安徽 计图 网络哈朗斯特特朗斯克斯特特特特特特特特特特特特特特特特特特特特特特特特特特特特特特

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the second	INTOAINIETERS, MODEL HYTOX EC/IR II
County	Eurort Instrument Location Belhaven F.A.
Instrument Seria	INO. 008928 Belhaven, N.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of 1/1/2 , 20 7 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO. 1775 NO.	
	** CAN CONTROL OF THE

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 05/20/2019

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

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401

Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	9:45am
AIR BLK	.00	9:46am
ACCY CHK	.08	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am

SUB TEST .00 9:51am

AIR BLK .00 9:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 05/20/2019

Test Record Number: 391
Test Time: 9:54am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

Blank Tests

Test	Status	Time
AIR	Pass	9:55am

Printer Tests

Test	Status	Time
PRNT	Pass	9:55am

CRC Tests

Test	Status	Time
COMP	Pass	9:55am
CAL	Pass	9:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	13/9 den Instrument Location Bladen County
Instrument S	Gerial No. 008818 Sheviff Departmen
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of
TARE STATE OF THE	
Water	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 05/22/2019

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: RHODES, KENNETH C
Permit Number: 05329E
Effective:
05/01/2019-05/01/2021

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

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:26am 10:26am
ACCY CHK	.07	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:31am
ATR BLK	.00	10.32am

Reported AC: /90/g/210:

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 1499
Test Date: 05/22/2019 Test Time: 10:34am EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:34am 10:34am 10:34am 10:34am 10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	10:35am 10:35am

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: 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; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 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 _______, 20/____ 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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 05/22/2019

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: RHODES, KENNETH C Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:33am 10:33am 10:34am
AIR BLK	.00	10:36am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: 1.00 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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Te Test Date: 05/22/2019

Test Record Number: 1147
Test Time: 10:42am EDT

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 SRC	Pass Pass	10:42am 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

1000	Beaeas	TIME
COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	B/hsh.		ATT Mobile July +#5
Instrument	Serial No	Thur her	Upas C.
The prevent		Intoximeters, Model Intox EC/I	IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		olic breath simulator thermometer shows
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" app	pears, collect breath sample;	
⁷ • ⁷ 7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before ex anged every four months or afte	xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify tha	at on theday of	May , 20/14,	the foregoing preventive maintenance
procedures	were performed on the instrument in tof Health and Human Services, an	indicated above, in accordance v	with current regulations of the N.C.
THE STAR OF CHAPTER AND SECURITY OF CHAPTER STAR OF CHAPTER ST	TE CONSTITUTE OF THE CONSTITUT	<u> </u>	a Cara Agrana
	Sig	mature of Certifying Official	Certificate Number

BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008616 Test Date: 05/10/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	8:02pm 8:03pm 8:04pm 8:05pm 8:05pm 8:06pm 8:08pm 8:09pm

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

BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008616 Test Date: 05/10/2019

Test Record Number: 2469
Test Time: 8:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:13pm
FLO.	Pass	8:13pm
FC	Pass	8:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:13pm
SRC	Pass	8:13pm
DET	Pass	8:13pm
BAR	Pass	8:13pm
BT	Pass	8:13pm

Blank Tests

Test	Status	Time
AIR	Pass	8:14pm

Printer Tests

Iest	Status	Time
PRNT	Pass	8:14pm
	CDC Master	

CRC Tests

Test	Status	Time
COMP	Pass	8:14pm
CAL	Pass	8:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DJudek +	Instrument L	ocation	BATP	obile C	init #5
Instrument S	Serial No. <u>8707</u>	10	rheel.	JNC) 	
The prevent four months	ive maintenance procedures for the are:	e Intoximeters, Mod	lel Intox EC/I	R II to be fol	lowed at leas	t once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure degree centigrade;	, or the alcoh	olic breath si	mulator there	nometer shows
2.	Verify instrument displays ti	me and date;	$ \varphi(x,y) _{\mathcal{L}_{L^{2}(\mathbb{R}^{n})}}$			
3.	Initiate breath test sequence;					
4.	Enter information as prompt	ed;				
5.	Verify instrument accuracy;			N.		
6.	When "PLEASE BLOW" ap	ppears, collect breat	h sample;			
7.	When "PLEASE BLOW" ap	ppears, collect breat	h sample;	·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8.	Print test record;				***************************************	
9.	Verify Diagnostic Program;	and		e e		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being chan hanged every four n	nged before ex nonths or afte	xpiration date r 125 Alcoho	, or the alcol lic Breath Si	nolic breath mulator tests,
	t on theday of were performed on the instrument t of Health and Human Services, a	indicated above, in	accordance v	vith current r	preventive n egulations of	naintenance the N.C.
anni a	n	* ************************************				
THE STAT	E OF NO.				· •	
S S S S S S S S S S S S S S S S S S S	S S S S S S S S S S S S S S S S S S S				ý. ·	
* ESE QUAM	10	gnature of Certifyin		and the same of th	6-	64
	701	gnature of Certifyin	g Official		Certificate	Number

BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008707 Test Date: 05/10/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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	7:56pm
AIR BLK	.00	7:57pm
ACCY CHK	.08	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	7:59pm
AIR BLK	.00	8:00pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm

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

BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008707

Test Record Number: 2579

Test Date: 05/10/2019

Test Time: 8:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:04pm
FLO	Pass	8:04pm
FC	Pass	8:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
DET	Pass	8:04pm
BAR	Pass	8:04pm
BT	Pass	8:04pm

Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

Printer Tests

rest	Status	Time
PRNT	Pass	8:05pm

CRC Tests

Test	Status	Time
COMP	Pass	8:05pm
CAL	Pass	8:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Se	rial No. 608585 County Sherit Depa
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 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
TAND IS. OF STATE	A COLUMN CAROLINA CAR

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 05/07/2019

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: RHODES, KENNETH C
Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:23am 10:23am 10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:29am
ATR RIK	. 0.0	10:30am

Reported AC:

pg/21/0L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 4250 Test Date: 05/07/2019 Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:33am 10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
\mathtt{DET}	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Status

