PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>B</u>	mconbe Instrument Location Buncom	
Instrument Se	rial No. <u>008697</u> <u>Ashevill</u>	, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
procedures w	on theday of <u>November</u> , 20 <u>/9</u> , the foregovere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	nt regulations of the N.C.
STATE OF THE STATE	NO THE CARD	<i>.</i>
Wall to the same of the same o	Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 11/01/2019

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: BURNETTE, ANTHONY J
Permit Number: 11304E

nit Number: 11304E Effective:

06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	3:48pm
AIR BLK ACCY CHK	.00	3:49pm 3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 3645
Test Date: 11/01/2019 Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
\mathtt{BT}	Pass	3:57pm

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm
	CRC Tests	·

Test	Status	Time
COMP	Pass	3:58pm
CAL	Pass	3:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bu	Instrument Location Bincombe Co. Juil
Instrument Ser	ial No. DOBBOB Asheville, Ac
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.
procedures we	on the day of
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 11/01/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.07	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Record Number: 1380 Test Date: 11/01/2019 Test Time: 3:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
${f BT}$	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S/	Instrument Location Buncom	be Ca. Jail	
Instrument Seri	al No. 008798Ahe v:112	e, NC	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath bholic Breath Simulator tests,	
I certify that or procedures wer Department of	theday of <u>November</u> , 20 <u>/9</u> , the forego re performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	nt regulations of the N.C.	
TATE OF THE STATE	Signature of Certifying Official		

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 11/01/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:49pm 3:50pm
ACCY CHK	.07	3:51pm
AIR BLK SUB TEST	.00 .00	3:52pm 3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 5127 Test Date: 11/01/2019 Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

Printer Tests

	CDC Desta	
PRNT	Pass	3:59pm
Test	Status	Time

CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Buwanse Instrument Location BH Mubile On + 2
Instrument	Serial No. <u>10 8973</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the <u>Z9</u> day of <u>Novenser</u> , 20 <u>19</u> , the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
STA	

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Date: 11/29/2019

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	8:02pm
AIR BLK	.00	8:03pm
ACCY CHK	.08	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:05pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chr V Dy Analyst

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Record Number: 733
Test Date: 11/29/2019 Test Time: 8:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:10pm 8:10pm
FC	Pass	8:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:10pm
SRC	Pass	8:10pm
DET	Pass	8:10pm
BAR	Pass	8:10pm
BT	Pass	8:10pm

Blank Tests

Test	Status	Time
AIR	Pass	8:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:11pm 8:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	barrus	Instrument Location Caballys	Canty SO
Instrument Se	erial No. <u>008792</u>	30 Corban Au., Con	cord
		'	
The preventive four months a		intoximeters, Model Intox EC/IR II to be i	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
I certify that procedures w Department	were performed on the instrument i	indicated above, in accordance with current definitioning properly.	ing preventive maintenance nt regulations of the N.C.
STATE CIREAL STATE OF THE CORE	Marie	gnature of Certifying Official	656 Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Date: 11/22/2019

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: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:53am 8:53am
ACCY CHK	.08	8:54am
AIR BLK	.00	8:55am
SUB TEST	.00	8:56am
AIR BLK	.00	8:5 7a m
SUB TEST	.00	8:58am
ATR RIK	. 0.0	8:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVN

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792

Test Record Number: 3010

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:01am
SRC	Pass	9:01am
DET	Pass	9:01am
BAR	Pass	9:01am
\mathtt{BT}	Pass	9:01am

Blank Tests

Test	Status	Time	
AIR	Pass	9:02am	

Printer Tests

Test	Status	Time	
PRNT	Pass	9:02am	

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	barrus Instrument Location Cabarrus County SO
Instrument Seria	al No. 008590 30 Gorban Ave., Concord
The preventive to	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 <u>JJ</u> day of <u>November</u> , 20 19, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O' THE STATE OF TH	Signature of Qertifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 11/22/2019

