019

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

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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	7:48pm	
AIR BLK	.00	7:49pm	
ACCY CHK	.08	7:50pm	
AIR BLK	.0.0	7:51pm	
SUB TEST	.00	7:51pm	
AIR BLK	.00	7:52pm	
SUB TEST	.00	7:54pm	
AIR BLK	.00	7:55pm	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Record Number: 3566
Test Date: 12/31/2019 Test Time: 7:55pm EST

System Check: Passed

Baseline Tests

Test	Marian.	Status	Time
IR		Pass	7:56pm
FLO		Pass	7:56pm
FC	100	Pass	7:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:56pm
SRC	Pass	7:56pm
DET	Pass	7:56pm
BAR	Pass	7:56pm
BT	Pass	7:56pm

Blank Tests

Test		Status	Ti	me
				F
AIR	184	Pass	7:	57pm

Printer Tests

TOSC	Scatus	TTME
PRNT	Pass	7:57pm
	CRC Tests	

	 Scaru	5	TTIIIE	
	 4. 3	1. 3		:
COMP	 Pass		7:57p	m
CAL	 Pass		7:57p	

Preventive Maintenance Status: Pass

Teat

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	(ASH	Instrument Location	MO4 D	t const
Instrument S	erial No. 00 8477	SHAAPIANA L		
The preventi	ve maintenance procedures for the Inare:	ntoximeters, Model Intox EC/IR II	to be foll	owed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic gree centigrade;	breath sin	nulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	; ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		. :
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expira- nged every four months or after 12	tion date 5 Alcohol	or the alcoholic breath ic Breath Simulator tests,
procedures v	on the <u>31</u> day of <u>DF</u> were performed on the instrument in of Health and Human Services, and	dicated above, in accordance with	current re	preventive maintenance egulations of the N.C.
STATE OF THE STATE		ature of Certifying Official		Certificate Number

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008637 Test Date: 12/31/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Priver's License State: XX
Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

Lot Number: AG716201 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.07	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:51pm
SUB TEST	.00	7:53pm
AIR BLK	.00	7:54 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008637

Test Record Number:

3049

Test Date: 12/31/2019

Test Time: 7:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:55pm
FLO	Pass	7:55pm
FC	Pass	7:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:56pm
SRC	Pass	7:56pm
DET	Pass	7:56pm
BAR	Pass	7:56pm
BT	Pass	7:56pm

Blank Tests

Test	Status	Time
 AIR	Pass	7:56pm

Printer Tests

TESC	scacus	Time
PRNT	Pass	7:56pm
	CRC Tests	
Test	Status	Time
		and the second second

COMB		 ras	S	 	7:5	56r	Σ'n
CAL		 Pas	s		7:5		
		1.0		٠.	1.1		

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NASH	Instrument Location	FMOP	DE UNIT 6
Instrumen	at Serial No. <u>COYCYC</u>	SHAMSAUL C-		
The preve	entive maintenance procedures for the l hs are:	intoximeters, Model Intox EC/IR	II to be fol	lowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholegree centigrade;	ic breath si	mulator thermometer show
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 sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;	e e e e e e e e e e e e e e e e e e e		
9.	Verify Diagnostic Program; an	d _.		
`10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expi nged every four months or after 1	iration date 25 Alcoho	or the alcoholic breath lic Breath Simulator tests,
I certify the procedure Departme	nat on the <u>31</u> day of <u>187</u> s were performed on the instrument in ont of Health and Human Services, and	dicated above, in accordance with the instrument is functioning pr	h current r	preventive maintenance egulations of the N.C.
ST S		nature of Certifying Official		∠€3 Certificate Number

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

DHHS 4080 (11/07)

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008686 Test Date: 12/31/2019

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

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

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

m - - - - -

rest	g/210F	Time
DIAG	Pass	7:46pm
AIR BLK	.00	7:47pm
ACCY CHK	07	7:48pm
AIR BLK	00	7:49pm
SUB TEST	00	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008686 Test Record Number: 6672 Test Date: 12/31/2019 Test Time: 7:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:54pm
FLO	Pass	7:54pm
FC	Pass	7:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:54pm
SRC	Pass	7:54pm
DET	Pass	7:54pm
BAR	Pass	7:54pm
BT	Pass	7:54pm

Blank Tests

Test	Stat	us	T	ime	4.
AIR	Pass	3	7	: 55 ₁	om
					F 757

Printer Tests

Test	Status	Time
PRNT	Pass	7:55pm
	CRC Tests	
Test	Status	Time

	3.0		
COMP		Pass	7:55pm
CAL		Pass	7:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	() HANDLES? Instrument Location	MEN HAMMES COM
		MEN THORAGOER COUNT
Instrument Seri	al No. 008676	DETENTION CENTE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample	ə ;
7.	When "PLEASE BLOW" appears, collect breath sample	ə;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months of whichever occurs first.	
	theday ofDECEMISER_, 20_1 e performed on the instrument indicated above, in accorda Health and Human Services, and the instrument is function	nce with current regulations of the N.C.
THE STATE OF THE	Signature of Certifying Offici	al Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	11:36am
AIR BLK	.00	11:37am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY DETENTION CENTER 640

Test Record Number: 7642 Serial Number: 008626 Test Date: 12/06/2019 Test Time: 11:44am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:44am 11:44am
FC	Pass	11:45am

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11:45am

Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:46am 11:46am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NEW	HANOUEZ Instrument Location A	IEW HANDVER COUN
Instrument Serial 1	No. 008617	DETENTION CENTE
The preventive ma	intenance procedures for the Intoximeters, Model Intox EC/	IR II to be followed at least once every
	Verify the ethanol gas canister displays pressure, or the alcohold degrees, plus or minus .2 degree centigrade;	nolic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	·
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8. 1	Print test record;	
9.	Verify Diagnostic Program; and	
. .	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or aften whichever occurs first.	
1 1	day of <u>DECENTIBER</u> 20 19, erformed on the instrument indicated above, in accordance talth and Human Services, and the instrument is functioning	with current regulations of the N.C.
OF THE STATE OF MORE THAN THE STATE OF MORE THAN THE STATE OF MORE THAN THE STATE OF THE STATE O	Signature of Cartifying Official	Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Date: 12/06/2019

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	11:43am 11:43am
AIR BLK	.07 .00	11:44am 11:45am
SUB TEST	.00	11:46am
AIR BLK SUB TEST	.00 .00	11:47am 11:48am
AIR BLK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 3141 Test Date: 12/06/2019 Test Time: 11:50am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:50am 11:50am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
ATR	Dacc	11.51am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	J HAHOVER	Instrument Location	WILMIN	16TON
Instrument Seria	1No. <u>008638</u>		POLICE	DEPT
The preventive n four months are:	naintenance procedures for the	Intoximeters, Model Intox E	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		coholic breath simulate	or thermometer show
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;		·	
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.			
procedures were	the day of performed on the instrument i Health and Human Services, an	ndicated above, in accordar	nce with current regulat	
STATE OF N.	CAROLINA CAROLINA			
SE QUAM VIDEA	Clus	nature of Certifying Officia	≥ Il Cer	tificate Number

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 5140
Test Date: 12/06/2019 Test Time: 1:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

 Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:48pm 1:48pm

Preventive Maintenance Status: Pass

Colum Rg 32-3 Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETER	S, MUDEL IN I	_	
County NEW	HAMOVER	Instrument Location_	CARGLINA	BEACH
Instrument Seria	1No. <u>008661</u>		POLICE	DEPT
·				
The preventive n four months are:				
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the a ree centigrade;	lcoholic breath simulate	or thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	> ;	•
7.	When "PLEASE BLOW" appe	ars, collect breath sample	≯ ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months o	ore expiration date, or t r after 125 Alcoholic B	he alcoholic breath reath Simulator tests,
neocedures wer	n the day of E e performed on the instrument in Health and Human Services, and	dicated above, in accorda	ance with current regula	ventive maintenance ations of the N.C.
OREAT STATE OF	NOT THE CANOLING	- - -		
* ESE CIUM VIDEN	K	nature of Certifying Offic	ial C	CO 48ertificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:02pm 4:03pm
ACCY CHK	.08	4:03pm
AIR BLK SUB TEST	.00 .00	4:04pm 4:05pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 2615 Test Date: 12/06/2019 Test Time: 4:09pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:09pm
FLO	Pass	4:09pm
FC	Pass	4:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
BT	Pass	4:09pm

Blank Tests

Test	Status	Time
AIR	Pass	4:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:10pm 4:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	IIII OZRIVII	erens, model in	1 0 21 22 0 / 21 21	
County NE	W HANOVER	Instrument Location	WRIGHTSVILLE BO	
Instrument Serie	al No. <u>00866</u>	2	POLICE DEPT	
The preventive four months are	•	the Intoximeters, Model Intox	EC/IR II to be followed at least once every	у
1.	Verify the ethanol gas ca 34 degrees, plus or minus		alcoholic breath simulator thermometer sho	ows
2.	Verify instrument display	s time and date;		
3.	Initiate breath test sequen	ice;		
4.	Enter information as pror	mpted;		
5.	Verify instrument accura	cy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW'	' appears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Progra	m; and		
. 10.			fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator test	
	e performed on the instrum		1 ?, the foregoing preventive maintenance ance with current regulations of the N.C. oning properly.	e .
STEE CHAMMENTS STEEL STE	Cl.	Signature of Certifying Offic	cial Certificate Number	

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	5:15pm 5:16pm
ACCY CHK	.07	5:17pm
AIR BLK	.00	5:17pm
SUB TEST	.00	5:18pm
AIR BLK	.00	5:19pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1950 Test Date: 12/06/2019 Test Time: 5:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:23pm 5:23pm
FC	Pass	5:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:23pm
SRC	Pass	5:23pm
DET	Pass	5:23pm
BAR	Pass	5:23pm
\mathtt{BT}	Pass	5:23pm

Blank Tests

Test	Status	Time
AIR	Pass	5:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:24pm 5:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTO	
County NE	W HANOVER Instrument Location U	DILMINGTON
Instrument Ser	ial No. <u>008613</u>	POLICE DEPT.
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/e:	IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcol 34 degrees, plus or minus .2 degree centigrade;	nolic 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 e simulator solution is being changed every four months or after whichever occurs first.	
procedures we	n the <u>12</u> day of <u>DECEMISEK</u> , 20 <u>19</u> , re performed on the instrument indicated above, in accordance f Health and Human Services, and the instrument is functioning	with current regulations of the N.C.
STATE OF STA	A CAROLINA C	
OF QUAN VIDEN	Signature of Certifying Official	648
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008613 Test Date: 12/12/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:44pm
AIR BLK	.00	1:45pm
ACCY CHK	.07	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008613 Test Record Number: 1088
Test Date: 12/12/2019 Test Time: 1:51pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
ÇAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Colon Ry Banas Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	IEW HANOVER Instrument Location WILMINGTON
Instrume	Serial No. OOSG28 Instrument Location WILMINGTON POLICE DEPT
The prev	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	t on the
GREAT COREAT COR	E ON NO BUT LA ROLLING
A STATE OF THE PARTY OF THE PAR	Signature of Certifying Official Certificate Number
	Distinction of County ing Chipmen Continuent Italian

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 12/21/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 5155

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:17pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County New	Hanover	Instrument Location	n Mobile B	AT UNIT	7
Instrument Seria	I No. <u>608600</u>	wilmingt	en PO		
The preventive n four months are:	naintenance procedures for the Int	toximeters, Model Into	ox EC/IR II to be fo	ollowed at least one	e every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the	e alcoholic breath s	imulator thermom	eter show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				4.00
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appea	urs, collect breath samp	ole;		
7.	When "PLEASE BLOW" appear	urs, collect breath samp	ole;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10,	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed be ged every four months	efore expiration dat or after 125 Alcoh	e, or the alcoholic olic Breath Simula	breath tor tests,
I certify that on to procedures were Department of I	the day of performed on the instrument ind lealth and Human Services, and t	icated above, in according to the instrument is function	dance with current	g preventive mains regulations of the	enance N.C.
THE STATE OF					
	CAROLL				
ONE CHAM VIOLATI	man			665	
1.		ture of Certifying Offic	oial .	Camificants Nicon	1

NEW HANOVER COUNTY BAT MOBILE 12 640

Serial Number: 008600 Test Record Number: 1935 Test Date: 12/31/2019 Test Time: 6:57pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:58pm
FLO	Pass	6:58pm
FC	Pass	6:58pm

Temperature Tests

Test	Status	Time	
FC1	Pass	6:58pm	
SRC	Pass	6:58pm	
DET	Pass	6:58pm	
BAR	Pass	6:58pm	
BT	Pass	6:58pm	

Blank Tests

Test		Status	T	ime
	٠.		."	
AIR		Pass	6	:58pm

Printer Tests

rest	Status	Time
PRNT	Pass	6:58pm

CRC Tests

Test	Status	Time
COMP	Pass	6:59pm
CAL	Pass	6:59pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE 12 640

Serial Number: 008600 Test Date: 12/31/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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	Pass	6:49pm
AIR BLK	.00	6:50pm
ACCY CHK	.08	6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:52pm
AIR BLK	.00	6:53pm
SUB TEST	.00	6:55pm
AIR BLK	.00	6:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>の</u>	Instrument Location BAT MOBILE UNET 12
Instrument Seria	INO. 008600 Jacksonville
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	the 6 day of December, 2019, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE COMPANY OF THE CO	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008600 Test Record Number: 1922 Test Date: 12/06/2019 Test Time: 8:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:02pm
FLO	Pass	8:02pm
FC	Pass	8:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:02pm
SRC	Pass	8:02pm
DET	Pass	8:02pm
BAR	Pass	8:02pm
BT	Pass	8:02pm
and the second s	and the second s	

Blank Tests

rest	Status	Time
AIR	Pass	8:03pm

Printer Tests

Test

Status

Time

PRNT	Pass	8:03pm
	CRC Tests	
mo a t	Chatus	Timo

IESC	Scacus	TIME
COMP	Pass Pass	8:03pm 8:03pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008600 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass	7:51pm
AIR BLK	.00	7:52pm
ACCY CHK	.08	7:53pm
AIR BLK	.00	7:53pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>ひっょ</u>	10	Instrument Location <u>BAT</u>	1081LEUNITI
Instrument Seria	No. 008698	Jacksunville	
The preventive n four months are:	naintenance procedures for the In	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic burgee centigrade;	reath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expirati ged every four months or after 125	
procedures were	performed on the instrument in	, 20 <u>19</u> , the fo dicated above, in accordance with c the instrument is functioning prop	urrent regulations of the N.C.
THE STATE OF THE S	20 Cm Signs	ature of Certifying Official	6'65