Time

Test

PRNT	Pass	10:34am
	CRC Tests	
Test	Status	Time
~~~		

COMP Pass 10:34am CAL Pass 10:34am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	905Wick Instrument Location Brunsw.	ck bout
Instrument Seria	al No. 008602 Sheriff De	garan en
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer show
2.	Verify instrument displays time and date;	the state of the s
3.	Initiate breath test sequence;	, 424.0
4,	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "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,
	theday of, 20 / 2 the forgoing e performed on the instrument indicated above, in accordance with current reg Health and Human Services, and the instrument is functioning properly.	g preventive maintenance ulations of the N.C.
THE STATE OF THE		

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 05/07/2019

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: RHODES, KENNETH C
Permit Number: 05329E
Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00/)g/21/0L

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 4300 Test Date: 05/07/2019 Test Time: 10:39am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
$\mathtt{BT}$	Pass	10:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Teat	Status	Time

 :41am :41am

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: 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. Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 05/22/2019

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: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	2:22pm
AIR BLK	.00	2:23pm
ACCY CHK	.07	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:28pm
ATR BLK	.00	2:28pm

Reported AC: A 00 g/210L

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1610

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

#### Temperature Tests

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

#### Blank Tests

Test		Status	Time
	-		•
AIR		Pass	2:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
•	CRC Tests	
Test	Status	Time
COMP	Pass	2:30pm

Preventive Maintenance Status: Pass

Pass

2:30pm

CAL

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

County_	Bunconde	Instrument Location_	But Mobile Unt 2
Instrume	nt Serial No. <u>DD 8973</u>		
The prev		the Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the .2 degree centigrade;	alcoholic breath simulator thermometer 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	су;	·
6.	When "PLEASE BLOW"	' appears, collect breath samp	le;
7.	When "PLEASE BLOW"	appears, collect breath samp	le;
8.	Print test record;		
9.	. Verify Diagnostic Progra	m; and	
10.	Verify that the ethanol gas simulator solution is bein whichever occurs first.	as canister is being changed being changed every four months	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
nrocedi	that on the <u>23</u> day of ures were performed on the instrument of Health and Human Service	nent indicated above, in accord	dance with current regulations of the N.C. ioning properly.
CREAT CREAT	STATE OF THE CONTROL	MV John Signature of Certifying Offi	Lo 5-8  icial Certificate Number

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973

Test Date: 05/23/2019

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: 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	8:41pm
AIR BLK	.00	8:42pm
ACCY CHK	.08	8:43pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:45pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:47pm
ATR BLK	. 00	8 : 48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Che VOX Analysi

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Record Number: 627 Test Date: 05/23/2019 Test Time: 8:49pm EDT

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	8:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:51pm
CAL	Pass	8:51pm

Preventive Maintenance Status: Pass

(hr 20)
Analyst

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

County	Buncombe	Instrument Location	Bapt Mobile Unit 2
Instrumen	nt Serial No. <u>00 897</u> 8	·	
The preve		Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		coholic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	;
7.	When "PLEASE BLOW" ap	ppears, collect breath sample	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify t procedur Departm	that on the <u>29</u> day of <u>1</u> res were performed on the instrument tent of Health and Human Services, a	749, 20 / 20 / 20 / 20 / 20 / 20 / 20 / 20	, the foregoing preventive maintenance nce with current regulations of the N.C. ning properly.
CREAT GREAT SELECTION OF SELECT	STATE OF A SOLUTION AND A SOLUTION A	1 Color ignature of Certifying Officia	Google Certificate Number

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008970 Test Date: 05/29/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENACE

Subject'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	8:36pm 8:37pm
ACCY CHK	.08	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:41pm
AIR BLK	.00	8:42pm

Reported AC: .00 g/210L

Signature of Chemi**ca**l Analyst

Court CVR

Analyst

#### BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008970

Test Record Number: 588

Test Date: 05/29/2019

Test Time: 8:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:45pm
FLO	Pass	8:45pm
FC	Pass	8:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:45pm
SRC	Pass	8:45pm
DET	Pass	8:45pm
BAR	Pass	8:45pm
${ t BT}$	Pass	8:45pm

#### Blank Tests

Test	Status	Time
ĀTR	Pagg	8 · 4 6 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:46pm 8:46pm

Preventive Maintenance Status: Pass

M Analyst

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

County Bu	Instrument Location But mobile Onit 2		
Instrument Ser	rial No. 00 8973		
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.		
procedures w	on the <u>79</u> day of <u>MA7</u> , 20 <u>19</u> , the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S			

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973

Test Date: 05/29/2019

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: 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	8:28pm
AIR BLK	.00	8:29pm
ACCY CHK	.08	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Record Number: 637

Test Date: 05/29/2019 Test Time: 8:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:37pm
FLO	Pass	8:37pm
FC	Pass	mq8E:8

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:38pm
CAL	Pass	8:38rpm

Preventive Maintenance Status: Pass

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

County Can	mden Instrument Location (anden (o. 5,0,
Instrument Ser	242 6
	<u>'</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	
camav	Signature of Certifying Official Certificate Number
A signed orig	inal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 05/15/2019

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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:21am 10:22am 10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am
AIR BLK	.00	10:27a

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

三年 美国人工

Test Record Number: 936

Test Date: 05/15/2019

Test Time: 10:28am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:29am 10:29am 10:29am 10:29am
$\mathtt{BT}$	Pass	10:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29am

## Printer Tests

Test	St	catus	Tin	ie
PRNT	Pa	ass	10:	29am

#### CRC Tests

rest	Status	111116
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LA	arteret	Instrument Location Morcher	ad City PD	
Instrument Se	rial No. <u>00 8731</u>		<u> </u>	
The preventiv		oximeters, Model Intox EC/IR II to be for	ollowed at least once every	
1.	Verify the ethanol gas canister dia 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath ee 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;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration de ed every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,	
I certify that procedures v Department	vere performed on the instrument ind	icated above, in accordance with currenthe instrument is functioning properly.	ing preventive maintenance at regulations of the N.C.	
TATE OF THE STATE	Ca.	ug E Hall hture of Certifying Official	G54 Certificate Number	

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 05/17/2019

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: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:42am 11:43am 11:43am 11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
ATR BLK	.00	11:48am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 05/17/2019

Test Record Number: 2153 Test Time: 11:49am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	11:49am
BT	Pass	11:49am
DET BAR	Pass Pass	11:49am 11:49am

## Blank Tests

Test	Status	Time
AIR	Pass	11:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
•	CRC Tests	
Test	Status	Time
COMP	Pass	11:50am

Preventive Maintenance Status: Pass

Karl E-Half
Analyst

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

County C	ARTERET Instrument Location ATLANTIC BEACH		
Instrument Se	2000		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures v	on theday of, 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
OT THE STATE OF TH			

# CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 05/17/2019

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: HALL, RANDY E
Permit Number: 03462E
Effective:
03/01/2019-03/01/2021

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

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

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

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half
Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1140 Test Date: 05/17/2019 Test Time: 11:17am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:18am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:19am

Preventive Maintenance Status: Pass

Pass

11:19am

CAL

Rand Et Holf

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

P	ARTERET Instrument Location EMERALD ISLE AD
County	ARTERET Instrument Location EMERALD ISLE PD
Instrument Se	rial No. <u>008630</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
THE STAR OF THE ST	

## CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 05/14/2019

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: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:04pm 2:05pm
ACCY CHK	.08	2:05pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:10pm
ATR BLK	. 0.0	2:11pm

.0,0 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

# CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Record Number: 2007

Test Date: 05/14/2019

Test Time: 2:11pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
$\mathtt{DET}$	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance Status: Pass

Harl E-Hall
Analyst

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

County CA	Instrument Location CARTERET COUNTY
Instrument Seri	Instrument Location <u>CARTERET GOUNTY</u> ial No. <u>008605</u> SHERIFFS OFFICE
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;
<b>5</b> .	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday of, 20, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF A STATE	Signature of Certifying Official  Signature of Certifying Official  Signature of Certifying Official

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 05/14/2019

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: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

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
		2
DIAG	Pass	10:52am
AIR BLK	.00	10:53am
ACCY CHK	.07	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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# CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605

Test Record Number: 3843

Test Date: 05/14/2019

Test Time: 10:59am EDT

# System Check: Passed

#### Baseline Tests

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

## Temperature Tests

FC1 Pass SRC Pass	
	11:00am 11:00am 11:00am 11:00am 11:00am
TI LOSS	11.00am

### Blank Tests

Test	Status	Time
AIR	Pass	11:0 <b>1</b> am

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:01am

CAL

Analyst

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

County <u>CA</u>	RTERET Instrument Location CARTERET COUNTY
Instrument Seri	Instrument Location CARTERET County  al No. 008882 SHERIFF'S OFFICE
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.
	theday of, 20, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official  Certificate Number

# CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 05/14/2019

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: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:49am 10:50am 10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
ATR BLK	. 00	10:55am

Reported_

Signature of Chemical Analyst

Court CVR

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

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# CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 05/14/2019

Test Record Number: 1835 Test Time: 10:56am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:57am 10:57am

Preventive Maintenance Status: Pass

Rand & Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	eveland Instrument Location Kings Mountain PD
Instrument Se	eveland Instrument Location Kings Mountain PD  erial No. 008900 1125- Piedmant Are., Kings Mountain
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.
I certify that procedures v Department	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE OF THE PARTY	

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 05/08/2019

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: HAYS, MARK D Permit Number: 15924E Effective: 01/01/2018-01/01/2020

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/2101	Time
DIAG AIR BLK	Pass	11:09am 11:10am
ACCY CHK	.00	11:10am
AIR BLK	.00	11:12am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 762

Test Date: 05/08/2019 Test Time: 11:17am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
4.		
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

#### Blank Tests

rest	Status	Time
AIR	Pass	11:18am

### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	Clevel and Instrument Location	Cleveland County 50 - Ann
Instrument	nt Serial No. 008887 407 McB	Cleveland County 50-Ann sayer Street, Shelby
The prevent	entive maintenance procedures for the Intoximeters, Model Into	x EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or th 34 degrees, plus or minus .2 degree centigrade;	e alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sam	ole;
7.	When "PLEASE BLOW" appears, collect breath sam	ole;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed b simulator solution is being changed every four months whichever occurs first.	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures	that on the <u>27th</u> day of <u>May</u> , 20_res were performed on the instrument indicated above, in accordant of Health and Human Services, and the instrument is fund	19, the foregoing preventive maintenance dance with current regulations of the N.C. tioning properly.
STATE OF STA	STATE OF LOCAL STATE	<u>656</u>
	Signature of Certifying Off	— · · ·

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

> Serial Number: 008887 Test Date: 05/27/2019

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

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 AIR BLK	Pass .00 .08	12:56pm 12:57pm 12:58pm 12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

nature 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

# CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887

Test Record Number: 2909

Test Date: 05/27/2019

Test Time: 1:04pm EDT

System Check: Passed

# Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm 1:04pm
BAR BT	Pass Pass	1:04pm
ВI	Pass	T:045m

#### Blank Tests

Test	Status	Time
7 TD	Dagg	1 · 05pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	eveland Instrument Location Cleveland County 50-Ann
Instrument Ser	ial No. 008893 407 McBrayer Street, Shelby
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the <u>2744</u> day of <u>May</u> , 20 <u>19</u> , 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.
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Date: 05/27/2019

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective: 08/01/2017-08/01/2019

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 .00	12:40pm 12:41pm
ACCY CHK	.08	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1685

Test Date: 05/27/2019 Test Time: 12:48pm

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:48pm 12:48pm
FC	Pass	12:48pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	12:48pm 12:48pm 12:48pm 12:48pm
BT	Pass	12:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:49pm 12:49pm

Preventive Maintenance Status: Pass

Analyst

and the contract of the contra

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; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 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. day of Milay , 20/ 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

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 05/22/2019

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: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

rest	9/2101	rime
DIAG AIR BLK	Pass	11:53am 11:54am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: 00/g/21/0L

Signature of Chemical Analyst

Court CVR

Analyst

## COLUMBUS COUNTY COLUMBUS COUNTY SD 230.

Serial Number: 008886

Test Record Number: 1452

Test Date: 05/22/2019 Test Time: 12:02pm EDT

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
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

	PREVENTIVE MAINTENANCE RECORD
gardenew (	INTOXIMETERS, MODEL INTOX EC/IR II
County	Olumbus Instrument Location Columbus Count
Instrument Seri	al No. 008835 Sheriff Department
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, 20, the forgoing 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.
STATE OF STA	NORTH CARO

Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 05/22/2019

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: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

iest	9/2101	TIME
DIAG AIR BLK	Pass .00	11:52am 11:52am
ACCY CHK	.08	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC: . . pg 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

# COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875

Test Record Number: 2157

Test Date: 05/22/2019

Test Time: 12:01pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

## Blank Tests

3.TD	
AIR Pass	12:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:03pm

12:03pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	Rollin bus Instrument Location 1/5	AT Mabike Dait #
Instrument S	erial No. 88646 Thank	marky MC.
The preventi four months	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;	4
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program, and	
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after I whichever occurs first.	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures v	on the	e foregoing preventive maintenance h current regulations of the N.C. coperly.
TATE STATE  OF THE STATE  OF T	SALON AND AND AND AND AND AND AND AND AND AN	
Samuel Control	Signature of Certifying Official	Certificate Number

#### COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008616 Test Date: 05/18/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.07	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

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

## COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008616

Test Record Number: 2472

Test Date: 05/18/2019

Test Time: 9:49pm EDT

# System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:49pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:49pm
SRC	Pass	9:49pm
DET	Pass	9:49pm
BAR	Pass	9:49pm
$\mathtt{BT}$	Pass	9:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

#### Printer Tests

'l'est	Status	Time
PRNT	Pass	9:50pm
	CRC Tests	•

Test	Status	Time
COMP	Pass	9:50pm
CAL	Pass	9:50pm

Preventive Maintenance Status: Pass

Analyst

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

County 6	Under	Instrument Location	PATIMODIE	wit H
Instrument Seria	II No	( Chodh	over paic.	
The preventive r four months are:	naintenance procedures for the In	ntoximeters, Model Intox EC/l	IR II to be followed at le	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoh gree centigrade;	nolic breath simulator the	ermometer 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" appe	ears, collect breath sample;	÷	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			market of the second of the se
9.	Verify Diagnostic Program; and	d		had to
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before en nged every four months or afte	xpiration date, or the alc or 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that on procedures were Department of I	theday ofday ofday ofday ofday ofday ofday ofday ofday of	dicated above, in accordance with the instrument is functioning	the foregoing preventive with current regulations 3 properly.	e maintenance of the N.C.
No STATE OF NO.	ON THE CAROLINA CAROL			
TORK 12, TTS  TEGE QUANTIDER X	Sign	ature of Certifying Official		ate Number
	Company of the Compan	• •		

#### COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008575 Test Record Number: 1154
Test Date: 05/18/2019 Test Time: 9:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
FC	Pass	9:24pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:24pm
SRC	Pass	9:24pm
DET	Pass	9.24pm
BAR	Pass	9:24pm