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: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

q/210L

Test

DIAG	Pass	8	31am
AIR BLK	.00	8	32am
ACCY CHK	.08	8	32am
AIR BLK	.00	8	34am
SUB TEST	.00	8	34am
AIR BLK	.00	8	35am
SUB TEST	.00	8	36am
ATP BIK	0.0	g.	37.am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 3278
Test Date: 11/22/2019 Test Time: 8:41am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time
AIR Pass 8:42am

Printer Tests

Test Status Time
PRNT Pass 8:42am

CRC Tests

Test Status Time

COMP Pass 8:42am

CAL Pass 8:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	abarrus Intoximier	Instrument Location Gr	mapolis PD
Instrument S	erial No. <u>008589</u>	401 Laureothe Way	Kanrapolis
The preventing four months		e Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	:
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirat hanged every four months or after 125	
I certify that procedures v Department	vere performed on the instrument of Health and Human Services, a	November, 20_9, the fort indicated above, in accordance with cand the instrument is functioning prop	oregoing preventive maintenance current regulations of the N.C. perly.
VANDO BELA	CW	ignature of Pertifying Official	656 Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 11/22/2019

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: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:35am
AIR BLK	.00	9:36am
ACCY CHK	.08	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:42am
ATR BLK	0.0	9 · 4 3 am

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 3046
Test Date: 11/22/2019 Test Time: 9:44am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:46am

Printer Tests

Test	Status	Time
PRNT	Pass	9:46am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Ca</u>	barus	Instrument	Location	BATA	robib O	17/
Instrument Seria	al No. 008848	Kan	apolis i	0		
			. '			
The preventive four months are	maintenance procedures for the In	ntoximeters, M	odel Intox E	C/IR II to be	followed at le	ast once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			coholic breatl	n simulator the	rmometer shov
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;			•		
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appe	ars, collect bre	eath sample;	-		
7.	When "PLEASE BLOW" appe	ars, collect bre	ath 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.					
	Willong Vol Occurs Inst.					
	the day of	icated above, i	n accordance	with current		
STATE OF A	OS IN CAROL					
TOTAL OF CHAM AND A	Signe	ature of Certify	Official	\geq	Certificat	e Number

CABARRUS COUNTY BAT MOBILE UNIT 1 120

Serial Number: 008898 Test Date: 11/02/2019

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, JASON R Permit Number: 19145E Effective: 03/01/2018-03/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	9;43pm
AIR BLK	.00	9:44pm
ACCY CHK	.08	9:45pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm

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

CABARRUS COUNTY BAT MOBILE UNIT 1 120

Serial Number: 008898 Test Record Number: 1022 Test Date: 11/02/2019 Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:51pm
FLO	Pass	9:51pm
FC	Pass	9:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	S	tatus	Tin	ne
AIR	P	ass	9:5	2pm

Printer Tests

Test Status Time

PRNT		2 - 2
PRNI	Pass	9:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:52pm
CAL	Pass	9:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ISWELL	Instrument Lo	ocation_C	ASWE	uG	Dotation	
Instrument S	erial No. <u>008593</u>	211 County	PARK	Bo,	Yonig	sulle, N	<u>. </u>
The preventi	ve maintenance procedures for the	ne Intoximeters, Mode	el Intox E	C/IR II t	o be follov	ved at least once	every
1.	Verify the ethanol gas canis 34 degrees, plus or minus		or the alc	oholic b	reath simu	lator thermomet	er show:
2.	Verify instrument displays	time and date;					
3.	Initiate breath test sequence	e;			•		
4.	Enter information as promp	eted;					
5.	Verify instrument accuracy	,					
6.	When "PLEASE BLOW"	appears, collect breath	ı sample;				
7.	When "PLEASE BLOW"	appears, collect breath	sample;				
8.	Print test record;						
9.	Verify Diagnostic Program	; and	•				
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.						
procedures w	on the day of rere performed on the instrument of Health and Human Services, a	indicated above, in a	ccordance	with cu	rrent regul	preventive maint ations of the N.C	enance 3.
TARLE BUTCH TO THE STATE OF THE							
William Control	1 td	3 Mies	y Official		· -	662	
	2	Signature of Certifying	3 Official		(Certificate Numb	er