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008698 Test Record Number: 1481 Test Date: 12/06/2019 Test Time: 7:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:56pm
FLO	Pass	7:56pm
FC	Pass	7:56pm

Temperature Tests

Status	Time
Pass	7:56pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
eta eta a	ter er i ein	
AIR	Pass	7:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:57pm

CRC Tests

Test	Status	Time
COMP	Pass	7:57pm
CAL	Pass	7:57pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008698 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:49pm
AIR BLK	.00	7:49pm
ACCY CHK	.08	7:50pm
AIR BLK	0.0	7:51pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $P'f$	Instrument Location P.H To. Detention (e.
Instrument Seria	Instrument Location P.H 10. Defention les 1 No. 008668 124 Defention Dr., Greenville, M.C.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 19th day of 10(10000000000000000000000000000000000
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 12/19/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

ıt Number: *12955.* Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:59am 11:00am 11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

~/210T

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 3467

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	11:11am	

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	INTOXIMETERS, WIODEL INTOX ECTR II ANY JOINT Instrument Location Ary hold le
Instrument Se	Dalie De continent
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 20 day of <u>December</u> , 20/9, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OT HE STATE OF THE	

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

DHHS 4080 (11/07)

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG807101 Exp Date: 03/12/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY ARCHDALE PD 750

Test Record Number: 1355
Test Time: 11:01am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time
TODO DOGGGD TIME

AIR Pass 11:02am

Printer Tests

Test Statu	s Time
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PRNT Pass 11:02am

CRC Tests

Test Status Time

COMP Pass 11:02am CAL Pass 11:02am

Preventive Maintenance

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	obeson Instrument Location BAT Mobile unit #5
Instrument Seria	INO. 008616 Lumberton PD
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1 2 12	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
Leggify that on	the 20 H day of December, 20 19, the foregoing preventive maintenance
procedures were	performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
-1111-	
STATE ON STATE ON STATE ON STATE OF STA	CAR
SECTION VIDE A	664
* *	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Date: 12/20/2019

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Record Number: 2517 Test Date: 12/20/2019 Test Time: 10:46pm EST

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	10:48pm

Printer Tests

rest	Status	Time
PRNT	Pass	10:48pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:48pm

10:48pm

COMP

CAL

()

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Roberon	Instrument Loc	cation BA^-	TMOSILE	Init#s
Instrument Se	rial No. 008704	h Livin	berion ?!	>	
	· · · · · · · · · · · · · · · · · · ·				
The preventive four months a	re maintenance procedures for	the Intoximeters, Mode	l intox EC/IR II	to be followed at lea	st once every
1.	Verify the ethanol gas car 34 degrees, plus or minus		or the alcoholic l	breath simulator ther	mometer show
2.	Verify instrument display	s time and date;			
3.	Initiate breath test sequen	ce;			
4.	Enter information as pron	npted;			
5.	Verify instrument accurac	Р у:			
6.	When "PLEASE BLOW"	appears, collect breath	sample;		
7.	When "PLEASE BLOW"	appears, collect breath	sample;		
8.	Print test record;				
9.	Verify Diagnostic Progra	m; and			
10.	Verify that the ethanol ga simulator solution is bein whichever occurs first.	s canister is being chang g changed every four mo	ed before expira onths or after 12:	tion date, or the alco 5 Alcoholic Breath S	holic breath imulator tests,
procedures w	on the <u>20</u> day ofday ofday ofday of Health and Human Service		accordance with	current regulations o	maintenance of the N.C.
STATE III.	CAROLIN CAROLI				
STATE OF THE STATE		1/2		66	4

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 12/20/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:35pm
AIR BLK	.00	9:36pm
ACCY CHK	.08	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Fignature of Chemical Analyst

Court CVR

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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704

Test Record Number: 595

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blank Tescs

	Γ	€	2	8	1	t				٤	t	ã	1	t	ι	1	3	•		T	1	i	π	ıe	!	
								. '											٠.							

AIR Pass 9:50pm

Printer Tests

Test	Status	Time
inal Armada (1942)		
PRNT	Pass	9:50pm

CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County K	oheson	Instrument Lo	ocation_BAT	Mobile	Unit#5
Instrument Seri	al No. <u>(208 6 4 7</u>	Lum	berton t	20	
manual deri	WINO.		, <u>, , , , , , , , , , , , , , , , , , </u>		
The preventive four months are	maintenance procedures for the It	ntoximeters, Mod	el Intox EC/IR II to	be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure gree centigrade;	, or the alcoholic br	eath simulator	thermometer show
2.	Verify instrument displays time	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	•			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breat	h sample,		
7.	When "PLEASE BLOW" app	ears, collect breat	h sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	d			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being char nged every four n	nged before expirati nonths or after 125	on date, or the Alcoholic Brea	alcoholic breath th Simulator tests,
		_			
I certify that o	n the <u>JOB</u> day of	December	_, 20 <u>/7</u> , the fo	regoing preven	tive maintenance
Department of	re performed on the instrument in f Health and Human Services, and	ndicated above, in I the instrument i	s functioning prop	erly.	ons of the 14.C.
PAL STATE OF					
3 (10) 100 1775					
	CC				
THE CONTROL		2	2		564
	Sign	nature of Certifying	ng Official	Certi	ficate Number

ROBESON COUNTY BAT MCBILE UNIT 5 770

Serial Number: 203647 Test Record Number: 2498 Test Date: 12/20 20101 Test Time; 9:49pm EST

System Mierry Passed

Baseline Tests

Test	. Státus	Tame
IR	Para man	0.70
·FLO	Pass Pass	9:50pm
FC	Pass	9:50pm
L C	rass .	9:50pm

Temperature Tests

Test	Status	Time
FCI	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blan: Tests

Test	Status	Time
AIR	Pags -	9:51pm

Printer Tests

Test	14 L M.	Etatus	Time
PRNT		Pass	9:51pm

Chi Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance Statill: Pans

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 12/20/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCS
Subject'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 of Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.08	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:38pm
AIR BLY	.00	9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVP.

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

		•	,	200	
instrument Seri	ial No. <u>0086/6</u>		Lumberto	n 11)	
The preventive four months are	maintenance procedures for e:	the Intoximeters, Mode	I Intox EC/IR II to	be followed at lea	ast once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, .2 degree centigrade;	or the alcoholic bro	eath simulator the	rmometer show
2.	Verify instrument displays	s time and date;			12
3.	Initiate breath test sequence	ce;			
4.	Enter information as prom	npted;			
5.	Verify instrument accurac	у;			
6.	When "PLEASE BLOW"	appears, collect breati	ı sample;		
7.	When "PLEASE BLOW"	appears, collect breati	n sample;		
8.	Print test record;				
9.	Verify Diagnostic Program	m; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being chan g changed every four m	ged before expirationths or after 125	on date, or the alc Alcoholic Breath	oholic breath Simulator tests
***		\sim			
I certify that o	on theday of _ ere performed on the instrum	ent indicated above, in	-, 20 <u>19</u> , the fo accordance with c	regoing preventiv irrent regulations	e maintenance of the N.C.
	of Health and Human Service				
Of THE STATE OF	*NC			• •	
THE CHAMME		1	_		