BT.	Pass	9:24pm

#### Blank Tests

rest	Status	Time
AIR	Pass	9:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
•	CRC Tests	
Test	Status	Time

COMP Pass 9:25pm CAL Pass 9:25pm

Preventive Maintenance Status: Pass

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008575 Test Date: 05/18/2019

Citation Number: M0000000-0
Subject's Name: NONE, NONE
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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:14pm 9:15pm 9:15pm 9:16pm 9:17pm
AIR BLK SUB TEST	.00	9:18pm 9:20pm
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

County /	Columbus Instrument Location BATIMOBILE Unit H
Instrument S	erial No. 98826 Chodhann , Ac
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.
I certify that opposed we be procedures we be partment o	on the
THE STATE PARTY OF THE STATE OF	
·	Signature of Certifying Official Certificate Number

#### COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826

Test Record Number: 8107

Test Date: 05/18/2019

Test Time: 9:19pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
$\mathtt{DET}$	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:20pm
CAT.	Dagg	$9 \cdot 20 \text{rm}$

Preventive Maintenance Status: Pass

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826 Test Date: 05/18/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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: FYA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:11pm 9:12pm 9:13pm 9:13pm 9:14pm 9:15pm
SUB TEST AIR BLK	.00	9:16pm 9:17pm

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

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

County_C	<i>NAVE</i>	Instrument Location_	SAT MODILE UNIT 6
Instrument S	Serial No. 00 9776	NADORN	
The prevent four months	ive maintenance procedures for the l are:	Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a egree centigrade;	lcoholic breath simulator 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;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before nged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures v	on the 29 day of Mivere performed on the instrument in of Health and Human Services, and	dicated above, in accordan	, the foregoing preventive maintenance ace with current regulations of the N.C. ning properly.
A SEE CHAMAN		ature of Certifying Official	Certificate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008776 Test Date: 05/29/2019

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: VARNELL, BRYON L Permit Number: 16896E Effective: 09/22/2017-09/01/2019

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	9:54pm
ACCY CHK	.07	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008776 Test Record Number: 3503 Test Date: 05/29/2019 Test Time: 10:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:02pm
FLO	Pass	10:02pm
FC	Pass	10:02pm

### Temperature Tests

FC1 Pass 10:03 SRC Pass 10:03	
	pm
	pm
DET Pass 10:03	pm
BAR Pass 10:03	
BT Pass 10:03	

#### Blank Tests

Status	Time
Pass	10:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:03pm

Preventive Maintenance Status: Pass

Analyst

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

	11/10/12/12/12		_	
County	CUMBERLAND	Instrument Location	CUMBER	LAND CO
Instrument Se	erial No. <u>008633</u>		DETENTION	CENTER VILLE, NC
111011 41110110			FAYETTE	VILLE, NC
The prevention four months	ve maintenance procedures for the are:			• •
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the a degree centigrade;	licoholic breath simul	lator thermometer show
2.	Verify instrument displays tin	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	opears, collect breath sample	e;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed bef hanged every four months o	ore expiration date, or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests
	at on theday of were performed on the instrumen at of Health and Human Services, a	t indicated above, in accord	ance with current reg	oreventive maintenance gulations of the N.C.
	N.			
GREAT SECTION OF SECTI	SE O NO CAROLIN			
* AFRIL 12	al and a second	Ra Bus		648
		Signature of Certifying Office	cial	Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 05/29/2019

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:

07/01/2017-07/01/2019

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	10:50am 10:50am
ACCY CHK	.07	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
ATR RIK	0.0	10.55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 5179

Test Date: 05/29/2019 Test Time: 10:57am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:58am

Preventive Maintenance Status: Pass

Pass

10:58am

CAL

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

County	CUMBERLAND	Instrument Location_	CUMBERLAN	10 Co
•	t Serial No. <u>00</u> 8612		DETENTION FAYETTEVILLE	CENTER
			FAYETTEVILLE	, NC
The preve	entive maintenance procedures for the In ths are:		•	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a gree centigrade;	lcoholic breath simulat	or 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	<b>;</b> ;	14.7 14.7
7.	When "PLEASE BLOW" app	ears, collect breath sample	<del>?</del> ;	
8.	Print test record;			
9.	Verify Diagnostic Program; ar	d		ar e
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed bef nged every four months o	ore expiration date, or t r after 125 Alcoholic B	he alcoholic breath reath Simulator tests
procedu	that on theday of res were performed on the instrument i	ndicated above, in accord	ance with current regula	ventive maintenance
Departn	nent of Health and Human Services, an	d the instrument is functi	oning properly.	
A GREAT CA	STATE OF NO.			
*1505	QUANTIBER X	g Bans		648
	Sig	nature of Certifying Offic	rial Co	ertificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 05/29/2019

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:

07/01/2017-07/01/2019

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/21 JL	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:15am 11:16am 11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 6543 Test Date: 05/29/2019 Test Time: 11:23am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:24am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:24am 11:24am

COMP

CAL

alu Ry B-12

Analyst

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

County Co	UMBERLAND	Instrument Location Oun	IBERLAND CO
Instrument Se	erial No. <u>008614</u>	DE 7	PENTION CENTER
		- FAY	ETTEVILLE, NC
The preventive four months a	e maintenance procedures for the Into	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		breath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;	·	
9.	Verify Diagnostic Program; and		
10.			ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	on the day of day of day of Merce performed on the instrument indef of Health and Human Services, and the	icated above, in accordance with	
THE COUNTY		A	648
	Signal	Gure of Certifying Official	Certificate Number
A signed orig	rinal of the preventive maintenance re		east three years.

DHHS 4080 (11/07)

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 05/29/2019

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: 07/01/2017-07/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:18am 11:19am 11:20am 11:21am 11:22am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 4309 

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

#### 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

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

County_	CUMBERLAND	Instrument Location_	CUMBERLAND	<u>Co</u>
Instrume	nt Serial No. <u>608633</u>		DETENTION CO	ENTER
			FAYETTEVILLE,	NC
The prev	entive maintenance procedures for the In ths are:	toximeters, Model Intox		
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	isplays pressure, or the a	alcoholic breath simulator therm	ometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	e;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	e;	
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 the alcohor after 125 Alcoholic Breath Sin	olic breath nulator tests,
I certify procedu Departn	that on the	$\frac{\cancel{\theta}}{\cancel{\phi}}$ , 20 \frac{1}{\displaystar} dicated above, in accordance the instrument is function	, the foregoing preventive mance with current regulations of oning properly.	naintenance the N.C.
STATE OF THE CHEAT STATE OF THE	STATE ON TO THE CARD	ature of Certifying Offic	64	S Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 05/29/2019

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: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Re Bones
Analyst

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 4259

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:09pm 12:09pm 12:09pm 12:09pm
BT	Pass	12:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:10pm 12:10pm

Preventive Maintenance Status: Pass

12:10pm

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

^	
County Cu.	Instrument Location (W// MCK 10.3.0,
Instrument Seria	Instrument Location Currituck Co. S.O. al No. 008947 407-A Maple Rd., Maple, N.C.
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 of procedures we Department of	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 05/15/2019

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:
06/01/2017-06/01/2019

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	11:15am 11:15am
ACCY CHK	.00	11:15am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:18am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 05/15/2019

Test Record Number: 2383

Test Time: 11:22am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
$\mathtt{BT}$	Pass	11:23am

#### Blank Tests

Test	Status	Time	
	1		
ΔTD	Dadd	11.24 am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:24am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

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

· · · · · · · · · · · · · · · · · · ·	A. A
County //	ARE Instrument Location VARE CO. Detention
Instrument Se	Instrument Location DARE CO. Detention ( erial No. 008804 1044 Dr. ftwood On., MANTEO,
·	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of
STATE STATE OF STATE	Fines Keel 647
	Signature of Cartifying Official Cartifying Allembar

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 05/16/2019

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: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:06am 11:07am 11:07am 11:08am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2202 Test Date: 05/16/2019 Test Time: 11:14am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

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

Preventive Maintenance Status: Pass

**Analyst** 

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

County_	Instrument Location DARE Co. Defention C
Instrument Se	erial No. 00 8783 1044 Driftwood Br., Mantes, N
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on theday of
STATE STATE OF THE	A CARDINA CARD
ASEL 12. TIL	Signature of Certifying Official Certificate Number

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

Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 05/16/2019

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: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	11:08am
AIR BLK	.00	11:08am
ACCY CHK	.07	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
ATR BLK	. 0.0	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 828
Test Date: 05/16/2019 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

7	Instrument Location Dare (o. 5.0. Hattera
County D9	Instrument Location 1977 (O. 5, O. 1) 7 1) 7
Instrument Seri	ial No. 008807 50346 MC Huy 12, Frisco, MC
The management is a	maintenance massed and for the Intentionations Model Intention EC/ID II to be followed at least once event
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.
	n the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 05/21/2019

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: GUARD, KELLY G
Permit Number: 12955E
Effective:

06/01/2017-06/01/2019

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	12:50pm 12:51pm
ACCY CHK AIR BLK	.07 .00	12:52pm 12:53pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1053 Test Date: 05/21/2019 Test Time: 12:59pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
${f BT}$	Pass	12:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Davie Count
Instrument Ser	rial No. 008905 Detention Cofe Mocksville NE
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.
I certify tha procedures Departmen	t on the
STATE OF THE STATE	

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 05/13/2019

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 ACCY CHK AIR BLK	Pass .00 .07	2:05pm 2:06pm 2:06pm 2:08pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

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

pepartment of Health and Hu<del>man Serv</del> Rev. 12/2007

#### DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2354
Test Date: 05/13/2019 Test Time: 2:15pm EDT

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
${ t BT}$	Pass	2:15pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:16pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODE	L INTOX EC/IF	R _, II,	
County /	Instrument Lo	ocation	lace	
Instrument Serial	INO. 008858 Par	lice D	epart	ME
The preventive n four months are:	naintenance procedures for the Intoximeters, Mod	el Intox EC/IR II to be t	followed at least or	ice every
4.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	, or the alcoholic breath	simulator thermon	neter show
2.	Verify instrument displays time and date;			Constant
3.	Initiate breath test sequence;	±.,		r
4.	Enter information as prompted;		*	,
<b>5.</b>	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breat	h sample;		
7.	When "PLEASE BLOW" appears, collect breat	h sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being chan simulator solution is being changed every four me whichever occurs first.			
	heday of	accordance with current	oing preventive ma regulations of the	
THE STATE OF ALL THE PARTY OF T	Signature of Certifyin	lg Official	Certificate Nu	umher

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 05/13/2019

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: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2019

resc	9/210m	TIME
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported_AC:

 $\frac{1}{9}/210/L$ 

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 913

Test Date: 05/13/2019

Test Time: 2:56pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
* .	•	

AIR Pass 2:57pm

#### Printer Tests

Test	Status	Time

PRNT Pass 2:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL .	Pass	2:57pm

Preventive Maintenance

Status: Pass

Knalyst

	PREVENTIVE MAINTENANCE RECORD
1	INTOXIMETERS, MODEL INTOX EC/IR II
County (	Instrument Location Dafi g Coan
Instrument Ser	ial No. 008864 Sheritt Departmen
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.
	17 11
I certify that of procedures we Department of	on the
OF THE STATE	
STE QUANTE	1x ( Mondes 6001
Winner Control	Signatural of Contifuing Official Contificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 05/13/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, NAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:11pm 1:11pm
ACCY CHK	.00	1:11pm 1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

Reported AC: .00 \$ 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

#### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 3624
Test Date: 05/13/2019 Test Time: 1:25pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	1:26pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:27pm 1:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOANIETERS, NODEL INTOA LOAD
County D	Instrument Location Bot Mobile Unit
Instrument Seri	al ND 08615 DUVIAMSO
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 of procedures we Department of	and the
OTHE 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)

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615 Test Date: 05/18/2019

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: SKINNER, TONYA B
Permit Number: 13651E
Effective:

08/01/2017-08/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:28pm 11:29pm 11:29pm 11:30pm 11:31pm 11:32pm
AIR BLK	.00	
SUB TEST	.00	11:33pm
AIR BLK	.00	11:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615

Test Record Number: 5603

Test Date: 05/18/2019

Test Time: 11:37pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:37pm 11:37pm
FLO FC	Pass Pass	11:37pm

#### Temperature Tests

Status	Time
Pass	11:38pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
лТЪ	Dage	11 · 38nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:38pm
CAL	Pass	11:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	
County Du	Them Instrument Location BAT MODIE UNIT
Instrument Seria	140.080pg Durhancu
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.
I certify that or procedures wer Department of	the
THE STATE OF THE S	

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008929 Test Date: 05/18/2019

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: SKINNER, TONYA B
Permit Number: 13651
Effective:

08/01/2017-08/01/2019

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:03pm 11:04pm 11:05pm 11:06pm 11:08pm 11:09pm
SUB TEST	.00	11:10pm
ATR BLK	.00	11:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

<u>BKNN</u>
Analyst

#### DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008929 Test Record Number: 1066
Test Date: 05/18/2019 Test Time: 11:18pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:19pm
SRC	Pass	11:19pm
DET	Pass	11:19pm
BAR	Pass	11:19pm
$\mathtt{BT}$	Pass	11:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:20pm
CAL	Pass	11:20pm

Preventive Maintenance Status: Pass

Analyst

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

-	INTOXIMETERS, MODEL INTOX EC/IR II
County <u>U</u>	Instrument Location DA+ Mobile Unit
Instrument Seri	al No (08736) Durham Co 50
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
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008736 Test Date: 05/18/2019

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: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:17pm 11:18pm 11:19pm 11:20pm
AIR BLK	.00	11:21pm
SUB TEST AIR BLK	.00 .00	11:23pm 11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008736 Test Date: 05/18/2019

Test Record Number: 938
Test Time: 11:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:25pm
FLO	Pass	11:25pm
FC	Pass	11:25pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:26pm 11:26pm 11:26pm 11:26pm 11:26pm

#### Blank Tests

Test	Status	Time	

AIR Pass 11:26pm

#### Printer Tests

Test	Status	Time	

PRNT Pass 11:26pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:26pm
CAL	Pass	11:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FORSYTH Instrument Location BAT MOBILE 3
•	FORSYTH Instrument Location BAT MOBILE 3  erial No. 608969 FORSYTH DWI VASK FORCE
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.
I certify that procedures to Department	t on the 24day of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STAN STAN STAN STAN STAN STAN STAN STAN	

FORSYTH BAT MOBILE 3 330

Serial Number: 008969 Test Date: 05/24/2019

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: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

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	Pass	8:59pm
AIR BLK	.00	9:00pm
ACCY CHK	.08	9:00pm 9:01pm
SUB TEST	.00	9:01pm
AIR BLK	.00	9:02pm
SUB TEST	,00	9:04/pm
AIR BLK	<i>7</i> .00	9/:)0/5/pm

Reported AC:

 $00/\sqrt{2}$ 

Signature of Chemical Analyst

Court CVR

Analyst

#### FORSYTH BAT MOBILE 3 330

Serial Number: 008969

Test Record Number: 272

Test Date: 05/24/2019

Test Time: 9:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
$\mathtt{BT}$	Pass	9:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

#### Printer Tests

'l'est	Status	Time
PRNT	Pass	9:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance

Status: Pass

Analyst

		E MAINTENANCE REC RS, MODEL INTOX E	
County F	rsyth_	Instrument Location / UV	syth Coun
nstrument Se	erial No. 008925	Detention With the	n Salem NC
he preventiv	ve maintenance procedures for the lare:	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 egree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		4
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expir anged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrument is	ndicated above, in accordance with a the instrument is functioning proper	he forgoing preventive maintenance current regulations of the N.C. erly.
THE STAT	TE or		
STATE OF THE PARTY	CAROL STATE OF THE		
* ESE QUAM	NOOTH TO THE PARTY OF THE PARTY	ce farla	655
		ignature of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 05/15/2019

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: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:53pm 12:54pm 12:55pm 12:56pm 12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
ATR BLK	. 00	1:00pm

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

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925

Test Record Number: 2702

Test Date: 05/15/2019

Test Time: 1:02pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	1 · 03rom

#### Printer Tests

Test	Status	Time	
PRNT	Pass	1:03pm	

#### CRC Tests

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

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	
County T	WSy/L Instrument Location Fry Sy	th Count
Instrument Se	erial No. 008659 Defentla	2