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 11/15/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:13am
AIR BLK	.00	10:13am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
AIR BLK	.00	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CASWELL COUNTY DETENTION CENTER 160

Test Record Number: 1760 Serial Number: 008593

Test Time: 10:19am EST Test Date: 11/15/2019

System Check: Passed

Baseline Tests

Test	•	Status	Time
IR	v. *	Pass	10:19am
FLO		Pass	10:19am
FC		Pass	10:19am

Temperature Tests

Status	Time
Pass	10:19am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:20am

Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:20am 10:20am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C		_ Instrument Location Clay	Co Tail
	erial No. <u>008608</u>	Hayosville, No	
The preventifour months		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breath s degree centigrade;	simulator 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	ppears, collect breath sample;	;
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	4.
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	unister is being changed before expiration da nanged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that procedures v Department	on theday of were performed on the instrument of Health and Human Services, an	, 20 / 9, the foregoing indicated above, in accordance with current and the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
O'ME STATI O'ME STATI	CAROLINA	R. G. The	Cartificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 11/26/2019

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST		10:57am 10:58am 10:59am 11:00am 11:01am
AIR BLK	.00	
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 1273
Test Date: 11/26/2019 Test Time: 11:05am EST

System Check: Passed

Baseline Tests

Test	Status	Time .
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:06am

Temperature Tests

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

Blank Tests

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

AIR Pass 11:06am

Printer Tests

Test			Time
TAGE	· ~ T	atus	1111 ma
1606	UL	-CLUUD	1 1 1 1 1 1 1 1

PRNT Pass 11:06am

CRC Tests

rest	Status	TTIIIG
COMP	Pagg	11 · 07ar

CAL Pass 11:07am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Craven		Instrument Location Bat makile calf 12		
Instrument S	Serial No. <u>008758</u>	Heurloah		
The preventifour months	ive maintenance procedures for the Into are:	ximeters, Model Intox EC/IR II t	o be followed at least once every	
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		reath simulator thermometer show	
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5,	Verify instrument accuracy;		•	
6.	When "PLEASE BLOW" appear	s, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.		tion date, or the alcoholic breath Alcoholic Breath Simulator tests,	
procedures w	t on the <u>2. 2.</u> day of were performed on the instrument indictions of Health and Human Services, and the	cated above, in accordance with c	current regulations of the N.C.	
THE STATE OF THE S	m and	and of Considering Official	Contidents Number	

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008788 Test Record Number: 1449
Test Date: 11/22/2019 Test Time: 7:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:54pm
FLO	Pass	7:54pm
FC	Pass	7:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:54pm
SRC	Pass	7:54pm
DET	Pass	7:54pm
BAR	Pass	7:54pm
BT	Pass	7:54pm

Blank Tests

Test	Status	Time
AIR	Pass	7:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:55pm

CRC Tests

Test	Status	Time
COMP	Pass	7:55pm
CAL	Pass	7:55pm

Preventive Maintenance Status: Pass

Analyst

mar

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008788 Test Date: 11/22/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	7:47pm
AIR BLK	.00	7:48pm
ACCY CHK	.08	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm

\$J.

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTOX	
County	UMBERLAND	Instrument Location Co	MBERLAND COUNTY ETENTION CENTER
Instrument Ser	ial No. <u>OU 8632</u>		ETENTION CENTER
The preventive four months ar	e:		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 alcohol gree centigrade;	ic breath simulator thermometer shows
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	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a		
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before ex anged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
Ť	on the	indicated above, in accordance v	the foregoing preventive maintenance rith current regulations of the N.C. properly.
OF VAN 20. 17	NORTH		
COREA	CAPOLINI CAP		
APRIL 12, TO	Eller 1	? Bara	648
	S	gnature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 11/15/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:24pm
ACCY CHK	.08	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ry Ba

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4288
Test Date: 11/15/2019 Test Time: 12:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
\mathtt{FLO}	Pass	12:31pm
FC	Pass	12:31pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Status	Time
Pass	12:32pm
	_