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Date: 12/21/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:27pm
AIR BLK	.00	8:28pm
ACCY CHK	.07	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:33pm
AIR BLK	.00	8:34pm

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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616

Test Record Number: 2520

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:41pm
FLO	Pass	8:42pm
FC	Pass	8:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:42pm
SRC	Pass	8:42pm
DET	Pass	8:42pm
BAR	Pass	8:42pm
BT	Pass	8:42pm

Blank Tests

1	'es	t	٠.	 Stat	tus	 Time

AIR Pass 8:42pm

Printer Tests

Test		St	tatus	 Tim	e.
			1.5		
The second second	1.0				

PRNT Pass 8:42pm

CRC Tests

Test	Status	Time	
COMP	Pass	8:42pm	π

Pass

8:42pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Kobeson	Instrument Location B/	T Mobile Unit #
Instrument	Serial No	Lumberton i	PD
<u> </u>			
The preven	tive maintenance procedures for the In s are:	toximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic l ree centigrade;	preath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expira ged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures	at on the <u>2/5/</u> day of <u>/</u> were performed on the instrument in nt of Health and Human Services, and	licated above, in accordance with	
	No.		
	S C C C C C C C C C C C C C C C C C C C	,	

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

Signature of Certifying Official

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 12/21/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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pm	
pm	
	mc

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: 598
Test Date: 12/21/2019 Test Time: 8:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

Temperature Tests

Test	Status	Time	
FC1	Pass	8:34pm	
SRC	Pass	8:34pm	
DET	Pass	8:34pm	
BAR	Pass	8:34pm	
BT	Pass	8:34pm	
	the state of the s		

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time		
PRNT	Pass	8:35pm		
	CRC Tests			
4.				

TESL	Status	TTIIIG
COMP	Pass	8:35pm
CAL	Pass	8:35pm

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Seria	INO. 008704	Instrument Lo	Lumb	er tun	106'le (PO	
The preventive n four months are:	naintenance procedures for the In	toximeters, Mod	el Intox EC/II	R II to be fol	owed at least of	once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		, or the alcoho	lic breath si	mulator thermo	meter show
2.	Verify instrument displays time	and date;		:		
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appe	ars, collect breat	h sample;			
7.	When "PLEASE BLOW" appe	ars, collect breat	h sample;	. •	·	
8.	Print test record;					
9.	Verify Diagnostic Program; and	1				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.					
	the		accordance w	ith current i	; preventive ma egulations of t	aintenance he N.C.
STATE OF N	CAROLINA AND AND AND AND AND AND AND AND AND A					
THE COUNTY VICENTY		ature of Certifyin	252		Certificate N	4

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 12/31/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.08	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

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

Court CVR

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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704

Test Record Number: 602

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO	Pass	10:19pm
FC	Pass	10:19pm

Temperature Tests

Status	Time
Pass	10:19pm
	Pass Pass Pass Pass

Blank Tests

Test	 Status	Time
AIR	 Pass	10:20pm

Printer Tests

Test	Status	Time	
PRNT	Pass	10:20pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	10:20pm	
CAL	Pass	10:20pm	

Preventive Maintenance Status: Pass

10:20pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Robeson Instrument Location B	AT Mobile Unit#5
Instrument Ser	rial No. 00 8616 Lumbe	rton PD
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
. 5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests
I certify that o procedures we Department o	on the 3/ day of Decomber, 20/9, there performed on the instrument indicated above, in accordance with the decomber of Health and Human Services, and the instrument is functioning parts.	th current regulations of the N.C.
O' THE STATE OF	The state of the s	
THE COUNTY AND	Signature of Certifying Official	<u>664</u>

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616

Test Record Number: 2523

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:28pm
FLO	Pass	10:28pm
FC	Pass	10:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
BT	Pass	10:28pm

Blank Tests

Test	· · ·	Status	10	Time	
AIR		Pass	, ÷.	10:29	pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:29pm
		· · - · - · · ·

CRC Tests

Test	Status	Time
COMP	Pass	10:29pm
CAL	Pass	10:29pm

Preventive Maintenance Status: Pass

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Date: 12/31/2019

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

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

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

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

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

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

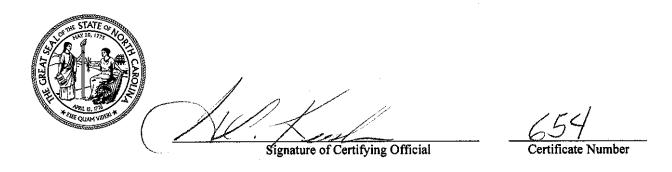
Reported AC: .00 g/210L

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 4 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:30pm 1:31pm 1:31pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
AIR F LK	.00	1:37pm

Reported AC. .00 g/220L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 819 Test Date: 12/20/2019 Test Time: 1:37pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:39pm

Preventive Maintenance /Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Sheson Co. Instrument Location Robeson Co. Detention Cente
Instrument Se	erial No. 008805 Lumberator, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of december, 20/1 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATION OF THE STATIO	

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~/21AT

TI-i ma

TESC	9/21011	TIME
DIAG	Pass	12:23pm
AIR BLK	.00	12:24pm
ACCY CHK	.08	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

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

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 4508 Test Date: 12/20/2019 Test Time: 12:31pm EST

System Check: Passed

Baseline Tests

IR Pass	Time
	12:31pm 12:31pm 12:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET .	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

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

Preventive Maintenance
Status: Pass

(nalvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	07	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:39pm
ATR BLK	0.0	12:39pm

Reparted AC:

90° g/210<u>I</u>

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 5336
Test Date: 12/20/2019 Test Time: 12:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:41pm

Temperature Tests

Test	Status	Time
	Transfer The State of the State	
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:41pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	

Test		Stati	ıs	Time
	11.5			*
COMP		Pass	+ 1	12:41pm
CAL		Pass		12:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ru	herford Instrument Location Rotherford County SO
Instrument Seri	al No. 008914 400 N. Washington St., Ritherforton
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of <u>lecember</u> , 20 19, the foregoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
A THE COMPANY OF THE PARTY OF T	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:11am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914

Test Record Number: 2141

Test Date: 12/16/2019

Test Time: 11:20am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Status	Time
Pass	11:21am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:22am	
	CRC Tests		
Test	Status.	Time	
COMP	Pass	11:22am	

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of

Certifying Official

Certificate Number

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:49am
ACCY CHK	.07	11:49am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
ATR BLK	. 00	11:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889

Test Record Number: 872

Test Date: 12/16/2019

Test Time: 11:57am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

rest	Status	Time
ATR	Pass	11:58am
AIK	Pass.	11:58411

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:58am

11:58am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Scotland	Instrument	Location BA	T Mosile	-Unita	45
Instrument Se	erial No. 008/04		Scotlung	1 Count	y Sherok	FF OFFE
The preventive four months a	re maintenance procedures for the In	ntoximeters, Mo	odel Intox EC/IR	II to be follow	ved at least	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	displays pressu gree centigrade	re, or the alcohol	ic breath simu	lator thermo	ometer show
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;				4	
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appe	ears, collect bre	ath sample;			
7.	When "PLEASE BLOW" appe	ears, collect bre	ath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; and	1			•	
10.	Verify that the ethanol gas canic simulator solution is being chan whichever occurs first.	ster is being ch	anged before exp months or after	iration date, o 125 Alcoholic	r the alcoho Breath Sim	lic breath ulator tests,
Y	, , , D	· 1	, 20 <u>/7</u> _, th			
I certify that	ere performed on the instrument in	dicated above,	in accordance wi	th current reg	reventive ma ulations of t	he N.C.
Department	of Health and Human Services, and	tne instrumen	t is functioning p	roperly.		
OF THE STATE	The state of the s					
	CAROL					
A COLOMA AL) 2	20	-e (664	
	Sign	ature of Certify	ing Official		Certificate N	Jumber