	Wirstm-	Salam NI
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator 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 da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that	on the	oing preventive maintenance
procedures v Department	of Health and Human Services, and the instrument is functioning properly.	rogulations of the 14.07
angung.		
OF THE STAT	E or Month	
OR EAST		
+ ESSE QUAM	Dule Farley	655
	Signature of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 05/15/2019

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: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:47pm 12:48pm 12:48pm 12:50pm 12:51pm 12:52pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 5175

Test Date: 05/15/2019

Test Time: 12:56pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:56pm 12:56pm 12:56pm 12:56pm 12:56pm
	·	

#### Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:57pm
CAL	Pass	12:57pm

Preventive Maintenance Status: Pass

Analyst

		MAINTENANCE RECORS, MODEL INTOX EC/	·
County	wsyth_	Instrument Location For	yth Com
Instrument Se	erial No. <u>008583</u>	Detent	10
		Winstan-	Salom, N
The prevention four months		toximeters, Model Intox EC/IR II to b	ne followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breares 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" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		1 2
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration aged every four months or after 125 A	n date, or the alcoholic breath Ilcoholic Breath Simulator tests
	15th 201	- 19	
I certify that procedures v	were performed on the instrument ind	, 20 / / the ficated above, in accordance with curre the instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
Department	of ficultification from the first transfer of the first transfer o	no may amond to ramous ang property	
Of THE STAT	E O NOR		
OKE AT	S A S A S A S A S A S A S A S A S A S A		
AFRA 12, E	WOOD & July	e Farley	65.5
	Sign	nature of Certifying Official	Certificate Number
		1611 be been a co	t thung vicers
A signed or	iginal of the preventive maintenance i	record shall be kept on file for at least	unce years.

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 05/15/2019

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	Pass .00 .08 .00	12:50pm 12:51pm 12:52pm 12:53pm 12:54pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

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

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 05/15/2019 Test Record Number: 7644
Test Time: 12:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:58pm 12:58pm 12:58pm 12:58pm 12:58pm
	and the second s	

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	12:59pm

### Printer Tests

Test	Status	TIME
PRNT	Pass	12:59pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:59pm
CAL	Pass	12:59pm

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

÷	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Instrument Location Kerners Ville
Instrument S	erial No. 608656 Police Departmen
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.
	on the
TALLS 110 COLLEGE OF THE COLLEGE OF	

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

DHHS 4080 (11/07)

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 05/29/2019

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 ACCY CHK	Pass .00 .07	12:58pm 12:58pm 12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVF

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1541

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Pass	1:05pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:06pm

CAL

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 Fra	NKLIN Instrument Location FRANKLIN Co. LEC
Instrument Ser	ial No. 008933 285 T KEMPRO LOUISBURG, NC
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE PROPERTY OF T	
A A A A A A A A A A A A A A A A A A A	Signature of Certifying Official Certificate Number
	O'B''MIN'S O' COLORD O' CO

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 05/07/2019

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: 08937E

Effective:

08/01/2017-08/01/2019

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	1:00pm 1:01pm 1:01pm
ACCY CHK AIR BLK	.08 .00	1:01pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
ATR BIK	. 00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 1099
Test Date: 05/07/2019 Test Time: 1:08pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

#### Blank Tests

Test	Status T	Time
ATR	Pass	1:09pm

#### Printer Tests

m	<b>CL</b> - L	m
	CRC Tests	
PRNT	Pass	1:09pm
Test	Status	Time

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance Status: Pass

Analyst

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

County FRA	NKLIN Instrument Location FRANKLIN GO. LEC
Instrument Ser	ial No. DO8942 285 T KEMPRO LOWISBURG, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
DEOCRAILIES WE	on the
OF THE STATE OF TH	To Day X
	Signature of Certifying Official Certificate Number

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 1689

Test Date: 05/07/2019

Test Time: 1:05pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
${f BT}$	Pass	1:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

Analyst

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 05/07/2019

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: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

,	A	Instrument Location Green	
County (	Treene	Instrument Location ( ) Tech	t (11. 3.0 )
Instrument S	Serial No	301 W. Greenes	T, SNOW Hill N. C
The preventi four months	are:	Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
<b>5.</b>	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expirat hanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	12-14	2011 19	O I III III III III III III III III III
I certify that	ware performed on the instrument	MA / 20 / 2 the indicated above, in accordance with cu	MicheloBaracions of the inter-
Departmen	nt of Health and Human Services, a	nd the instrument is functioning proper	ly.
THE STA	ATE OF NO.		
S. R. P. P. S. R. P. P. S. R. P. P. P. S. R. P. S. R. P.	CAROL		
***************************************	IN THE PARTY OF TH		for your processing
A COL	MAN OF STREET,	and A Knowled Com	- 64/
	po por	Signature of Certifying Official	Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 05/15/2019

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

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:26pm 3:27pm 3:28pm 3:29pm 3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1854 Test Date: 05/15/2019

Test Time: 3:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\wedge$	INTOXIMETERS, MODEL INTOX EC/IR II		
County	wiltord Instrument Location Bat Mobile Unit L		
Instrument Seri	al No 008939 Unc-G		
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			
STATE OF THE STATE	VOLUME CAROLINA TO THE PARTY OF		
COE CITIM ADDA	Signature of Certifying Official Certificate Number		

GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008929 Test Date: 05/31/2019

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

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: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:50pm 10:51pm 10:52pm 10:53pm 10:54pm 10:55pm 10:56pm 10:57pm
· ·		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKynns Analyst

# GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008929 Test Record Number: 1071
Test Date: 05/31/2019 Test Time: 10:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:59pm
FLO	Pass	10:59pm
FC	Pass	10:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:59pm
SRC	Pass	10:59pm
DET	Pass	10:59pm
BAR	Pass	10:59pm
BT	Pass	10:59pm

# Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:00pm
CAL	Pass	11:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Nilford Instrument Location Bat Mobile Unit
Instrument Se	rial No.008736 UNC-G
The preventiv	
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 the
STATE BILLS	

#### GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008736 Test Date: 05/31/2019

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: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:01pm 11:02pm
ACCY CHK	.07	11:03pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:07pm
ATR BIK	. 0.0	11.080m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008736

Test Record Number: 942

Test Date: 05/31/2019

Test Time: 11:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:10pm 11:10pm
FC	Pass	11:10pm

#### Temperature Tests

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

## Blank Tests

Test	Status	Time
		4
AIR	Pass	11:10pm

#### Printer Tests

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

11:11pm

Preventive Maintenance Status: Pass

Pass

CAL

B Skyn Charles Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	_	INTOXIMETERS, MODEL INTOX EC/IR II
Cour	nty GU	Instrument Location Bat Mobile Unit
Instr	ument Seria	1No.008615 UNC-G
	preventive m 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.
proc		the
ATT OREAL SE	STATE OF A CONTROL	Signature of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008615 Test Date: 05/31/2019

Citation Number: M000000-0
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: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:19pm 11:20pm 11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008615 Test Record Number: 5607 Test Date: 05/31/2019 Test Time: 11:27pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:27pm 11:27pm 11:27pm 11:27pm
BT	Pass	11:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:28pm

CAL

DB SKM
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County HA	LIFAY Instrument Location HOANOKE KADICIS PD
Instrument Seri	ial No. 008656 1040 Rodnoke Aue
The preventive 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.
	on theday of, 20, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CHESTATION OF THE CONTROL OF THE CON	Signature of Certifying Official  Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 05/02/2019

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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:19am 11:19am 11:20am 11:21am 11:22am 11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 649

Test Date: 05/02/2019

Test Time: 11:25am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:25am
FLO	Pass	11:25am
FC	Pass	11:26am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
$\mathtt{DET}$	Pass	11:26am
BAR	Pass	11:26am
$\mathtt{B}\mathbf{T}$	Pass	11:26am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26am

### Printer Tests

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

11:26am PRNT Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance Status: Pass

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

County HAL	INTOXINETERS, WODEL INTOX ECTRON  INSTRUMENT LOCATION ROANGKE RAPIDS PID
•	rial No. 008635 1640 ROANOKE AVE ROANOKE RAPIDS, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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>D</u> 2 day of <u>MMY</u> , 20 19, the foregoing preventive maintenance rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CORPAND SECTION SECTIO	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)

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 05/02/2019

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:13am 11:13am 11:14am 11:15am 11:16am 11:17am 11:18am
AIR BLK	.00	11:19am

Reperted 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

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1702 Test Date: 05/02/2019 Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:21am

#### Printer Tests

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

11:21am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst '

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

County HA	LIFAX Instrument Location HALIFAX Co Shoriff's		
Instrument Se	rial No. 008695 355 Fertell Cn HALIFAX, NC		
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.		
I certify that procedures w Department	on theday of, 20_/9, the foregoing preventive maintenance rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
STATE OF STA			

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 05/02/2019

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, 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: AG734101 Exp Date: 12/07/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 2699

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:22pm 2:22pm
FC	Pass	2:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:23pm
CAL	Pass	2:23pm

Preventive Maintenance

Status: Pass

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

County	Harn-Hill Instrument Location RATIM Shilter (	4 # #5
Instrument Ser	erial No. 86/606 Angior, nc	
The preventive four months ar	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leare:	east once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator th 34 degrees, plus or minus .2 degree centigrade;	ermometer 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;	1 100 100 100 100 100 100 100 100 100 10
8.	Print test record;	
<b>9.</b>	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the al simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	coholic breath Simulator tests,
	t on theday of, 20, 20, the foregoing preventing	ve maintenance
I certify that procedures w Department	were performed on the instrument indicated above, in accordance with current regulation to f Health and Human Services, and the instrument is functioning properly.	s of the N.C.
<b>F</b>		
OF THE STATE	TE OF ALL	
15 (3)		
ASSE (S. 17)		J. Share
	Signature of Certifying Official Certific	cate Number

#### HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008616 Test Date: 05/05/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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 AIR BLK	Pass	10:28pm 10:29pm
ACCY CHK	.07	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008616

Test Record Number: 2466

Test Date: 05/05/2019

Test Time: 10:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:36pm 10:36pm
FC	Pass	10:36pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:37pm
CAL	Pass	10:37pm

Preventive Maintenance Status: Pass

Analyst

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

County	Hundton Instrument Location BATIMALE Un HA
Instrument Se	erial No. 88826 Andagicke, ne
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.
I certify that	t on the, 20 ///, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department	t of Health and Human Services, and the instrument is functioning properly.
THE STAT	E ON A OR A STATE OF THE STATE
3	
APRIL 12. T	1000 Coly-
	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008826 Test Date: 05/05/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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 AIR BLK ACCY CHK	Pass .00	10:26pm 10:27pm 10:27pm
AIR BLK SUB TEST	.00 .00	10:28pm 10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

#### HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008826

Test Record Number: 8105

Test Date: 05/05/2019

Test Time: 10:36pm EDT

# System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:36pm 10:36pm
FC	Pass Pass	10:36pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:36pm
$\mathtt{BT}$	Pass	10:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

#### Printer Tests

Status	Time
Pass	10:37pm
CRC Tests	
Status	Time
	Pass CRC Tests

10:37pm

10:37pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County	Haring Hot	Instrument Location	PAT,	Molite Con	14
Instrument	Serial No	Angier	NC.	ery to the	
The prevent	tive maintenance procedures for the Into	ximeters, Model Intox EC/	TR II to be f	ollowed at least once e	very
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcol ee centigrade;	holic breath	simulator thermometer	r shows
2.	Verify instrument displays time a	and date;			•
3.	Initiate breath test sequence;		•	, *	
4.	Enter information as prompted;		٠,		
5.	Verify instrument accuracy;	es Ng			
6.	When "PLEASE BLOW" appea	rs, collect breath sample;			
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	<i>r</i> .		
8.	Print test record;		A		
9.	Verify Diagnostic Program; and	į.	•		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before ged every four months or aff	expiration d ter 125 Alco	ate, or the alcoholic broholic Breath Simulator	eath r tests,
I certify th procedure Departme	at on the day of s were performed on the instrument ind nt of Health and Human Services, and t	, 20 /9) licated above, in accordance the instrument is functioning	e with curre	nt regulations of the N.	iance .C.
of the ST	ATE or AV		·		
ONE VI		and the same of th			
A ESSE ON	AN VIDENT Signa	ature of Certifying Official		Certificate Numb	er

# HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008575

Test Record Number: 1152

Test Date: 05/05/2019

Test Time: 10:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:30pm
FLO	Pass	10:30pm
FC	Pass	10:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass Pass	10:30pm 10:30pm
SRC DET	Pass	10:30pm
BAR BT	Pass Pass	10:30pm 10:30pm
DI	Pass	10.30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm
	CRC Tests	-
Test	Status	Time
COMP	Pass	10:31pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

10:31pm

#### HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008575 Test Date: 05/05/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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 AIR BLK	.00	10:21pm 10:22pm
ACCY CHK	. 0,8	10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm

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** 

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

11	+ C
County ## A	Instrument Location Durw Police Dept.
Instrument Se	rial No. <u>008644</u> <u>DUNN</u> , NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures v Department	on the
THE STATE OF THE S	

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 05/14/2019

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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:34am 11:35am 11:35am 11:36am 11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
ATP BLK	1.00	11:40am

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1382 Test Date: 05/14/2019 Test Time: 11:41am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	11:41am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:42am

### Printer Tests

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

COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	INTOXIMETERS, MODEL INTOX EC/IR I	I Dotential Center
Instrument S	1.11.1.1	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll are:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sit 34 degrees, plus or minus .2 degree centigrade;	mulator 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 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify tha procedures Departmen	day of	g preventive maintenance regulations of the N.C.
STAIN STAIN AND THE STAIN AND	Signature of Certifying Official	Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 05/14/2019

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: 07682E

Effective:

12/01/2017-12/01/2019

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	10:39am
AIR BLK	.00	10:39am
ACCY CHK	.08	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
ATR BIK	0.0	10:45am

Reported AC: .05 g/210x

Signature of Chemical Analyst

Court CVR

Analyst

is form is used when performing Preventive Maintenance p

# HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 2312

Test Date: 05/14/2019

Test Time: 10:45am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:46am 10:46am
FC	Pass	10:46am

### Temperature Tests

Status	Time
Pass	10:46am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	

AIR Pass 10:46am

#### Printer Tests

Test Status Time	Test	Status	Time
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PRNT Pass 10:46am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	INTOXIMETERS, MODEL INTOX EC/IR  ORNET (a) Instrument Location HARINETTE	S. Detention Conte
Instrument Se	erial No. <u>008/130</u>	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foure:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator 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 da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that procedures of Department	t on the	ng preventive maintenance t regulations of the N.C.
THE STAIL OF THE S	Signature of Certifying Official	Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 05/14/2019

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: 07682E
Effective:
12/01/2017-12/01/2019

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	10:32am 10:32am
ACCY CHK	.08	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 3169
Test Date: 05/14/2019 Test Time: 10:39am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
***		4.0
IR	Pass	10:39am
FLO	Pass	10:39am
FC	Pass	10:39am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:40am
	CRC Tests	
Test	Status	Time
COMD	Pagg	10.40=m

Preventive Maintenance Status: Pass

Pass

10:40am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOXIMETERS, MODEL INTOX ECTR II
County	oke (a. Instrument Location Hoke (a Letantian Center
Instrument Se	rial No. 008855 Reaford, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on the
THE STATE OF THE S	

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 05/06/2019

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: KEESLER1 GRAYHAM C [hspSMJ