CRC Tests

rest	Status	Time
COMP	Pass	12:32pm
CAL	Pass	12:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location COMBERLAND COUNTERING COUNTERLAND COUNTER		
Instrument Seri	al No. 008672 DETENTION CENTE		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the 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 theday ofNOVEMBER_ 20, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
OME STATE OF			
STE QUAM VIDEO	alux 3a G48		
	Signature of Certifying Official Certificate Number		

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 11/15/2019

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: BARNES, ALVIN R
Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 6745
Test Date: 11/15/2019 Test Time: 12:27pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERLAND	Instrument Location_	CUMBERLAND	COUNT
Instrumen	t Serial No. <u>008633</u>	· .	DETENTION (CENTER
The prevention	ntive maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be followed at lea	st once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulator ther	mometer shows
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	е;	
. 7.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed bef nged every four months o	ore expiration date, or the alco r after 125 Alcoholic Breath S	holic breath imulator tests,
	nat on the <u>15</u> day of <u>No</u> is were performed on the instrument is ent of Health and Human Services, and	ndicated above, in accorda		maintenance of the N.C.
TOTAL CONTACT OF THE	ATE OF NO. 175	nature of Certifying Offic	Continue Continue	4
	Sig	nature of Certifying Offic	ai Certificat	e Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 11/15/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:16pm 12:16pm 12:17pm 12:18pm 12:19pm 12:20pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ry Banes Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 5371 Test Date: 11/15/2019 Test Time: 12:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:24pm

Temperature Tests.

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

Blank Tests

rest	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:25pm

Pass

12:25pm

Preventive Maintenance Status: Pass

Olu R. Bars Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERLAND	Instrument Location_	CUMBERLAND COUNT		
Instrument	Serial No. <u>008614</u>		DETENTION CENTE		
The prever		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	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" appear	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before ged every four months or	ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,		
procedure	nat on the	dicated above, in accorda	, the foregoing preventive maintenance ince with current regulations of the N.C. oning properly.		
O'THE STATE OF NO THE STATE OF					
* LIST QU	(1) La	dure of Certifying Offici	ial Certificate Number		

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 11/15/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:40pm 12:41pm
ACCY CHK	.07	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4372 Test Date: 11/15/2019 Test Time: 12:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

Printer Tests

Status

Test

		-
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:50pm 12:50pm

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE Instrument Location Kill Devil Hills P.P.
Instrument	Serial No. 008844 102 TOWN HALL Dr. Kill Beilh
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	that on the
SERVICE CARE AT SERVICE AT SERVIC	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 11/25/2019

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: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:19pm 12:20pm 12:20pm 12:22pm 12:22pm 12:24pm
SUB TEST	.00	12:25pm
ATR BLK	. 00	12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2310 Test Date: 11/25/2019 Test Time: 12:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:29pm
CAL	Pass	12:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE Instrument Location DALE CO. SO HATTER
Instrument S	erial No. 008867 50346 Ne Hwy 12, Frisco, N.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	t on the Alore Me, 20 / 5, 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.
OF THE STAT	E o No Billion

Signature of Certifying Official

Certificate Númber

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 11/21/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTNANCE

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

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

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

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.07	1:40pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:45pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Jonil A. Keese
Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1122

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Da	vе	instrument Location Daye (O.	Detention Cea
Instrument Seria	al No. 008783 10	244 Driffwood D.	, Mantes, NC
The preventive r		meters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	ays pressure, or the alcoholic breath si 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 simulator solution is being changed whichever occurs first.	is being changed before expiration dat every four months or after 125 Alcohol	e, or the alcoholic breath olic Breath Simulator tests,
		Mbe(, 20 , the foregoin ted above, in accordance with current instrument is functioning properly.	
THE STATE OF A CHARACTER OF A CHARAC	Signature	of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 11/21/2019

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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:00am 11:01am 11:02am 11:03am 11:04am
SUB TEST	.00	11:04am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 888
Test Date: 11/21/2019 Test Time: 11:07am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