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008704 Test Date: 12/01/2019

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008704 Test Date: 12/01/2019 Test Time: 2:21am EST

Test Record Number: 588

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:22am
FLO	Pass	2:22am
FC	Pass	2:22am

Temperature Tests

Test	Status	Time
FC1	Pass	2:22am
SRC	Pass	2:22am
DET	Pass	2:22am
BAR	Pass	2:22am
BT	Pass	2:22am

Blank Tests

Test	Status	Time
AIR	Pass	2:23am

Printer Tests

Test	Status	Time
PRNT	Pass	2:23am

CRC Tests

Test	Status	Time
COMP	Pass	2:23am
CAL	Pass	2:23am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stanly Instrument Location Locust PD
Instrument Se	rial No. 008706 186 Ray Kennedy Dr. Locust
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 16th day of December, 20 19, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTH STATE OF THE S	Signature of Certifying Official Certificate Number

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG805801 Exp Date: 02/27/2020

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

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3541
Test Date: 12/16/2019 Test Time: 12:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:55pm

Preventive Maintenance Status: Pass

Pass

12:55pm

CAL

Analyst

	INTOXIMETERS, MODEL INT	
County	Instrument Location	Kilot Mounte
Instrument Se	erial No. 00 8938 Police	· Departmen
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the al 34 degrees, plus or minus .2 degree centigrade;	coholic 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 simulator solution is being changed every four months or whichever occurs first.	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	on theday of	
THE STATE OF THE S	Signature of Certifying Officia	Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 12/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

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	2:04pm
AIR BLK	.00	2:05pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 659
Test Date: 12/19/2019 Test Time: 2:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

Blank Tests

Test	~	tatus	Time
	_		The man

AIR Pass 2:16pm

Printer Tests

IESL	Status	11me
· ·		And Andrews

PRNT Pass 2:16pm

CRC Tests

111111		
Test	Status	Time

COMP Pass 2:16pm CAL Pass 2:16pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 12/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:54pm 12:55pm 12:56pm 12:57pm 12:59pm 1:00pm 1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analys

Court &VR

Analyst

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 2172

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:05pm
SRC	Pass	1:05pm
DET	Pass	1:05pm
BAR	Pass	1:05pm
\mathtt{BT}	Pass	1:05pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

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

Act of the same of	INTUXIMETERS	, MODEL IN I	JX EC/IR II	•
County 50	(VV)	Instrument Location	Surr	U _
Instrument Serie	11 No. 00 8934	Cour	4	7.1
		Do bs	Son 7	11 C
The preventive four months are	naintenance procedures for the Intoxi	meters, Model Intox E	C/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		oholic breath sim	ulator 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 simulator solution is being changed whichever occurs first.			
	the day of Ceres performed on the instrument indicated Health and Human Services, and the		e with current reg	reventive maintenance rulations of the N.C.
THE STATE OF A STATE O	O QUILLE CAROLL			
APRILIZ. 1718 SOE QUAM VIDEN	7 84	e Far	(An	655
	Signature	of Certifying Official		Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 12/18/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:56pm
AIR BLK	.00	3:56pm
ACCY CHK	.07	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2088
Test Date: 12/18/2019 Test Time: 4:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:08pm
FLO	Pass	4:08pm
FC	Pass	4:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
BT	Pass	4:09pm

Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II			
County	Suvv _y Instrum	nent Location F/Kin	
Instrument So	Serial No.00) 8926 Po	lice Departmen	<i></i>
The preventive four months a		, Model Intox EC/IR II to be followed at least once	every
1.	Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigr	essure, or the alcoholic breath simulator thermomete rade;	r show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect	breath sample;	
7.	When "PLEASE BLOW" appears, collect	breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		g changed before expiration date, or the alcoholic bro four months or after 125 Alcoholic Breath Simulator	
		the foregoing preventive mainten ove, in accordance with current regulations of the N. nent is functioning properly.	iance C.
THE STATE	TE OF NOTICE OF THE PARTY OF TH		

Signature of Certifying Official

Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 12/18/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

arles

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 875
Test Date: 12/18/2019 Test Time: 2:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /r	ansylvania Instrument Location Transylva	ania Co. Jail
Instrument S	erial No. 008609 Brevard, NC	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	en de la companya de de la companya de de la companya de la companya de la companya de la companya de la compa
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath bholic Breath Simulator tests,
	on the 4th day of Pecember, 20/9, the forego	•
I certify that procedures v	ton the	nt regulations of the N.C.
	of Health and Human Services, and the instrument is functioning properly.	
OF THE STAT	E ON OS	
13		
ASSE QUANT	But R. Cutter	635
	Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Date: 12/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:26am 10:27am 10:28am
AIR BLK	.00	10:29am
SUB TEST AIR BLK	.00 .00	10:29am 10:30am
SUB TEST AIR BLK	.00	10:32am 10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 846
Test Date: 12/04/2019 Test Time: 10:34am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:34am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
\mathtt{BT}	Pass	10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test

PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time

Status

Time

ICBC	beacus	TIME
COMP	Pass	10:35am
CAL	Pass	10:35am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Tr	ahaylughia Instrument Location Transp	Ivania Co. Jail
Instrument Se	erial No. OU8820 Brevard, Ne	· · · · · · · · · · · · · · · · · · ·
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	**************************************
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w Department	on theday ofecember, 20, the for were performed on the instrument indicated above, in accordance with cu of Health and Human Services, and the instrument is functioning prope	irrent regulations of the N.C.
_		
OF THE STATE	SON CONTRACTOR OF THE PROPERTY	
ARIL E. TT	Did R. Cuth	635
	Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 12/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.07	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

R. Caller Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 1305

Test Date: 12/04/2019

Test Time: 10:33am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time	
AIR	Pass	10:34am	

Printer Tests

rest	Status	Time
PRNT	Pass	10:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:34am

10:34am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, 1	INTUALMETERS, MODEL INTUA ECITATI
County	Instrument Location Union County SO
Instrument Se	erial No. 008876 3344 Presson Rd. Monroe
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE CONTRACT OF THE CONTRACT O	Signature of Gertifying Official Certificate Number

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 12/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:33am
AIR BLK	.00	9:34am
ACCY CHK	.07	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:40am
ATR BLK	00	9:41am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Record Number: 5506
Test Date: 12/27/2019 Test Time: 9:43am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR.	Pass	9:43am
FLO	Pass	9:43am
FC	Pass	9:43am

Temperature Tests

Test	Status	Time
FC1	Pass	9:44am
SRC	Pass	9:44am
DET	Pass	9:44am
BAR	Pass	9:44am
\mathtt{BT}	Pass	9:44am

Blank Tests

Test	Status	Time
AIR	Pass	9:44am

Printer Tests

Test	Status	Time
PRNT	Pass	9 · 44am

CRC Tests

Test	Status	Time
COMP	Pass	9:44am
CAL	Pass	9:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOAIMETERS, MODEL INTOX ECTR II
County	nion Instrument Location Union County SO
Instrument Se	erial No. 008866 3344 Presson Rd. Montpe
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
4	vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 12/27/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Q0 g/210L