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	10:07am 10:07am
ACCY CHK	.08	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:12am
ATR BLK	.00	10:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Ånalyst

Permit Number: 07682E

Department of Health and Human Services Rev. 12/2007

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1510 Test Date: 05/06/2019 Test Time: 10:14am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
$\mathtt{BT}$	Pass	10:14am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
	CRC Tests	
Test	Status	Time

1000	Deacas	10
COMP	Pass	10:15am
CAL	Pass	10:15am

Preventive Maintenance 
__Status: Pass

/

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX EC/IR II
County Ho	KE Co. Instrument Location Hoke Co Detention (extension)
Instrument Ser	rial No. OD 8552 Reaford NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of, 20 /, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE IN TO THE STATE IN THE	

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 05/06/2019

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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

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

Reported AC:

9/210

Signature of Chemical Analyst

Court CVR

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 908 Test Date: 05/06/2019 Test Time: 10:14am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:14am
FC	Pass Pass	10:14am 10:14am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
${f BT}$	Pass	10:14am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
,	CRC Tests	

Test	Status	Time
COMP	Pass	10:15am
CAL	Pass	10:15am

Preventive Maintenance Status: Pass

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

Analyst

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

County 110E	Instrument Location HYDE CO. 5.0,
Instrument Serial No	008801 1233 MAIN ST., SWAN Quert
The preventive maintena four months are:	ance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify 34 deg	the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show rees, plus or minus .2 degree centigrade;
2. Verify	instrument displays time and date;
3. Initiate	breath test sequence;
4. Enter i	nformation as prompted;
5. Verify	instrument accuracy;
6. When '	"PLEASE BLOW" appears, collect breath sample;
7. When '	"PLEASE BLOW" appears, collect breath sample;
8. Print te	est record;
9. Verify	Diagnostic Program; and
simulat	that the ethanol gas canister is being changed before expiration date, or the alcoholic breath tor solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, wer occurs first.
I certify that on the procedures were performed Department of Health and	day of
THE STATE OF NO. 17. SANOTHER CARD LEASE CHAM YOUR MAN TO SEE CHAM YOUR	
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 05/20/2019

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:

08/01/2017-08/01/2019

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:51am 10:51am 10:52am 10:53am <b>10:54am</b> 10:54am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 505

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:58am 10:58am
FC	Pass	10:58am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
${ t BT}$	Pass	10:59am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59am
	CRC Tests	
Teat	Ctatua	Time

Tesc	status	TTIIIE
COMP	Pass	10:59am
CAL	Pass	10:59am

Preventive Maintenance Status: Pass

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

11	INTOXIMETERS, MODEL INTOXICATION
County 11	Instrument Location Type (0.). U. * U(vac)
Instrument Se	instrument Location Hyde Co. S.O Ocraco erial No. 008797 NC 12, Ocraco Ke, N.C.
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.
I certify that procedures v Department	t on the 21 St day of May, 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.
TARS INTO CONTROL OF THE PARTY	Then by 643
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 05/21/2019

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:40am 10:41am 10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:46am
ATR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 565 Test Date: 05/21/2019 Test Time: 10:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:48am
${ t FLO}$	Pass	10:48am
FC	Pass	10:48am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_I	INTOXIMETERS, MODEL INTOX EC/IR II  Sede   Instrument Location Isede   County SO
Instrument S	accept an rule of silent.
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.
	on theday of
STATE MAY TO STATE TO	Max Contificate Number  Signature of Certifying Official Certificate Number

#### IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 05/28/2019

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: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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	9:45am 9:46am
ACCY CHK	.08	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809

Test Record Number: 4182 

System Check: Passed

#### Baseline Tests

Deacus	Time
Pass Pass	9:52am 9:52am 9:52am

#### Temperature Tests

FC1       Pass       9:52am         SRC       Pass       9:52am         DET       Pass       9:52am         BAR       Pass       9:52am	Test	Status	Time
BT Pass 9:52am	SRC	Pass	9:52am
	DET	Pass	9:52am
	BAR	Pass	9:52am

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:53am	

#### Printer Tests

lest	Status	Time
PRNT	Pass	9:53am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	9:53am 9:53am

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

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: 05/07/2019

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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:28am 9:29am
ACCY CHK	.07	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
ATR BLK	. 00	9:34am

Reported Ag:

210L/ور 90.

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: 4661 Test Date: 05/07/2019 Test Time: 9:35am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:35am
FLO	Pass	9:35am
FC	Pass	9:35am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:35am
SRC	Pass	9:35am
DET	Pass	9:35am
BAR	Pass	9:35am
BT	Pass	9:35am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:36am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:36am
CAL	Pass	9:36am

Preventive Maintenance

A Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 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 foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 05/07/2019

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: 07682E
Effective:
12/01/2017-12/01/2019

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

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

Tegt

Test	9/21011	TIME
DIAG	Pass	9:27am
AIR BLK	.00	9:28am
ACCY CHK	.08	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:32am
AIR BÆK	.00	9:33am

a/210T.

Time

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810

Test Record Number: 3676

Test Date: 05/07/2019

Test Time: 9:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:34am 9:34am
FC	Pass	9:34am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	9:34am 9:34am 9:34am
BAR	Pass	9:34am
$\mathtt{BT}$	Pass	9:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:35am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:35am
CAT.	Pagg	9 - 352

Preventive Maintenance Status: Pass

Analyst ^C

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

County To	MASTON Co. Instrument Location Berson Police Dept.
Instrument Seri	ial No. 008885 Benson, NC.
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 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.
	n the
THE STATE OF THE S	

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Date: 05/16/2019

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: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective:
12/01/2017-12/01/2019

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	10:52am
AIR BLK	.00	10:53am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported M:

g/210L

signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885

Test Record Number: 558 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:59am 10:59am 10:59am 10:59am 10:59am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

-	INTOXIMETERS, MODEL INTOX EC/IR II
County Vol	Instrument Location Schula Police Depi.
Instrument Se	erial No. <u>008595</u> <u>Selma</u> , MC
· 	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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
Department	Of Health and Human Services, and the tweeterness of the first services and the services are services and the services and the services and the services are services and the services and the services are services are services and the services are services are services and the services are services and the services are services are services and the services are services are services are services are services are services are
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JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 05/15/2019

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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 1340
Test Time: 12:13pm EDT

Test Date: 05/15/2019 Test Time: 12:13pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:14pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Vo	huston Co. Instrument Location Clayton Police Dept.
Instrument Se	erial No. 008658 Clayfort, 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.
I certify that procedures v Department	t on the
STATE CHEET STATE OF THE STATE	

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 05/13/2019

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, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

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	Pass .00 .08	12:39pm 12:39pm 12:40pm 12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC:

/00⁻⁷g/210L

Signature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 1483 Test Date: 05/13/2019 Test Time: 12:46pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:46pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

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

Preventive Maintenance , Status: Pass

Analysť

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

County Jo	NES Instrument Location JONES COUNTY
Instrument Seria	Instrument Location JONES COUNTY  INO. 008705 SHERIFF'S OFFICE
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
THE STATE OF THE	Signature of Certifying Official  Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 05/20/2019

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: HALL, RANDY E
Permit Number: 03462E
Effective:
03/01/2019-03/01/2021

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

Lot Number: AG734101 Exp Date: 12/07/2019

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

### JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 05/20/2019

Test Record Number: 1327 Test Time: 12:16pm EDT

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Baseline Tests

System Check: Passed

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

#### Printer Tests

Test

CAL

PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:18pm

Status

Time

12:18pm

Preventive Maintenance Status: Pass

Pass

Karl E Half Analyst

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

County	ee Co. Instrument Location Lee Co. Detention Courter		
Instrument S	erial No.008643 SANFORD, 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 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			
	vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
STATE STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STA			

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 05/30/2019

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: 07682E
Effective:
12/01/2017-12/01/2019

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

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

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

signature of Chemical Analyst

Court CVR

Analyst

#### LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 05/30/2019

Test Record Number: 1940
Test Time: 2:05pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

SRC Pass 2:05pm DET Pass 2:05pm	Test	Status	Time
2.03pm	SRC DET BAR	Pass Pass Pass	2:05pm 2:05pm 2:05pm 2:05pm
			2.000

#### Blank Tests

Test Status Time

AIR Pass 2:06pm

#### Printer Tests

Test Status Time

PRNT Pass 2:06pm

CRC Tests

Test Status Time

COMP Pass 2:06pm CAL Pass 2:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Lee Co. Instrument Location SAN Ford Police Dep
Instrument Seri	
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.
	day of
CAR AND STATE OF THE STATE OF T	Signature of Certifying Official Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 05/30/2019

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: 07682E

Effective:

12/01/2017-12/01/2019

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:04pm 12:05pm 12:05pm 12:06pm 12:07pm 12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AG: .00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

## LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 1109

Test Date: 05/30/2019

Test Time: 12:11pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test St	tatus	Time
SRC Pa DET Pa BAR Pa	iss iss	12:11pm 12:11pm 12:11pm 12:11pm 12:11pm

#### Blank Tests

" and " Decrease Title	Test	Status	Time
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AIR Pass 12:12pm

## Printer Tests

resc status Time	Test	٠	Status	Time
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PRNT Pass 12:12pm

#### CRC Tests

Test	•	Status	Time

COMP Pass 12:12pm CAL Pass 12:12pm

Preventive Maintenance Status: Pass

Analyst

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

•	INTOXIMETERS, MODEL INTOX EC/IR II
County L	enoir Instrument Location Lenoir (o. S.O.
Instrument Se	enoir Instrument Location Lenoir (o. S.O. erial No. 008639 130 Queen St., Kinston, M.C.
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.
procedures w	on the 23 rd day of May, 20 19, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	Signature of Certifying Official  Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 05/23/2019

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:

06/01/2017-06/01/2019

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	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.07	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
ATR BIK	. 00	1.0:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 3292 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:24am 10:24am
FC	Pass	10:25am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:26am 10:26am

10:26am

Preventive Maintenance Status: Pass

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

County L	incoln	strument Location Linco	In County Courthouse
Instrument S	erial No. <u>008827</u> #	1 Court Squar	e Lincolnton
The preventi	ve maintenance procedures for the Intoxim are:	eters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce	vs pressure, or the alcoholic be entigrade;	reath simulator thermometer shows
2	Verify instrument displays time and d	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	llect breath sample;	
7.	When "PLEASE BLOW" appears, co	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is a simulator solution is being changed even whichever occurs first.	peing changed before expiration ery four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	on the <u>And</u> day of <u>May</u> rere performed on the instrument indicated of Health and Human Services, and the ins	l above, in accordance with cu	regoing preventive maintenance urrent regulations of the N.C. erly.
STATE VILLE OF STATE	S OSTINI CAROUN		
+ ESE QUAN VI	Signature o	f Certifying Official	65 D Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 05/02/2019

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 State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

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	4:32pm
AIR BLK	.00	4:33pm
ACCY CHK	.07	4:33pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:38pm
ATR BIK	0.0	4 • 3.8 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 3154 Test Date: 05/02/2019 Test Time: 4:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	4:40pm 4:40pm 4:40pm 4:40pm
BT	Pass	4:40pm

#### Blank Tests

Test	Status	Time
ATR	Pagg	$4 \cdot 40 \text{nm}$

### Printer Tests

Test	Status	Time
PRNT	Pass	4:41pm

## CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	4:41pm
CAL	Pass	4:41pm

Preventive Maintenance Status: Pass

Analyst

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

County M	ecklenburg Instrument Location Pineville PD
Instrument Se	naggar 1107 Misch Dinville
	•
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of/O/, 20/_, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE COMPANY OF THE COMP	

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 05/07/2019

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: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	9:34am 9:36am
ACCY CHK	.07	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am

Reported AC . .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Record Number: 5735

Test Date: 05/07/2019

Test Time: 9:43am EDT

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
BT	Pass	9:44am

#### Blank Tests

Test	Status	Time

AIR Pass 9:44am

#### Printer Tests

Test	Status	rime

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

County_	Mecklen buc) Instrument Location But Mobile Unit 2
Instrume	mecklen bur)  Instrument Location But Mobile Unit 2  nt Serial No. 00 8973
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 procedu Departi	that on the
CALL GREAT CE	Signature of Certifying Official  Certificate Number

MECKLENBURG BAT MOBILE UNIT 02 690

Serial Number: 008973 Test Date: 05/25/2019

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	12:04pm
AIR BLK	.00	12:05pm
ACCY CHK	.08	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG BAT MOBILE UNIT 02 690

Serial Number: 008973 Test Record Number: 634
Test Date: 05/25/2019 Test Time: 12:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

#### CRC Tests

Test		Status	Time
COMP	1	Pass	12:13pm
CAL		Pass	12:13pm

Preventive Maintenance Status: Pass

Analyst

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

County M	CCX kenbung Instrument Location Big Mobile Unit 2		
Instrument Se	erial No. DO 8970		
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department	on the		
STATE STATE OF THE	Signature of Certificate Number		

#### MECKLENBURG BAT MOBILE UNIT 02 690

Serial Number: 008970 Test Date: 05/25/2019

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 ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:05pm 12:06pm 12:07pm 12:07pm 12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mr V Analyst

#### MECKLENBURG BAT MOBILE UNIT 02 690

Serial Number: 008970 Test Record Number: 584
Test Date: 05/25/2019 Test Time: 12:13pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
$\mathtt{BT}$	Pass	12:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

Preventive Maintenance Status: Pass

Analyst

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

County	lecklenburg Instrument Location Huntusy ille PD
Instrument S	erial No. 008747 9630 Julian Clark Ave, Huntesville
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
-	on the 39 day of 00, 20, 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATIS OF STATIS	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: 05/29/2019

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408

Exp Date: 08/12/2019

Test	g/210L	Time
DIAG	Pass	9:39am
AIR BLK	.00	9:40am
ACCY CHK	.08	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:45am
ATR BLK	.00	9:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 2721

Test Date: 05/29/2019

Test Time: 9:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:48am 9:48am
FC	Pass	9:48am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:49am
SRC	Pass	9:49am
DET	Pass	9:49am
BAR	Pass	9:49am
BT	Pass	9:49am

#### Blank Tests

Test	Status	Time

AIR Pass 9:49am

#### Printer Tests

Test	 Status	Time
		* .

PRNT Pass 9:49am

CRC Tests

Test Status Time

COMP Pass 9:49am CAL Pass 9:49am

Preventive Maintenance Status: Pass

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

County	ASH	Instrument Location Rocky	MOUNT PD
Instrument Seri	ial No. <u>008740</u>	41 GOVERNMENT PL.	ROCKY HOUNT, N
The preventive four months are	maintenance procedures for the I	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 breegree centigrade;	ath 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" 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 charwhichever occurs first.	ister is being changed before expiration nged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures were	e performed on the instrument ind	AP , 20 19 the folicated above, in accordance with current the instrument is functioning properly.	ent regulations of the N.C.
O'THE STATE OF LAND 18 AND 18	No. III	D. Arms 1	1 72
	Sign	nature of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 05/07/2019

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: 08937E

Effective:

08/01/2017-08/01/2019

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	3:32pm
AIR BLK	.00	3:32pm
ACCY CHK	.07	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

 SUB TEST .00
 3:37pm

 AIR BLK .00
 3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 712

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:40pm