Printer Tests

Test	Status	Time
PRNT	Pass	11:09am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:09am

Preventive Maintenance Status: Pass

Pass

11:09am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II				
County Da	Ve Instrument Location Dave Co. Detent. Un Center			
Instrument Seri	Instrument Serial No. 008804 Instrument Location Dave Co. Defent. Un (enter) Instrument Serial No. 008804 IO44 Driffwood Dr., Manteo, 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 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.	6. When "PLEASE BLOW" appears, collect breath sample;			
7.	7. When "PLEASE BLOW" appears, collect breath sample;			
8.	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 2/ day of Would be , 20/ 2, 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 Signature STATE or 10 10 10 10 10 10 10 10 10 10 10 10 10				

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 11/21/2019

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2305 Test Date: 11/21/2019 Test Time: 11:17am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Da	uidsou Instrument Location Balmobile Unit 2		
Instrument Seri	ial No. 00 8973		
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 wei	the		
TO THE STATE OF TH	Che Joseph L56 Signature of Certifying Official Certificate Number		

DAVIDSON BAT MOBILE UNIT 02 280

Serial Number: 008973 Test Date: 11/15/2019

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: 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	7:06pm
AIR BLK	.00	7:07pm
ACCY CHK	08	7:07pm
AIR BLK	.00	7:08pm
SUB TEST	.00	7:09pm
AIR BLK	.00	7:10pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

In all y
Analyst

DAVIDSON BAT MOBILE UNIT 02 280

Serial Number: 008973

Test Record Number: 722

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:14pm
FLO	Pass	7:14pm
FC	Pass	7:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:14pm
SRC	Pass	7:14pm
DET	Pass	7:14pm
BAR	Pass	7:14pm
BT	Pass	7:14pm

Blank Tests

Test	Status	Time
AIR	Pass	7:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:15pm
	CRC Tests	•
Test	Status	Time
COMP	Pass	7:15pm

Preventive Maintenance Status: Pass

Pass

7:15pm

CAL

Im Va Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FRA	NKLIN Instrument Location FRANKLIN 6. LEC
Instrument Seria	al No. 1008651 285 TKEMPRD LOUISBUKE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of
OF STATE OF AN AUTO OF THE STATE OF AUTO OF THE STATE OF AUTO OF THE STATE OF THE S	
<u>—</u>	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008651 Test Date: 11/22/2019

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: NC
Driver's License Number: NONE

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

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:33pm
ACCY CHK	.00 .07	3:34pm 3:34pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
ATR BLK	. 0.0	$3 \cdot 39 \text{rm}$

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008651 Test Record Number: 1405 Test Date: 11/22/2019 Test Time: 3:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:41pm 3:41pm
FC	Pass	3:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FRA	NKLIN Instrument Location FRANKLIN CO. LEC
Instrument Seria	INO. DOBTES 285 TKEMPRO. LOWISBURG, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he 22 day of NOVEMBER , 20 19 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.
THE STATE OF N. TO THE STATE OF	Le D Smith 637

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008738 Test Date: 11/22/2019

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: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:32pm
ACCY CHK	.07	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
ATR BLK	00	3 · 37mm

Reperted AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008738 Test Record Number: 888
Test Date: 11/22/2019 Test Time: 3:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	reene Instrument Location Green Co. 5.0.
Instrument Se	erial No. 008670 301 W. Greenest., SNOWHILL, N.
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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before 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
TO THE STATE OF TH	

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 11/07/2019

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, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:59pm 4:00pm
ACCY CHK	.07	4:01pm
AIR BLK	.00	4:02pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:05pm

Signature of Chemical Analyst

Court CVR

Analyst

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670

Test Record Number: 1908

Test Date: 11/07/2019

Test Time: 4:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:07pm
SRC	Pass	4:07pm
DET	Pass	4:07pm
BAR	Pass	4:07pm
BT	Pass	4:07pm

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	4:07pm 4:07pm

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Date: 11/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Faler

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Record Number: 4170 Test Date: 11/05/2019 Test Time: 1:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:41pm 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
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