Signature of Chemical

Court CVR

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

Department of Health and Human Services Rev. 12/2007

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866

Test Record Number: 3454

Test Date: 12/27/2019

Test Time: 10:03am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

AIR Pass 10:05am

Printer Tests

Test Status Time

PRNT Pass 10:05am

CRC Tests

Test Status Time

COMP Pass 10:05am

CAL Pass 10:05am

Preventive Maintenance

A Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location ALKE	E FLAFST PD
Instrument	t Serial No. <u>OOS 700</u>	225 S. TAYLOR -5.	WAKE FUREST, WC
The preven	ntive maintenance procedures for the	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholi- legree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
, 6.	When "PLEASE BLOW" app	pears, collect breath sample;	
, 7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expir anged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that procedures v Department	at on the day of were performed on the instrument inc t of Health and Human Services, and	dicated above, in accordance with a	the forgoing preventive maintenance current regulations of the N.C. erly.
STATE STATE OF STATE	A CAROLLAND	nature of Certifying Official	Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 12/12/2019

Citation Number: M0000000-0 Subject's Name:

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

Subject's Sex: Male

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	7:49pm
AIR BLK	.00	7:49pm
ACCY CHK	.08	7:50pm
AIR BLK	.00	7:51pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Anaiy

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 1640 Test Date: 12/12/2019 Test Time: 7:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	7:56pm
	Pass	7:56pm
FC	Pass	7:56pm

Temperature Tests

Status	Time
Pass	7:56pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	7:57pm	

Printer Tests

Test	Status	Time
PRNT	Pass	7:57pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

7:57pm

7:57pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NAKE	Instrument L	ocation 1 145 /	MONDE UND	56
Instrument S	Serial No. <u>00 8776</u>	RA	HEIGH		
The preventi four months	ve maintenance procedures for the are:	Intoximeters, Mod	el Intox EC/IR II to	be followed at least	once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure degree centigrade;	, or the alcoholic bro	eath simulator therm	ometer show
2.	Verify instrument displays tin	me and date;	-		
3.	Initiate breath test sequence;				
4.	Enter information as prompte	d;			
5.	Verify instrument accuracy;				. 4
6.	When "PLEASE BLOW" ap	pears, collect breati	h sample;		
7.	When "PLEASE BLOW" ap	pears, collect breatl	n sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being chan anged every four m	ged before expiratio onths or after 125 A	n date, or the alcoholic Breath Sim	olic breath ulator tests,
l certify that procedures w Department	on theday of cere performed on the instrument in of Health and Human Services, an	indicated above, in	accordance with con	egoing preventive ma rrent regulations of t	iintenance he N.C.
	with I identified the control of the contro	a are mattument is	ranctioning proper	ту.	:
STATE STATE	2 100	· · · · · · · · · · · · · · · · · · ·		· .	
					. •
STATE OF THE PROPERTY AND	Sig	nature of Certifying	Official	Certificate N	3 Jumber

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008776 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210

Effective: 08/14/2019-08/14/2021

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	5:06pm
AIR BLK	.00	5:07pm
ACCY CHK	.07	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008776 Test Record Number: 3559
Test Date: 12/06/2019 Test Time: 5:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:14pm
SRC	Pass	5:14pm
DET	Pass	5:14pm
BAR	Pass	5:14pm
BT	Pass	5:14pm

Blank Tests

Tes	E	Status	Time
2		***	Chair so to

AIR Pass 5:14pm

Printer Tests

ď	ΤĖ	st	-	10	Sta	ıtu	s	Ti	me
	. '			e Se	٠.				

PRNT Pass 5:14pm

CRC Tests

Test Status Time

COMP Pass 5:14pm CAL Pass 5:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>L</u>	AKE Instrument Location BAT MONTE UNIT	6
Instrument S	erial No. <u>00 %637</u> <u>AALETCH</u>	······································
The preventi	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once entre:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	-
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	ath tests,
I certify that procedures w Department	on the	nce
STATE OF THE STATE		
	Signature of Certifying Official Configure V. 1	

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008637 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

Lot Number: AG716201 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	5:05pm
AIR BLK	.00	5:06pm
ACCY CHK	.07	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008637 Test Record Number: 3042
Test Date: 12/06/2019 Test Time: 5:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLφ	Pass	5:13pm
FC	Pass	5:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:14pm
SR¢	Pass	5:14pm
DET	Pass	5:14pm
BAR	Pass	5:14pm
BT	Pass	5:14pm

Blank Tests

Tes	ιţ	jage.	Stati	ıs	Time
				i wit i.	
AIR	la.	or or or High de	Pass		5:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm
	CRC Tests	

Test	Status	Time
СОМР	Pass	5:14pm
CAL	Pass	5:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 📈	IAKE In	Instrument Location NAT MONTIE UNT			
Instrument Se	erial No. 00 96, 96	MIETLH			
The preventive four months a	ve maintenance procedures for the Intoxim ure:	eters, Model Intox EC/IR II	to be followed a	t least once ev	ery
1,	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree co	ys pressure, or the alcoholic entigrade;	breath simulator	thermometer s	shov
2.	Verify instrument displays time and d	ate;		٠ .	
3.	Initiate breath test sequence;		. :		
4.	Enter information as prompted;				*,
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, co	ollect breath sample;			
7.	When "PLEASE BLOW" appears, co	ollect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.	being changed before expira ery four months or after 12:	ation date, or the 5 Alcoholic Brea	alcoholic breat th Simulator te	th :sts,
I certify that o procedures we Department o	on the day of <u>DPCM IC</u> ere performed on the instrument indicated of Health and Human Services, and the ins	l above, in accordance with	foregoing prevent current regulatio perly.	tive maintenan ns of the N.C.	ice
STATE OF THE PARTY	CAROLL				
A COR OTTOM ALEX	Signature o	f Certifying Official		23	

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008686 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: FTA
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	4:58pm
AIR BLK	.00	4:59pm
ACCY CHK	.07	4:59pm
AIR BLK	.00	5:00pm
SUB TEST	.00	5:01pm
AIR BLK	.00	5:02pm
SUB TEST	.00	5:03pm
AIR BLK	.00	5:04pm
	The second secon	-1

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008686 Test Date: 12/06/2019

Test Record Number: 6667
Test Time: 5:07pm EST

System Check: Passed

Baseline Tests

Tes	t Status		Time	
1				
IR	4 4 1	Pass	5:08pm	
FLO		Pass	5:08pm	
FC	14.25	Pass	5:08pm	

Temperature Tests

Test	Status	Time
FC1	Pass	5:08pm
SRC	Pass	5:08pm
DET	Pass	5:08pm
BAR	Pass	5:08pm
BT	Pass	5:08pm

Blank Tests

Test		i.,	Sta	tus	Time
	4.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

AIR Pass 5:09pm

Printer Tests

Test Status Time

PRNT Pass 5:09pm

CRC Tests

Test Status Time

COMP Pass 5:09pm CAL Pass 5:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County [WAKE	Instrument Location SAT NOTITE UNIS C)
Instrument S	Serial No. 008779	RAIFICH	
The prevent four months	tive maintenance procedures for the Intox s are:	ximeters, Model Intox EC/IR II to be followed at least once ever	
I.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath simulator thermometer she centigrade;	OW
2.	Verify instrument displays time an	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	i, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
. 8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	r is being changed before expiration date, or the alcoholic breath d every four months or after 125 Alcoholic Breath Simulator test	ts,
I certify that procedures v Department		ated above, in accordance with current regulations of the N.C.	ŧ
OF WASTATION OF THE STATE OF TH	E CAROUR	50 (63	
	Signature	re of Certifying Official Certificate Number	-