FLO	Pass	3:40pm
FC	Pass	3:40pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:40pm
SRC	Pass	3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
${ t BT}$	Pass	3:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:41pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:41pm
CAL	Pass	3:41pm

Preventive Maintenance Status: Pass

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

County NA	Instrument Location ROCKY MOUNT PD
Instrument Ser	ial No. 008741 #1 GOVERNMENT PL ROCKY MOUNT, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
ge .	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	in the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 05/07/2019

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: 08937E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	3:30pm
AIR BLK	.00	3:31pm
ACCY CHK	.07	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Record Number: 2405

Test Date: 05/07/2019

Test Time: 3:37pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:38pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:38pm
CAL	Pass	3:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	New Hanover Instrument Location New Hanover
Instrum	ent Serial No. DOSKOK Sherift Definition
	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths 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.
procedi	that on the day of, 20, 20
THE CREAT SE	Signature of Certifying Official  Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 05/23/2019

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: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534902 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:34pm 1:35pm 1:35pm 1:36pm
SUB TEST AIR BLK	.00 .00	1:37pm 1:38pm
SUB TEST	.00	1:40pm

Reported AC:/ .00/g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 7514

Test Date: 05/23/2019

Test Time: 1:41pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:42pm 1:42pm
FC	Pass	1:42pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
$\mathtt{BT}$	Pass	1:42pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	1 · 43rpm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD METERS, MODEL INTOX ĘC/IŖ 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. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 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.

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 05/23/2019

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: RHODES, KENNETH C
Permit Number: 05329E
Effective:
05/01/2019-05/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:33pm 1:33pm 1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 3078
Test Date: 05/23/2019 Test Time: 1:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
$\mathtt{BT}$	Pass	1:41pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:42pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:42pm
CAL	Pass	1:42pm

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR I	
County Ne	1 Handles Instrument Location Wilm	ington
Instrument Seria	205/20 DIGO D	activeyt
The preventive r four months are:	naintenance 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;	<b>eş</b> San San San San San San San San San San
4.	Enter information as prompted;	a de la companya de
5.	Verify instrument accuracy;	
6.	When "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.	
I certify that on procedures were Department of H	theday of, 20 the forgoin performed on the instrument indicated above, in accordance with current reglealth and Human Services, and the instrument is functioning properly.	g preventive maintenance gulations of the N.C.
THE STATE OF		
CORPA	CAROUNA (A	
FEET QUAM VIDER	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 05/05/2019

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: RHODES, KENNETH C Permit Number: 05329E Effective:

05/01/2019-05/01/2021

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	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.08	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:02pm

Reported AC:

Signature of Chemical Analyst

Court CVR

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

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### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 4984

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
ATR	Pass	3:04rom

#### Printer Tests

Status

Time

Test

	<del>,</del>	
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:05pm 3:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD 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; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 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 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.

NEW HANOVER COUNTY CAROLINA BEACH PD 640

> Serial Number: 008661 Test Date: 05/20/2019

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: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

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	Pass	2:45pm
AIR BLK	.00	2:46pm
ACCY CHK	.07	2:47pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
ATR BLK	.00	2:52pm

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** 

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#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 05/20/2019 Test Record Number: 2564
Test Time: 2:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
$\mathtt{FLO}$	Pass	2:55pm
FC	Pass	2:55pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:55pm 2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
$\mathtt{BT}$	Pass	2:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	2:56pm 2:56pm

Preventive Maintenance Status: Pass

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County /	=ul Handy / Instrument Location Whights will =
Instrument Seria	INO. 008667 Beach Police Departe
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.
I certify that on procedures wer Department of	the day of , 20 the forgoing 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.
TEST QUAM VIEW	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 05/20/2019

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: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

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	Pass	4:17pm
AIR BLK	.00	4:17pm
ACCY CHK	.07	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:23pm

Reported AC: 00/g/21/01

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 1870

Test Date: 05/20/2019

Test Time: 4:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:24pm
FLO	Pass	4:24pm
FC	Pass	4:24pm

#### Temperature Tests

#### Blank Tests

Test	Status	Time
AIR	Pass	4:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:25pm

Preventive Maintenance Status: Pass

Analyst

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

County A	Marchano Com Instrument Location RA	Topolise uniti
Instrument S	derial No. 188775 Wilming to	en de la companya della companya della companya de la companya della companya del
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to lare:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer 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.	n date, or the alcoholic breath Icoholic Breath Simulator tests,
I certify that	on theday of, 20, 20, the fore were performed on the instrument indicated above, in accordance with cur	going preventive maintenance
procedures v Department	vere performed on the instrument indicated above, in accordance with cur of Health and Human Services, and the instrument is functioning properl	rent regulations of the N.C. ly.
OF THE STATE	CON NO	
ARRI 12, 07		
	Signature of Certifying Official	Certificate Number

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008575

Test Record Number: 1156

Test Date: 05/26/2019

Test Time: 12:29am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:30am 12:30am
FC	Pass	12:30am

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:30am
SRC	Pass	12:30am
DET	Pass	12:30am
BAR	Pass	12:30am
BT	Pass	12:30am

#### Blank Tests

Test	Status	Time	

AIR Pass 12:30am

#### Printer Tests

Test	Status	Time	

PRNT Pass 12:30am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	12:31am 12:31am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5

Serial Number: 008575 Test Date: 05/26/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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 AIR BLK ACCY CHK	Pass .00 .08	12:11am 12:12am 12:12am
AIR BLK	.00.	12:14am
SUB TEST	.00	12:14am
AIR BLK	.00	12:15am
SUB TEST	.00	12:17am
AIR BLK	.00	12:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_/	on the over Instrument Location BAT	Mibile Unit #5
Instrument Se	erial No. 8707 Alilmin	, Le - MC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	ne followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bready 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;	
<b>8.</b>	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.	Alcoholic Breath Simulator tests,
I certify that	on the, 20 1/2, the forwere performed on the instrument indicated above, in accordance with cur	egoing preventive maintenance rrent regulations of the N.C.
Department	of Health and Human Services, and the instrument is functioning proper	rly.
	n.	
STATE	E ON TO SELECTION OF THE CARD COLUMN TO SELECTION OF THE CARD	
* ESE QUAM		664
	Signature of Certifying Official	Certificate Number

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008707

Test Record Number: 2588

Test Date: 05/26/2019

Test Time: 12:15am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:15am 12:15am
FC	Pass	12:15am

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:16am
SRC	Pass	12:16am
$\mathtt{DET}$	Pass	12:16am
BAR	Pass	12:16am
$\mathtt{BT}$	Pass	12:16am

#### Blank Tests

Test	Status	Time	

AIR Pass 12:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:16am

#### CRC Tests

Test	Status	Time
COMP	Pass	12:16am
CAL	Pass	12:16am

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

> Serial Number: 008707 Test Date: 05/26/2019

Citation Number: M0000000-0
Subject's Name: NONE, NONE
Subject'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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00	12:06am 12:07am 12:08am 12:08am 12:09am
SUB TEST	.00	12:10am
AIR BLK	.00	12:12am 12:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Most Handler Instrument Location BAT /	Nobile with
Instrumen	t Serial No. 86/6 Wilming to.	July M.C.
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator 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 dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
procedure	hat on the	g preventive maintenance regulations of the N.C.
A CREAT OF STATE OF S	TATE ON NO PROPERTY OF THE PARTY OF THE PART	
- Control	Signature of Certifying Official	Certificate Number
		,

NEW HANOVER COUNTY BAT MOBILE UNIT 5
640

Serial Number: 008616 Test Date: 05/26/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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 AIR BLK ACCY CHK	Pass .00 .08	12:03am 12:04am 12:05am
AIR BLK	.00	12:06am
SUB TEST	.00	12:07am
AIR BLK	.00	12:08am
SUB TEST	.00	12:09am
AIR BLK	.00	12:10am

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

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008616 Test Record Number: 2476
Test Date: 05/26/2019 Test Time: 12:12am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:12am
FLO FC	Pass Pass	12:12am 12:12am
	+ 4.00	

#### Temperature Tests

Status	Time
Pass	12:12am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass · 12:13am

#### Printer Tests

Test	Status	Time	

PRNT Pass 12:13am

#### CRC Tests

Test	Status	Time
COMP	Pass	12:13am
CAL	Pass.	12:13am

Preventive Maintenance Status: Pass

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

Analyst

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

County_/	pu Hunover	Instrument Location B	47 m	bile	1. 7.2
Instrument S	erial No. <u>861C</u>	Carolina	Bewa	L. M. K.	
The preventi four months	ve maintenance procedures for the Int	toximeters, Model Intox EC/IR	Il to be followed	ed at least once	every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcohol ree centigrade;	ic breath simula	tor thermomete	∍r shov
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;	ada en esta e			
5.	Verify instrument accuracy;		i.	•	÷
⁷ 6.	When "PLEASE BLOW" appea	ars, collect breath sample;			
7.	When "PLEASE BLOW" appea				
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 before exp ged every four months or after l	iration date, or 125 Alcoholic E	the alcoholic br reath Simulato	eath r tests,
		·.	ъ.		i
I certify that procedures w Department	on theday of ere performed on the instrument ind of Health and Human Services, and t	icated above, in accordance with the instrument is functioning p	e foregoing pre th current regul roperly.	ventive mainten ations of the N.	ance C.
The state of the s	in.				
OF THE STATE	O Alogaria		•		
	CARO				
* SEE QUAMVI		) ) ) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		664	· · · · · · · · · · · · · · · · · · ·
	Signat	ture of Certifying Official	Ce	rtificate Number	ar i

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008616 Test Record Number: 2474 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:22pm
FLO	Pass	11:22pm
FC	Pass	11:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:22pm
SRC	Pass	11:22pm
DET	Pass	11:22pm
BAR	Pass	11:22pm
BT	Pass	11:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:23pm 11:23pm

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

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5
640

Serial Number: 008616 Test Date: 05/24/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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 AIR BLK	Pass	11:13pm 11:14pm
ACCY CHK	.00	11:14pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm

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

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

County	lew Harover Instr	ument Location	Mobile Unit HS
Instrument Se	rial No. <u>8707</u>	Carlotina Be	uch
The preventiv	e maintenance procedures for the Intoximetere:	ers, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cent		h simulator thermometer show
2.	Verify instrument displays time and dat	e;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coll	ect breath sample;	
7.	When "PLEASE BLOW" appears, coll	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.		
procedures w	on the day of	above, in accordance with curre	ent regulations of the N.C.
STATE OF STA	Signature of	Certifying Official	Certificate Number

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Test Record Number: 2583 Serial Number: 008707 Test Date: 05/24/2019 Test Time: 11:28pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:29pm
SRC	Pass	11:29pm
$\mathtt{DET}$	Pass	11:29pm
BAR	Pass	11:29pm
BT	Pass	11:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

#### Printer Tests

Status

Test

PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm 11:30pm

Time

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008707 Test Date: 05/24/2019

Citation Number: M0000000-0
Subject's Name: NONE, NONE
Subject'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 AIR BLK	Pass	11:17pm 11:18pm
ACCY CHK	.08	11:19pm
AIR BLK SUB TEST	.00 .00	11:20pm 11:21pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

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

, , <i>, )</i> ,	THAMPTON Instrument Location NORTHAMPTON CO SHERIFF'S OFFICE
County NOR	Instrument Location NORTHAM PTON CO SHERIFF'S OFFICE
nstrument Se	erial No. 008607 105 W. JEFFBRSON ST. JACKSON, NC
he prevention	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.
	at on the
E O SE	Signature of Certifying Official Certificate Number

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 05/02/2019

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102

Exp Date: 03/12/2020

Test

	57	
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.07	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm

a/210L

Time

1:13pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 985

Test Date: 05/02/2019

Test Time: 1:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:15pm 1:15pm
FC	Pass	1:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
$\mathtt{DET}$	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:17pm

Preventive Maintenance Status: Pass

CAL

Pass

1:17pm

Analyst

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

County N	Withaupton Instrument Location North supton Co Shalk
Instrument So	erial No. 008688 105 W. Jelferson St Jackson,
The preventing 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.
I certify tha procedures Department	ton theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
STATE OUR STATE	

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 05/02/2019

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, 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: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:06pm
ACCY CHK	.07	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm

Reported AC:

.00)g/210L

Signature of C

Chemical Analyst

Court CVR

Analyst

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 810

#### 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	1:13pm

Test	Status	Time
PRNT	Pass	1:13pm

#### CRC Tests

rest	Status	TTIME
COMP	Pass Pass	1:14pm 1:14pm

Preventive Maintenance Status: Pass

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

County	ORANGE Instrument Location CHAPEL HILL PD	
Instrumen	t Serial No. <u>008856</u> <u>\$28 MARTIN LUTHER UING, JR B</u> CHAPEL HILL, NC	LVI
	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ev	
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 bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify the procedure Departme	nat on the	nance
SO SE	Signature of Certifying Official  Certificate Number	<u> </u>

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 05/01/2019

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

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	Pass	4:41pm
AIR BLK	.00	4:42pm
ACCY CHK	.08	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm
SUB TEST	.00	4:46pm
ATR BLK	. 0.0	4:4.70m

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test

Test Record Number: 2532

Test Date: 05/01/2019 Test Time: 4:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:48pm
${ t FLO}$	Pass	4:48pm
FC	Pass	4:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:49pm
SRC	Pass	4:49pm
$\mathtt{DET}$	Pass	4:49pm
BAR	Pass	4:49pm
${f BT}$	Pass	4:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:49pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:49pm
CAL	Pass	4:49pm

Preventive Maintenance Status: Pass

Analyst

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

County ORA	ONGE	Instrument Location CHAPE	L HILL PD
Instrument Seri	al No. <u>008839</u>	820 MARTIN LUTIDE	
		CHAPEL HILL, NC	
The preventive four months are		ne Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic bed degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	•
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	; and	
10.		canister is being changed before expirat changed every four months or after 125	
procedures wer	e performed on the instrument	indicated above, in accordance with cund the instrument is functioning proper	rrent regulations of the N.C.
STATE OF THE STATE	NO CAROLIN CAROLIN		
ACTE CITAL ADEL		Signature of Certifying Official	Certificate Number
			. Solutions Ituition

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Record Number: 1929

Test Date: 05/01/2019

Test Time: 4:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:44pm 4:44pm
FLO	Pass	_
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
$\mathtt{BT}$	Pass	4:44pm

#### Blank Tests

Test	Status	Time
ATR	Pass	4:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:45pm
	CRC Tests	
Test	Status	Time

4:45pm

4:45pm

Preventive Maintenance Status: Pass

Pass Pass

COMP

CAL

Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 05/01/2019

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: SMITH, BRIAN D
Permit Number: 08937E
Effective:
08/01/2017-08/01/2019

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	Pass	4:37pm
AIR BLK	.00	4:37pm
ACCY CHK	.08	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County PA	nLico Instrument Location PAMLico County
Instrument Serial	INO. 008640 SHERIFF'S OFFICE
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF NO	
	CAROLLE CAROLL
+ tage CIAM WORM +	Signature of Certifying Official Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 05/20/2019

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: HALL, RANDY E
Permit Number: 03462E
Effective:
03/01/2019-03/01/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 1370 Test Date: 05/20/2019 Test Time: 1:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time
COMP CAĹ	Pass Pass	1:53pm 1:53pm

Preventive Maintenance · Status: Pass

1:53pm

PREVENTIVE MAINTENANCE RECORD NTOXIMETERS, 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 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 Numbér

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

PENDER COUNTY SHERIFF DEPT ANNEX 700

> Serial Number: 008948 Test Date: 05/03/2019

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: RHODES, KENNETH C

Permit Number: 05329E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:54pm
AIR BLK	.00	12:55pm
ACCY CHK	.08	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Signature of

Court CVR

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 05/03/2019 Test Record Number: 856