1:42pm

1:42pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

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 /-//-	LIFAY Instrument Location ROANOKE RAPIDS PD
Instrument Seria	al No. 008635 1640 RUANDKE AVE ROANGKE RAPIOS, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 11/01/2019

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: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:42pm
AIR BLK	.00	4:43pm
ACCY CHK	.08	4:43pm
AIR BLK	.00	4:44pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:47pm
AIR BLK	.00	4:48pm

Reported AC: .00 p/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1736
Test Date: 11/01/2019 Test Time: 4:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:50pm
${ t FLO}$	Pass	4:50pm
FC	Pass	4:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:50pm
SRC	Pass	4:50pm
DET	Pass	4:50pm
BAR	Pass	4:50pm
BT	Pass	4:50pm

Blank Tests

Test	Status	Time
AIR	Pass	4:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	4 . E 1 mm
PKMI	rass	4:51pm

CRC Tests

Test	Status	Time
COMP	Pass	4:51pm
CAL	Pass	4:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //AL	IFAY Instrument Location ROANOKE RAPIDS FO
Instrument Seria	al No. 008656 1640 ROANOILE AVE ROANOILE RAPIDS
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OF STATE OF MENT OF THE CORP.	Signature of Certifying Official Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 11/01/2019

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: 0032-6608
Effective:
07/09/2019-07/09/2021

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

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

Test	g/210L	Time
DIAG	Pass	4:40pm
AIR BLK	.00	4:41pm
ACCY CHK	.07	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:470m

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: 008656 Test Record Number: 669
Test Date: 11/01/2019 Test Time: 4:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:47pm
FLO	Pass	4:47pm
FC	Pass	4:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:48pm
SRC	Pass	4:48pm
DET	Pass	4:48pm
BAR	Pass	4:48pm
BT	Pass	4:48pm

Blank Tests

Test	Status	Time
AIR	Pass	4:48pm

Printer Tests

rest	Status	Time
PRNT	Pass	4:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:48pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAL	·	Instrument Location /-/A) /FAX	CO. SABRREFS OFFICE
Instrument Seria	ul No. <u>60 86 9\$</u>	355 FERRELL LN HA	HUFAX, IVC
The preventive r	•	toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breat tree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	v	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration of ged every four months or after 125 Alc	
procedures were	performed on the instrument indi-	EMBEN , 20 / 9 the for cated above, in accordance with currence instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OF THE STATE OF N	Sima	D Anold	Cartificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 11/01/2019

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: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:50pm
AIR BLK	.00	3:51pm
ACCY CHK	.08	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 2816

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm
	CRC Tests	
Test	Status	Time

	20000	
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	INTUXINETERS, WODEL INTOX ECTR II ARMET Co. Instrument Location DUNH Police Dept.
Instrument S	erial No. <u>008644 DUMM, NC</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
STATE STATE OF THE CORE AT 15	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 11/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:12pm 2:13pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLAK	.00	2:18pm

Reported AC

.00 A21.0L

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

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1413 Test Date: 11/27/2019 Test Time: 2:19pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	 Status		Time
	 1.5	•	
AIR	Pass		2:20pm

Printer Tests

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

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAK	METT Co. Instrument Location HARMETT Co. Deterthing Contra
Instrument Ser	al No. 008/129 Lillington, 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 were	the
THE QUANTUMENT	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 11/27/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:31pm
AIR BLK	.00	12:32pm
ACCY CHK	08	12:33pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	00	12:35pm
SUB TEST	.00	12:36pm
ATR BLK	. 00	$12 \cdot 37 \text{pm}$

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analys

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 2362 Test Date: 11/27/2019 Test Time: 12:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time

AIR Pass 12:39pm

Printer Tests

Test Status Time

PRNT Pass 12:39pm

CRC Tests

	and the second s	
Test	Status	Time

COMP Pass 12:39pm CAL Pass 12:39pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County +	ARNETT Co. Instrument Location HARNETT Co. Detention Center
Instrument Se	erial No. 008130 hillington, 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.
procedures w	on theday of // overvicer, 20// the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF QUANTY	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 11/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:27pm 12:27pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK,	.00	12:33pm