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008779 Test Date: 12/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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	4:36pm
AIR BLK	.00	4:37pm
ACCY CHK	.07	4:37pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008779 Test Record Number: 3602 Test Date: 12/06/2019 Test Time: 4:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:43pm
FLO	Pass	4:43pm
FC	Pass	4:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:44pm
sr¢	Pass	4:44 pm
DEŢ	Pass	4:44pm
BAR	Pass	4:44pm
BT	Pass	4:44pm

Blank Tests

Test	Statu	S	Time
AIR	Pass		4:44pm

Printer Tests

Test		Status	т	ime
	5.3			
 PRNT	1 21 1	Pass	4	:44pm

CRC Tests

Test	Status	Time
COMP	Pass	4:44pm
CAL	Pass	4:44 pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE		Instrument	Location	BAT N	MAE U	NT 6
Instrument	Serial No. <u>009584</u>		14	4(EIL+)			
The prevent	tive maintenance procedures for sare:	or the Intox	imeters, M	odel Intox EC	C/IR II to be	followed at lea	st once every
1.	Verify the ethanol gas c 34 degrees, plus or min	anister disp is .2 degree	lays pressu centigrade	ire, or the alco	oholic breath	simulator ther	mometer shov
2.	Verify instrument displa	ys time and	d date;				
3.	Initiate breath test seque	nce;			•	٠.	
4.	Enter information as pro	mpted;					
5.	Verify instrument accur	асу;					
6.	When "PLEASE BLOW	" appears,	collect bre	eath sample;			
7.	When "PLEASE BLOW	" appears,	collect bre	ath sample;			
8.	Print test record;					·	
9,	Verify Diagnostic Progr	am; and		•			
10.	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister ng changed	is being ch every four	anged before months or af	expiration dater 125 Alco	ate, or the alco holic Breath S	holic breath imulator tests,
I certify tha	t on the 6 day of	DEREM	AN	20/9	.h. C	ng preventive :	•
procedures	were performed on the instruct t of Health and Human Servic	nent indica	ted above.	in accordance	with curren	ng preventive i t regulations o	f the N.C.
	_						
JOI THE STAT	E or NO.						
SEE OUNTY			\leq	2>		46	3
1.1		Signature	of Certify	ing Official		Certificate	Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008584 Test Date: 12/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/1/1911

Subject's Sex: Male

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

Analyst's Name: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:30pm
AIR BLK	.00	4:31pm
ACCY CHK	.07	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008584

Test Record Number: 2305

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time		
FC1	Pass	4:38pm		
SRC	Pass	4:38pm		
DET	Pass	4:38pm		
BAR	Pass	4:38pm		
BT	Pass	4:38pm		

Blank Tests

Tes	t	./	Stati	າຣ	Time	

AIR Pass 4:39pm

Printer Tests

Test Status Time

PRNT Pass 4:39pm

CRC Tests

Test Status Time

COMP Pass 4:39pm CAL Pass 4:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	AKE Instrument Location BAT MONDE
Instrument Serie	al No. 008580 RALETGH
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures were Department of	theday of
STATE OF THE STATE	
THE COMM WORK	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008580 Test Date: 12/06/2019

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

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

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

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

Test	g/210L	Time
DIAG	Pass	4:30pm
AIR BLK	.00	4:31pm
ACCY CHK	.07	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008580 Test Date: 12/06/2019

Test Record Number: 2539

Test Time: 4:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:38pm
SRC	Pass	4:38pm
DET	Pass	4:38pm
BAR	Pass	4:38pm
BT	Pass	4:38pm

Test		Sta	tus	Time		
1		4.0	100	1.00		
ing a section of the	100	A 2 444	And the Control of	4.7		
	 100	1 6	1 1 to	50 A		
			and the second of the	4 4 4	2.0	

Printer Tests

AIR Pass 4:38pm

' .1							1,0	2 2 7
					**		1.0	
Tes	-		 ď	4-	- -		TT	me
TCOL		100		La	LL.L	ıs	. 1.7	me

PRNT	Pass	4	l:38pr	'n

CRC Tests

Test Status Time

COMP Pass 4:39pm CAL Pass 4:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WAL	KE Instrument Location RALEIGH PO NORTHEAST DISTRIC						
Instrument Seria	al No. 008623 5228 GREEN'S DAINY RO RALEIGH, NC						
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every						
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;						
2.	Verify instrument displays time and date;						
3.	Initiate breath test sequence;						
4.	Enter information as prompted;						
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appears, collect breath sample;						
7.	When "PLEASE BLOW" appears, collect breath sample;						
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.						
	the <u>19</u> day of <u>DECEMBER</u> , 20 19 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.						
THE STATE OF A PART 12, THE PAR							
With the state of	Signature of Certifying Official Certificate Number						

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 12/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:27am
AIR BLK	.00	10:28am
ACCY CHK	.08	10:28am
AIR BLK	.00	10:30am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:34am
ATR RIK	0.0	10.34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JUD

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623

Test Record Number: 3909

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:36am
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

TEPL	Status	TIME
PRNT	Pass	10:37am
·	CRC Tests	
· -	•	

Tesc	Scacus	TIME
COMP	Pass	10:37am
CAL	Pass	10:37am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)		Instrument Location L/AK	6 6 Dolentin Cole
Instrument Se	rial No. <u>008924</u>	3301 Hammy	Ro Poleigh NC
The preventiv four months a		e Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		c breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expir hanged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures we	re performed on the instrument i	ndicated above, in accordance with a d the instrument is functioning property	
OF THE STATE OF THE PARTY OF TH	STATE OF THE PARTY	Share of Certifying Official	GG 2Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 12/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:30am
AIR BLK	.00	9:31am
ACCY CHK	.08	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
AIR BLK	.00	9:33am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 1494
Test Date: 12/31/2019 Test Time: 9:36am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC .	Pass	9:37am

Temperature Tests

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
D ET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:37am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:38am 9:38am

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	Va Instrument Location Knighole, 6 R
Instrument Seria	No. 208838 979 Steeple Square CT. Knightdal, 2
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3/ day of Docardow, 20/9 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF MAY 20. 177	Signature of Certifying Official Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 12/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:30pm 12:31pm 12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Record Number: 1947 Test Date: 12/31/2019

Test Time: 12:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:37pm 12:37pm 12:37pm 12:37pm 12:37pm

Blank Tests

Test	Status	Time

AIR 12:38pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm

CRC Tests

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SAYNE	Instrument Location AT Mo	DE UND C
Instrument S	Serial No. 80 977 6	Coensnow	
		· · · · · · · · · · · · · · · · · · ·	
The preventi		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breat egree centigrade;	th simulator thermometer show
2.	Verify instrument displays tin	ne and date;	·
3.	Initiate breath test sequence;		
4.	Enter information as prompted	 !;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; at	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrument i	ndicated above, in accordance with curred the instrument is functioning properly	oing preventive maintenance ent regulations of the N.C.
TATE CHAPY	51V.		463
	Sig	nature of Certifying Official	Certificate Number