Test Time: 1:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:02pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Azden P.D.
Instrument Ser	ODQ/11 111111 rock Are Arden WC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of May, 20 19, 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	

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

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 05/24/2019

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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

DIAG	Pass	11:45am
Test	g/210L	Time

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

**SUB TEST .00 11:50am** AIR BLK .00 11:51am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

#### PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 1094

Test Date: 05/24/2019

Test Time: 11:52am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:52am 11:52am
FC	Pass	11:52am

#### Temperature Tests

Test	Status	'Time
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

#### Blank Tests

Test	Status	Time

AIR Pass 11:53am

#### Printer Tests

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

11:53am PRNT Pass

#### CRC Tests

Test.	Status	Time

COMP Pass 11:53am CAL Pass 11:53am

Preventive Maintenance Status: Pass

Analyst

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

County	Polk Instrument Location Polk CountyLEC
·	Serial No. 008881 880 E NC 108, Glumbus
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedin	that on the 27-W day of May, 2019, the foregoing preventive maintenance res 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 SE	STATE ON TO THE STATE OF THE ST

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

DHHS 4080 (11/07)

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Date: 05/27/2019

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

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	2:16pm 2:17pm
ACCY CHK AIR BLK	.08	2:18pm 2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Record Number: 816
Test Date: 05/27/2019 Test Time: 2:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:25pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:25pm 2:25pm
DET	Pass	2:25pm
BAR	Pass Pass	2:25pm 2:25pm
ът .	rass	2:25piii

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:25pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm
	CRC Tests	*, *
Test	Status	Time
COMP CAL	Pass Pass	2:26pm 2:26pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOAIME LERO, I	MODED III		
County RAA	JOOLPH Ins		RANDOLPH	
Instrument Serial	No. <u>008899</u> _		DETENTION	I CENTER
			ASHE BOXC	) ric
The preventive m	aintenance procedures for the Intoxim			
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree co	vs pressure, or the entigrade;	alcoholic breath simulat	or thermometer show
2.	Verify instrument displays time and d	ate;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, c	ollect breath samp	ile;	· · · · · · · · · · · · · · · · · · ·
7.	When "PLEASE BLOW" appears, c	ollect breath samp	ele;	
8.	Print test record;			· .
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed be very four months	efore expiration date, or a or after 125 Alcoholic B	the alcoholic breath reath Simulator tests.
I certify that on	theday of	, 20 ed above, in accor	dance with current regul	ventive maintenance ations of the N.C.
Department of	Health and Human Services, and the i	nstrument is func	tioning properly.	
_			•	
T STATE OF	<b>3</b> 0.			
5 W 20, 1775				
			·	**
ARIL 12 UTS	alu Ra	B.	*	648
	Signature	of Certifying Off	icial C	ertificate Number

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

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899

Test Record Number: 3119

Test Date: 05/05/2019

Test Time: 11:27pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AÌR	Pass	11:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:28pm
CAL	Pass	11:28pm

Preventive Maintenance Status: Pass

Analyst

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Date: 05/05/2019

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:21pm 11:21pm 11:22pm 11:23pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

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

County R	ANDOLPH	Instrument Location_	RANDOLPH	COUNTY
Instrument Se	rial No. <u>008860</u>		DETENTION ASHEBORD	CENTE
			ASHEBORO	, NC
The preventiv	e maintenance procedures for the I	ntoximeters, Model Intox	•	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulator t	hermometer 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	<b>»;</b>	
7.	When "PLEASE BLOW" app	ears, collect breath sample	<b>;</b>	
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.			
	on theday of ere performed on the instrument in of Health and Human Services, and	idicated above, in accorda		ive maintenance ns of the N.C.
OF THE STATE	O NO.			
		4 .		
* ESE QUAM VIC	alu	Ro Ba	_95	048
	Sign	nature of Certifying Offici	al Certif	cate Number
		•		

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

DHHS 4080 (11/07)

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Date: 05/06/2019

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:
07/01/2017-07/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860

Test Record Number: 2706

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:18am
SRC	Pass	12:18am
DET	Pass	12:18am
BAR	Pass	12:18am
${ t BT}$	Pass	12:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:18am

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II		
County Ro	Chisham Instrument Location Reids V./Le	
Instrument Ser	rial No. 808784 Police Department	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	on the	
THE CORE AT STATE OF THE PROPERTY OF THE PROPE	Signature of Certifying Official Certificate Number	
	Signature of Cortifying Official	
A signed orig	inal of the preventive maintenance record shall be kept on file for at least three years.	

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 05/29/2019

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: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:01am 11:01am
ACCY CHK	.08	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:06am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
ATR BLK	- 00	11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1128

Test Date: 05/29/2019 Test Time: 11:10am EDT

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

#### Printer Tests

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

Pass

Preventive Maintenance Status: Pass

CAL

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 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. ______, 20_/-____, the foregoing preventive maintenance 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.

DHHS 4080 (11/07)

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 05/28/2019

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	2:55pm
AIR BLK	.00	2:55pm
ACCY CHK	.08	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:01pm

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

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test

Test Record Number: 2789
Test Time: 3:02pm EDT

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	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
$\mathtt{BT}$	Pass	3:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD

7	INTOXIMETERS, MODEL INTOX EC/IR II		
County Ko	Kingham Instrument Location Eden		
Instrument Seri	al No. 008636 Police Departmen		
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 on procedures wer Department of	the day of May, 20 4, 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		
A signed origina	al of the preventive maintenance record shall be kept on file for at least three years.		

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 05/28/2019

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: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:26pm 1:27pm 1:28pm
AIR BLK SUB TEST	.00	1:29pm 1:30pm
AIR BLK SUB TEST	.00 .00	1:31pm 1:33pm
AIR BLK	.00	1:34pm

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

Rev. 12/2007

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test

Test Record Number: 1955
Test Time: 1:35pm FDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR.	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
$\mathtt{BT}$	Pass	1:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

#### Printer Tests

Test	Status	rime
PRNT	Pass	1:36pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

Analyst

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

County	INTOXIMETERS, MODEL INTOX EC/IR II
Instrument S	erial No. 008802 Instrument Location Madison Police
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "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
STAN STAN STAN STAN STAN STAN STAN STAN	CAROLLA STATE OF THE STATE OF T
	Signature of Certifying Official Certificate Number
	and the same of th

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 05/20/2019

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: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:47pm 2:48pm 2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 820

Test Date: 05/20/2019

Test Time: 2:56pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

	INTOXIMETERS, MODEL INTOX EC/IR II
County	KOWAN Instrument Location BAT MOBILE 3
Instrument S	Instrument Location BAT MOBILE 3  erial No. 008090 NCWRC (High Rock)
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7,	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
-	on the day of day of 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATION OF	

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

ROWAN BAT MOBILE 3 790

Serial Number: 008090 Test Date: 05/26/2019

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: INGLE, LARRY W

Permit Number: 07281E Effective:

02/01/2018-02/01/2020

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	Pass	7:46pm
AIR BLK	.00	7:47pm
ACCY CHK	.08	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:51pm
AIR BLK	<i>/</i> .00	7/5/2/12m

Reported AC:

10 1/20

Signature of Chemical Ana

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

#### ROWAN BAT MOBILE 3 790

Serial Number: 008090 Test Date: 05/26/2019

Test Record Number: 151
Test Time: 7:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:57pm
FLO	Pass	7:57pm
FC	Pass	7:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:58pm
SRC	Pass	7:58pm
DET	Pass	7:58pm
BAR	Pass	7:58pm
BT	Pass	7:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:58pm
CAL	Pass	7:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ri	Aheron Instrument Location Rutherford County SO
Instrument Se	and all the state of the Colden
The preventiv 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 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 w Department	on theday of, 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE AND ST	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: 008694 Test Date: 05/01/2019

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:23am 10:24am
ACCY CHK	.08	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:29am
AIR BLK	.00	10:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008694 Test Date: 05/01/2019

Test Record Number: 1461
Test Time: 10:31am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:31am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:32am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:32am

CAL

Analyst

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

County	) AMPSON	Instrument Location	5AMPSON	COUNTY
Instrument Se	erial No. <u>008877</u>		SAMPSON SHERIFF'S CLINTON,	OFFICE
			CLINTON,	NC
The preventive four months a	ve maintenance procedures for the Interes			
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the gree centigrade;	alcoholic breath simula	tor 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" appe	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	<del>;</del> ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ster is being changed before a court of the steel steel before the steel steel steel before the steel	ore expiration date, or t r after 125 Alcoholic B	he alcoholic breath reath Simulator tests,
I certify that procedures w	on theday ofday of	, 20 dicated above, in accorda	, the foregoing prevence with current regula	rentive maintenance
Department	of Health and Human Services, and	the instrument is function	oning properly.	
A CONTRACTOR OF THE PARTY OF TH				
OF THE STATE				
S S S S S S S S S S S S S S S S S S S				
APRE 12, 1718	Clus	& Bans	<u>.                                    </u>	648
	Sign	ature of Certifying Offici	al Ce	rtificate Number

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

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 05/14/2019

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:
07/01/2017-07/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	8:23am 8:23am 8:24am 8:25am 8:26am 8:27am 8:28am 8:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alung Ban Analyst

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 3069
Test Date: 05/14/2019 Test Time: 8:31am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	8:32am
FC.	Pass	8:32am
PC	Pass	8:32am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:32am
SRC	Pass	8:32am
DET	Pass	8:32am
BAR	Pass	8:32am
BT	Pass	8:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:32am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:32am
	CRC Tests	1
Test	Status	Time
COMP CAL	Pass Pass	8:33am 8:33am

Preventive Maintenance Status: Pass

Analyst

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

County	SAMPSON	Instrument Location_	3AMPSON	COUNTY
Instrumen	t Serial No. <u>008835</u>		SAMPSON SHERIFF'S CLINTON,	OFFICE
	· .		CLINTON,	NC
The preve	ntive maintenance procedures for the Ir hs are:	,		
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		ilcoholic breath simulate	r thermometer sho
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
· 4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	· ·	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	<b>;</b>	
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
	hat on the day of es were performed on the instrument in ent of Health and Human Services, and			ntive maintenance ions of the N.C.
THE GREAT OF THE STATE OF THE S	TATE or VO			
* 155E QL	Uluk	2 Bans	·	648
	Sign	ature of Certifying Offici	al Cer	tificate Number

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

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008825 Test Date: 05/14/2019

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:

07/01/2017-07/01/2019

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	8:24am 8:25am
ACCY CHK	.08	8:26am
AIR BLK	.00	8:27am
SUB TEST	.00	8:28am
AIR BLK	.00	8:29am
SUB TEST	.00	8:30am
AIR BLK	.00	8:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ånalyst

# SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008825

Test Record Number: 2659

Test Date: 05/14/2019 Test Time: 8:33am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:33am
FLO	Pass	8:33am
FC	Pass	8:34am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	8:34am 8:34am 8:34am 8:34am
BT	Pass	8:34am

#### Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	8:34am
AIR	Pass	8:34

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:34am
	CRC Tests	· ·
Test	Status	Time
COMP CAL	Pass Pass	8:35am 8:35am

Preventive Maintenance Status: Pass

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

County	Stanly Instrument Location Locust PD
Instrument S	erial No. 008706 186 Ray Kennedy Drive, Locust
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "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	ton the
STAR SIAS OF STAR STAR STAR STAR STAR STAR STAR STAR	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)

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 05/24/2019

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: 19951E

Effective:

08/01/2017-08/01/2019

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	4:35pm
AIR BLK	.00	4:36pm
ACCY CHK	.08	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## STANLY LOCUST PD 830

Serial Number: 008706

Test Record Number: 3522

Test Date: 05/24/2019

Test Time: 4:42pm EDT

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	4:43pm
SRC	Pass	4:43pm
DET	Pass	4:43pm
BAR	Pass	4:43pm
BT	Pass	4:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:44pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:44pm
CAL	Pass	4:44pm

Preventive Maintenance Status: Pass

Analyst

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

County	Stanly	Instrumen	t Locatio	n 5+	Tanly	Count	y 5	<u>. ට</u>
Instrument Ser	al No. 008824	126	<u>5. 3</u>	3rd	Stree	t Al	bem	iar le
The preventive four months are	maintenance procedures for the Inte	oximeters, N	1odel Inte	ox EC/I	R II to be f	ollowed at I	east onc	e every
. 1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr			ne alcoh	olic breath	simulator th	nermome	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" appea	rs, collect b	reath sam	ple;				
χ <b>7.</b>	When "PLEASE BLOW" appear	rs, collect b	reath sam	nple;				
8.	Print test record;							
9.	Verify Diagnostic Program; and					į		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.							
procedures we	n the 24 May of May of Mare performed on the instrument ind F Health and Human Services, and t	licated abov	e, in acco	rdance [,]	with curren	ing preventi it regulation	ve main is of the	tenance N.C.
STATE OF STA	AON A CAROL		·					
TOPA DE TO	Signa	ture of Cert	ifying Of	ficial		Certifi	cate Nu	mber

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 05/24/2019

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: 19951E

Effective:

08/01/2017-08/01/2019

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 .00	3:47pm 3:48pm
ACCY CHK	.08	3:49pm
AIR BLK SUB TEST	.00 .00	3:50pm <b>3:51pm</b>
AIR BLK	00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm

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 COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 1421 Test Date: 05/24/2019 Test Time: 3:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:55pm 3:55pm
FC	Pass	3:56pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:56pm
SRC	Pass	3:56pm
DET	Pass	3:56pm
BAR	Pass	3:56pm
$\mathtt{BT}$	Pass	3:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:56pm
	CPC Tests	

# CRC Tests

Test	Status	Time
COMP	Pass	3:56pm
CAL	Pass	3:56pm

Preventive Maintenance Status: Pass

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once 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; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 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 I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 05/14/2019

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	3:04pm 3:04pm
ACCY CHK	.08	3:05pm
AIR BLK SUB TEST	.00	3:06pm 3:07pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analys

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

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1083 Test Date: 05/14/2019

Test Time: 3:11pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

#### Printer Tests

TESL	Status	TTIME
PRNT	Pass	3:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	<u>urry</u>	Instrument Location	Fin Police
Instrument So	erial No. <u>00 8926</u>	Dupo	irtment
The preventive four months a	ve maintenance 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	displays pressure, or the alcoholic bugree 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	1	
10.		ster is being changed before expiratinged every four months or after 125	
I certify that procedures w Department of	on the day of	icated above, in accordance with cu	e forgoing preventive maintenance rrent regulations of the N.C. ly.
STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI	S A COLUMN CAROLINI		
ARR 12, T	met ale	Farley	655
	Sign	ature of Certifying Official	Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 05/23/2019

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: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:54am 10:55am
ACCY CHK AIR BLK	.08	10:55am 10:57am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 q/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

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 847

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:02am 11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
$\mathtt{BT}$	Pass	11:02am

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	11.03 ar

## Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Teata	

Test	Status	Time
COMP CAL	Pass Pass	11:03am

Preventive Maintenance Status: Pass

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

County (	Instrument Location Union Gunty SO
Instrument S	erial No. 008866 3344 Presson Rd, Monroe
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
COREAT SECTION OF SECT	Signature of Certifying Official  Certificate Number

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 05/24/2019

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: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	5:32pm
AIR BLK	.00	5:33pm
ACCY CHK	.07	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	.00	5:35pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 3231 Test Date: 05/24/2019

Test Time: 5:39pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	5:40pm
FLO	Pass	5:40pm
FC	Pass	5:40pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:40pm 5:40pm
DET	Pass	5:40pm
BAR	Pass	5:40pm
BT	Pass	5:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:40pm

## Printer Tests

Test	Status	Time
PRNT	Pass	5:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:41pm
CAL	Pass	5:41pm

Preventive Maintenance Status: Pass

Analyst

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

County(	Union	Instrument L	ocation U	noin	County	50
Instrument Se	erial No. <u>008876</u>	3344	Presson	Rd,	Mono	oe
The preventive four months a	ve maintenance procedures for the I	ntoximeters, Moc	lel Intox EC/II	R II to be f	ollowed at lea	st once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		e, or the alcoho	lic breath	simulator ther	mometer show
2.	Verify instrument displays time	e and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	;			1 8.2	•
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 char whichever occurs first.	ster is being char nged every four n	nged before ex nonths or after	piration da 125 Alcoi	ate, or the alco holic Breath S	holic breath imulator tests,
procedures w	on the <u>24M</u> day of <u>M</u> vere performed on the instrument in of Health and Human Services, and	dicated above, in		ith curren	ng preventive t regulations o	maintenance of the N.C.
O'THE STATE OF THE	Saph E	ature of Certifyir	ng Official	<u> </u>	65 Certificate	Number

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 05/24/2019

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: 19951E
Effective:

08/01/2017-08/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:29pm 5:30pm
ACCY CHK	.07	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 5315
Test Date: 05/24/2019 Test Time: 5:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:38pm
FLO	Pass	5:38pm
FC	Pass	5:38pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:38pm
DET	Pass	5:38pm
BAR BT	Pass Pass	5:38pm 5:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:39pm 5:39pm

Preventive Maintenance Status: Pass

Analyst

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

County	WAKE Instrument Location WAKE FOREST PD	<u>,                                    </u>
Instrument	nt Serial No. 008700 225 TAYLOR ST. WAKE FORES	T, NC
The prever	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leaths are:	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer 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 alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	
procedure	that on theday of, 20	ve maintenance f the N.C.
THE ST	STATE OF NO.	
GREAT		
* 122E OF	De Darch 63	ate Number

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 05/09/2019

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: 08937E

Effective:

08/01/2017-08/01/2019

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	11:20am
AIR BLK	.00	11:20am
ACCY CHK	.07	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
ATR RIK	- 0.0	11:26am

Reported AC: #00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### WAKE COUNTY WAKE FOREST PD 910

Test Record Number: 1531 Serial Number: 008700 Test Date: 05/09/2019

Test Time: 11:27am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR ELO	Pass Pass	11:27am 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
BT	Pass	11:27am

#### Blank Tests

Test	Status	Time
AIR	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

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

County /	IAKE	Instrum	ent Location	T MONDE	O TEM	•
Instrument Se	erial No. <b>4199</b>	Ar	1656H _			
: 						
The preventive four months a	ve maintenance procedures for the	e Intoximeters	, Model Intox EC/	IR II to be follo	wed at least one	e every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			holic breath sim	ulator thermom	eter show
2.	Verify instrument displays ti	ime and date;				
3.	Initiate breath test sequence;	}	ur V			
4.	Enter information as prompt	ed;	t			
5.	Verify instrument accuracy;					ů.
6.	When "PLEASE BLOW" a	ppears, collect	breath sample;	•		
7.	When "PLEASE BLOW" a	ppears, collect	breath sample;			
8.	Print test record;	e e				
9.	Verify Diagnostic Program;	and				
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.					
I certify that	on the 26 day of N	1AY	20/9	, the foregoing [	rementive male	tananas
procedures v	vere performed on the instrument of Health and Human Services, a	t indicated abo	ove, in accordance	with current re		
OF THE STATE	o o					
STATE OF THE STATE						:
A COS CHAMA		1V-	<b>2</b>	<u> </u>	663	• • • • • • • • • • • • • • • • • • •

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

WAKE BAT MOBILE UNIT 12 910

Serial Number: 008788 Test Date: 05/26/2019

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: 16896E Effective:

09/26/2017-01/26/2026

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

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	2:44pm
AIR BLK	.00	2:45pm
ACCY CHK	.07	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WAKE BAT MOBILE UNIT 12 910

Serial Number: 008788

Test Record Number: 1395

Test Date: 05/26/2019

Test Time: 2:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

#### Blank Tests

Test	Status	3	Time
11:			
AIR	Pass		2:53pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	AICE	Instrument Location	JAT MONILE (	WIT 6
Instrument S	erial No. <u>00 9600</u>	RAIGILM		
The preventi	ve maintenance procedures for the Ir are:	ntoximeters, Model Intox EC	/IR II to be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		holic breath simulator t	hermometer show
2.	Verify instrument displays time	and date;	÷.	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before on after the steel steel before the steel steel before the steel	expiration date, or the a ter 125 Alcoholic Breatl	Icoholic breath n Simulator tests,
I certify that procedures v Department	on the <u>2C</u> day of <u>MA</u> were performed on the instrument in of Health and Human Services, and	dicated above, in accordance	, the foregoing preventi with current regulation g properly.	ve maintenance as of the N.C.
STATION OF THE STATIO		ature of Certifying Official	Carrier	Sate Number

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

Certificate Number

WAKE BAT MOBILE UNIT 1 910

Serial Number: 008600 Test Date: 05/26/2019

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: 16896E
Effective:
09/26/2017-01/26/2026

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

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WAKE BAT MOBILE UNIT 1 910

Serial Number: 008600

Test Record Number: 1857 

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

#### Printer Tests

Test	Status Time
PRNT	Pass 2:51pm

# CRC Tests

Test	Status	Time
COMP	Pass	0.51
CAL		2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

Analyst

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

County WA	naen Instrument Location Wassen 6 LEC
Instrument Seri	ial No. 008793 128 RAFTERS La Warrandon, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the day of, 20, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	

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

DHHS 4080 (11/07)

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 05/02/2019

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, 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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	9:44am
AIR BLK ACCY CHK	.00	9:44am 9:45am
AIR BLK	.00	9:45am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am

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

## WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 1453

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:51am
FLO	Pass	9:51am
FC	Pass	9:51am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:51am
SRC	Pass	9:51am
DET	Pass	9:51am
BAR	Pass	9:51am
BT	Pass	9:51am

## Blank Tests

AIR Pass 9:52am

#### Printer Tests

Test	Status	Time
1656		

PRNT Pass 9:52am

#### CRC Tests

COMP Pass 9:52am CAL Pass 9:52am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	JAYNE Instrument Location Wayne Co. Heten from C
Instrument Seri	al No. 008879 207 E. ChesTNUT ST., Gellsbord
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
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.

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 05/15/2019

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
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:14pm 2:15pm 2:15pm 2:16pm 2:17pm 2:18pm
SUB TEST AIR BLK	.00 .00	2:19pm 2:20pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Inic A. Keese
Analyst

## WAYNE COUNTY WAYNE CO DETENTION 950

Test Record Number: 1198 Serial Number: 008879

Test Time: 2:21pm EDT Test Date: 05/15/2019

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:21pm
${ t FLO}$	Pass	2:21pm
FC	Pass	2:21pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
$\mathtt{BT}$	Pass	2:21pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:22pm

#### Printer Tests

	Q <b>-</b>	m-1
	CRC Tests	
PRNT	Pass	2:22pm
Test	Status	Time

resc	Status	TIME
COMP	Pass	2:22pm
CAL	Pass	2:22pm

Preventive Maintenance Status: Pass

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

County 1/14	Instrument Location Vayne Co. Detention C
Instrument Seria	Instrument Location <u>Vayne Co. Defention Co</u> al No. <u>DO8588</u> 207 E. ChesTNUT ST., Bolds BUTO,
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 were	the 13 H day of MAY, 20 17 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008588 Test Date: 05/13/2019

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

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:13pm 2:13pm
ACCY CHK	.00	2:14pm
AIR BLK SUB TEST	.00 .00	2:15pm 2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm

Reported AC: .00 g/210L

AIR BLK .00

2:19pm

Signature of Chemical Analyst

Court CVR

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008588

Test Record Number: 1011

Test Date: 05/13/2019

Test Time: 2:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:21pm 2:21pm

Preventive Maintenance Status: Pass

Analyst

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

County MAYAR	2	Instrument	Location Self	mour Joh	ASON A.F.	Ø.
Instrument Serial No(	2 208918	1010	Vermont (	GALLISTAL	P.D., Gold	Isbaro J. C.
The preventive maintenar four months are:	ace procedures for the I	ntoximeters, M	odel Intox EC/IR I	to be followed a	at least once every	
	the ethanol gas canister ees, plus or minus .2 de			breath simulator	thermometer show	'S
2. Verify	instrument displays tim	e and date;				
3. Initiate	breath test sequence;			•		
4. Enter in	nformation as prompted	l <b>;</b>				
5. Verify	instrument accuracy;					
6. When	PLEASE BLOW" app	ears, collect br	eath sample;			
7. When	PLEASE BLOW" app	ears, collect br	eath sample;			
8. Print te	st record;					
9. Verify	Diagnostic Program; ar	ıd				
simulat	that the ethanol gas can or solution is being cha ver occurs first.					
I certify that on the procedures were perform Department of Health and	ed on the instrument in	dicated above,	in accordance with	current regulation	entive maintenance ns of the N.C.	- :
STATE OF NO. 12 THE STATE					, warming	

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008918 Test Date: 05/29/2019

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: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.08	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:23am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008918 Test Record Number: 705
Test Date: 05/29/2019 Test Time: 11:24am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:25am
FLO	Pass	11:25am
FC	Pass	11:25am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
BT	Pass	11:25am

#### Blank Tests

Test Status Time

AIR Pass 11:26am

#### Printer Tests

Test Status Time
PRNT Pass 11:26am

#### CRC Tests

Test Status Time

COMP Pass 11:26am
CAL Pass 11:26am

Preventive Maintenance Status: Pass

Analyst

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

County	Watauge	<b>\</b>	Instrument Loc	cation But Mo	bile Unit 2
Instrument	Serial No.	008973	Bos ur	PD	
The prevent		nance procedures for th	e Intoximeters, Mode	I Intox EC/IR II to b	e followed at least once every
1.		fy the ethanol gas canis egrees, plus or minus .2		or the alcoholic brea	ath simulator thermometer show
2.	Veri	fy instrument displays t	ime and date;		
3.	Initi	ate breath test sequence	;		
4.	Ente	er information as prompt	ted;		
5.	Veri	fy instrument accuracy;			
6.	Whe	en "PLEASE BLOW" a	ppears, collect breath	sample;	
7.	Whe	en "PLEASE BLOW" a	ppears, collect breath	sample;	•
8.	Prin	t test record;			
9.	Veri	ify Diagnostic Program;	and		÷
10.	simu				n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify the procedure Departme	nat on the _ s were perfo ent of Health	ZYday of ormed on the instrumen h and Human Services,	MA7 t indicated above, in and the instrument is	, 20 <u>77</u> , the fore accordance with cur functioning properl	going preventive maintenance rent regulations of the N.C. ly.
COREAL COREAL CO.	ATE O' NO PLU CAROLINA CAROLIN		v Do		658
			Signature of Certifyin	g Official	Certificate Number

WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008973

Test Date: 05/24/2019

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	7:53pm
AIR BLK	.00	7:54pm
ACCY CHK	.08	7:55pm
AIR BLK	.00	7:56pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:58pm
AIR BLK	.00	7:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Im v E

WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008973 Test Record Number: 631 Test Date: 05/24/2019 Test Time: 8:01pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:02pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:02pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:02pm
CAT	Pass	8:02pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Watavga	Instrument Location But Mobile Um/ 2	
Instrume	ent Serial No. <u>DD 8778</u>	Boove PD	
The prev		toximeters, Model Intox EC/IR II to be followed at least once	every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermomet ree centigrade;	er 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" appea	ars, collect breath sample;	
7	. When "PLEASE BLOW" appear	ars, collect breath sample;	
8	. Print test record;		
9	. Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration date, or the alcoholic b ged every four months or after 125 Alcoholic Breath Simulat	oreath or tests,
procedi Depart	ures were performed on the instrument inc ment of Health and Human Services, and	7, 20 /5, the foregoing preventive mainted dicated above, in accordance with current regulations of the N the instrument is functioning properly.	enance N.C.
OREAT SE	Sign	ature of Certifying Official Certificate Num	nber

#### WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008970 Test Date: 05/24/2019 Test Record Number: 580
Test Time: 8:01pm EDT

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
$\mathtt{BT}$	Pass	8:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8 • 03 mm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:03pm
CAL	Pass	8:03pm

Preventive Maintenance Status: Pass

Analyst

WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008970 Test Date: 05/24/2019

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 ACCY CHK	Pass .00 .08	7:54pm 7:55pm 7:56pm
AIR BLK	.00	7:56pm
SUB TEST	.00	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	.00	7:59pm
AIR BLK	.00	mq00:8

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Mr do

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008865 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. Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 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 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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 05/22/2019

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	2:31pm 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	2:39pm

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

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#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 683 Test Date: 05/22/2019 Test Time: 2:40pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	2:42pm	

#### CRC Tests

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

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. <u>OO</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 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 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.

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

Signature of Certifying Official

Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 05/22/2019

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 ACCY CHK	Pass .00 .08	2:18pm 2:18pm 2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

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### WILKES COUNTY WILKES CO DETENTION 960

Test Record Number: 2345 Serial Number: 008843

Test Time: 2:25pm EDT Test Date: 05/22/2019

System Check: Passed

#### Baseline Tests

	est
2:26pm 2:26pm 2:26pm	70 5
	7

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:26pm 2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
$\mathtt{BT}$	Pass	2:26pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:26pm	

#### Printer Tests

Test	Status	Time	
PRNT	Pass	2:26pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	2:27pm	

Preventive Maintenance Status: Pass

Pass

This form is used when performing Preventive Maintenance procedures

2:27pm

Forensic Tests for Alcohol Branch Department of Health and Human Services

CAL

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Analyst

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

County /	ESSON	Instrumer	t Location	AT MODE	CINIT	6
Instrument Seri	ial No. <u>00 9590</u>	_ W	50N	·	· . · · · ·	
<u> </u>						
The preventive four months are	maintenance procedures for the Inte	oximeters, N	Model Intox EC	II to be foll	owed at least	once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays press ree centigrac	ure, or the alco	pholic breath sir	nulator thern	nometer shows
2.	Verify instrument displays time	and date;				
·3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
<b>5</b> ,	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appear	ırs, collect bi	eath sample;			
7.	When "PLEASE BLOW" appea	urs, collect bi	eath sample;	•		
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 c ged every for	hanged before or months or af	expiration date ter 125 Alcohol	or the alcoholic Breath Sin	olic breath nulator tests,
I certify that or	n the 25 day of M	<b>1</b> Y	. 20 19	, the foregoing	oreventive m	igintenance
procedures wer Department of	re performed on the instrument ind Health and Human Services, and t	icated above	, in accordance	with current re	gulations of	the N.C.
	The state of the s	iio iiisti (iiiio	it is idiretioni	ig broberry.		
OF THE STATE OF						
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THE OWN NOW.					463	
	Signat	ture of Certif	ying Official	· · · · · · · · · · · · · · · · · · ·	Certificate 1	Number

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580 7 Test Date: 05/25/2019

Test Record Number: 2481 Test Time: 10:23pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test		St	atus	Time	<u>.</u>
	100			4	
AIR		Pa	ss	10:2	4 on

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:24pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:24pm
CAL	Pass	10:24pm

Preventive Maintenance Status: Pass

Analyst

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580 Test Date: 05/25/2019

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: 16896E

Effective:

09/22/2017-09/01/2019

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	10:15pm
AIR BLK	.00	10:16pm
ACCY CHK	0.7	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD

. /	INTOXIMETERS, MODEL INTOX EC/IR II
County /	dkin Instrument Location Yackin Countr
Instrument Seria	al No. 008854 Defention Conter
	Jackinville, NC
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 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.
	n the day of
OF TATE OF THE OWN OF THE OWN OF THE OWN OWN OF THE OWN	Sold Far (e
- Command	Signature of Certifying Official Certificate Number
A signed origin	nal 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: 05/21/2019

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	2:21pm 2:22pm
ACCY CHK	.08	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK SUB TEST	.00 .00	2:25pm 2:27pm
AIR BLK	.00	2:27pm 2:28pm
L-7-T-7 T-1-1-7	• • •	2.20pm

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_

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854

Test Record Number: 595

Test Date: 05/21/2019

Test Time: 2:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:30pm
CAL	Pass	2:30pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

į	INTOXIMETERS, MODEL INTOX EC/IR II
County 6	dkn Instrument Location Yadkin Counte
Instrument Seri	al No. 008944 Detention Conter
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 o procedures we Department o	n the
STATE OF STA	Signature of Certifying Official Certificate Number
A signed origi	nal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 05/21/2019

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	2:24pm 2:24pm 2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

ignature 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

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1570 Test Date: 05/21/2019 Test Time: 2:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Toct	Status	Timo

Status	TIME
Pass	2:32pm
Pass	2:32pm
	Pass

Preventive Maintenance Status: Pass

Analyst