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

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008776 Test Date: 12/14/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
ubject's Date of Birth: 11/11/16

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: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

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

rest	g/210L	Time
DIAG	Pass	8:45pm
AIR BLK	.00	8:46pm
ACCY CHK	.08	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:48pm
AIR BLK	00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008776

Test Record Number: 3561

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

		100
m	~ .	
TAGE	Charia	T
Test	Status	Time
and the second second	 	

AIR Pass 8:54pm

Printer Tests

Test	Status	Time

PRNT Pass 8:54pm

CRC Tests

Test	Status	Time
COMP	Dodd	0 -

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	WAYNE Instrument Location SAS	-MODE UND C	
Instrument S	nt Serial No. 00 8637 COUSSIER O		
The preventi	entive maintenance procedures for the Intoximeters, Model Intox EC/IR I ths are:	II to be followed at least once ev	/ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer	shov
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	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.	ation date, or the alcoholic brea 25 Alcoholic Breath Simulator t	ith ests,
I certify that procedures w Department	hat on theday of, 20, the es were performed on the instrument indicated above, in accordance with ent of Health and Human Services, and the instrument is functioning pro	foregoing preventive maintenant current regulations of the N.C. operly.	ace
TO THE STATE OF TH	AATE or 100 Page 100	> 463	
	Signature of Certifying Official	Certificate Number	

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

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008637 Test Date: 12/14/2019

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: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

Lot Number: AG716201 Exp Date: 04/25/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

of V

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008637

Test Record Number: 3044

Test Date: 12/14/2019

Test Time: 8:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:52pm
FLO	Pass	8:52pm
FC	Pass	8:52 pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

Printer Tests

resc	Status	Time
PRNT	Pass	8:53pm

CRC Tests

Test Status		Time	
COMP	Pass	8:53pm	
CAL	Pass	8:53pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	MYNE Instrument Location NAS MONTH CHAST C	<u> </u>
Instrument Se	Serial No. OO TG TG GO LO SHOW	
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least one are:	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade;	eter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simul whichever occurs first.	breath ator tests,
procedures v	at on the	itenance e N.C.
STATE OF THE STATE	Signature of Cartificing Official Certificate Nu) Imher

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

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008686 Test Date: 12/14/2019

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. YV

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

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

Test	g/210L	Time
DIAG	Pass	8:43pm
AIR BLK	.00	8:44pm
ACCY CHK	.07	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008686 Test Date: 12/14/2019

Test Record Number: 6669

Test Time: 8:50pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:50pm
FLO	Pass	8:50pm
FC	Pass	8:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:50pm
SRC	Pass	8:50pm
DET	Pass	8:50pm
BAR	Pass	8:50pm
BT	Pass	8:50pm

Blank Tests

Test	Status	Time
AIR	Pass	8:51pm
Pri	nter Tes	

A 47.2	1.1			
Test	1000000	Status		
			;	Time
~~~~	. *	vecue	,	Time
and the first of the first of the first		7.76.37.47.47.		
				and the second second

PRNT Pass 8:51pm

CRC Tests

Test Status Time

COMP Pass 8:51pm CAL Pass 8:51pm

Preventive Maintenance Status: Pass

Analyst

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

County /	JAYNE Instrument Location Seymour Johnson.
Instrument S	erial No. DO8786 1010 VERMONT GARRISON R. G.
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures v Department	t on the <u>Off</u> day of <u>December</u> , 20 19, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATO STATE OF THE CONTROL OF THE CON	E CAROLLE CARO

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

Signature of Certifying Official

Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 12/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Linda A

Permit Number: 11646E

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK	.00	11:14am
ACCY CHK	.08	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
ATP BIK	. 00	.11.20am

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

ince A. Seel

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 340 Test Date: 12/20/2019 Test Time: 11:21am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:22am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:22am 11:22am 11:22am 11:22am
BT	Pass	11:22am

#### Blank Tests

Test	Status	Time
ATR	Pass	11 · 22ar

#### Printer Tests

Status

Time

Test

	1997	
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22am 11:22am

Preventive Maintenance Status: Pass

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	instrument Location (1); Ke S Co
Instrument Ser	200012
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures wer Department of	the day of least 20_5, the foregoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Jace Farles 655
A signed origina	Signature of Certifying Official Certificate Number  al of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	5:11pm
AIR BLK	.00	5:12pm
ACCY CHK	.08	5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:14pm
AIR BLK	.00	5:15pm
SUB TEST	.00	5:17pm
ATR BLK	.00	5:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843

Test Record Number: 2421

Test Date: 12/16/2019

Test Time: 5:19pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:20pm
FLO	Pass	5:20pm
FC	Pass	5:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:20pm
SRC	Pass	5:20pm
DET	Pass	5:20pm
BAR	Pass	5:20pm
BT	Pass	5:20pm

#### Blank Tests

Test	Status	Time
ATR	Pass	5:20pm

#### Printer Tests

Chatua

Test	Status	ттше
PRNT	Pass	5:20pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:20pm
CAL	Pass	5:20pm

Preventive Maintenance Status: Pass

Analyst

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

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

Instrument Serial No. 008865
four months are:
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show
34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the day of lem ba, 20 / 9, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
The STATE OF NORTH 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 (11/07)

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	4:47pm
AIR BLK	.00	4:48pm
ACCY CHK	.07	4:48pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 730 Test Date: 12/16/2019 Test Time: 4:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:55pm
FLO	Pass	4:55pm
FC	Pass	4:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:56pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:56pm
CAL	Pass	4:56pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

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

<u></u>	Wilson Instrument Location (I) 150 N Cr. Detention
Instrument Ser	ial No. 008627 100 E. Green ST. Wilson, N.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proceaures we	on the 13th day of 12cense, 20 19, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	

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

Signature of Certifying Official

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 12/13/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:20pm 1:21pm
ACCY CHK	.08	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.,00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2454 Test Date: 12/13/2019 Test Time: 1:28pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

#### Printer Tests

Test

PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time

Status

Time

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

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Milson Instrument Location Wilson Co. Defention
Instrument S	Serial No. DO8452 100E. Green ST., Wilson, N
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on theday of
THE STATE OF THE S	E O NO PLANTE CANADA CONTRACTOR OF THE CANADA

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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 12/13/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:24pm
ACCY CHK	.08	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinich Keul
Analyst

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3379
Test Date: 12/13/2019 Test Time: 1:32pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

#### Temperature Tests .

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

#### Blank Tests

lest	Status	TIME
AIR	Pass	1:33pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:33pm
CAL	Pass	1:33pm

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. <u>6088</u> The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the /, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:55pm 2:56pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854

Test Record Number: 651

Test Date: 12/16/2019

Test Time: 3:04pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 3:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

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		
County 6	Instrument Location /adtia	
Instrument Seri	al No. 608944 County Dail	
·	Yackin V. 16/NC	
The preventive four months are	maintenance procedures for the Intoximeters, Mode Intox EC/IR-II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	the day of <u>Cendo</u> 20 1, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	
OTHE STATE OF THE	se Farly 655	
	Signature of Certifying Official Certificate Number	
A signed origina	al of the preventive maintenance record shall be kept on file for at least three years.	

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 12/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:26pm 2:27pm 2:27pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 1600

Test Date: 12/16/2019

Test Time: 2:39pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Analyst

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