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**

Analyst

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HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 3336

Test Date: 11/27/2019 Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
\mathtt{BT}	Pass	12:36pm

Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:36pm

12:36pm

Preventive Maintenance

Pass

CAL

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Holes	1 Instrument Location Hoke Co. Detention Centere
Instrument Seri	al No. 008855 Referrel, 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 were	the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 11/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~/210T

rest	g/210L	Time
DIAG AIR BLK	Pass	10:44am 10:45am
ACCY CHK	.08	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AG:

Maa+

210L/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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1553 Test Date: 11/27/2019 Test Time: 10:51am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

am
am
am
am
аm
ar ar

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

Test

COMP

CAL

PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time

Status

Time

10:53am

10:53am

Pass Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	INTOXIMETERS, MODEL INTOX ECTR II Ke Co. Instrument Location Ke Co. Detention Cent
Instrument S	erial No. 008852 RACFORD, NC
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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	on theday of, 20
STATE STATE STA	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 11/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:27am 10:27am
ACCY CHK	.00	10:27am
AIR BLK SUB TEST	.00 .00	10:29am 10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
ATR BIK	. 00	10:33am

Reported My:

.00~q/210L/

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 968
Test Date: 11/27/2019 Test Time: 10:34am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:34am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time
ΔΤΦ	Dagg	10.25am

Printer Tests

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

10:35am

Preventive Maintenance %tatus: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 🖌	Hyde Instrument Location Hyde Co. S.O.
Instrument S	Serial No. 008801 1033 Main ST., SWan Quarter
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	t on the
ASE QUANT	

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

Signature of Certifying Official

Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 11/13/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/08/2019-07/08/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
ATR BLK	. 00	12:36pm

Reported AC: > 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 526 Test Date: 11/13/2019 Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

	Time
AIR Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:38pm 12:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIME	TERS, MOD	DEL INTOX EC	C/IR II
yde	Instrumen	t Location <u> </u>	Co. S.O Devalo
erial No(<u>()()</u> 8797	7 <u>NC 1</u>	2, Ocra	coke, N.C.
ve maintenance procedures for are:	the Intoximeters, N	Model Intox EC/IR II to	be followed at least once every
			reath simulator thermometer shows
Verify instrument display	s time and date;		
Initiate breath test sequen	ce;		
Enter information as pror	npted;		
Verify instrument accura-	ey;		
When "PLEASE BLOW"	appears, collect b	reath sample;	
When "PLEASE BLOW"	appears, collect be	reath sample;	
Print test record;			
Verify Diagnostic Progra	m; and		
Verify that the ethanol gasimulator solution is bein whichever occurs first.	s canister is being of g changed every for	changed before expirate or months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
vere performed on the instrum	ent indicated above	e, in accordance with c	urrent regulations of the N.C.
S ROUNT	Key L	Stine Official	Certificate Number
	remaintenance procedures for are: Verify the ethanol gas can 34 degrees, plus or minus Verify instrument display Initiate breath test sequen Enter information as pron Verify instrument accurace When "PLEASE BLOW" When "PLEASE BLOW" Print test record; Verify Diagnostic Program Verify that the ethanol gas imulator solution is bein whichever occurs first. on the	remaintenance procedures for the Intoximeters, Note: Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect by When "PLEASE BLOW" appears, collect by Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being a simulator solution is being changed every for whichever occurs first. On the	Verify the ethanol gas canister displays pressure, or the alcoholic be 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first. on the

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 11/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:29pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	. 00	1:36pm

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: 577

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:38pm

Preventive Maintenance Status: Pass

Pass

1:38pm

CAL

Analyst

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

tifying Official

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 11/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 4286
Test Date: 11/20/2019 Test Time: 1:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:44pm

Temperature Tests

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

Blank Tests

Test Status Time
AIR Pass 1:44pm

Printer Tests

Test Status Time
PRNT Pass 1:44pm

CRC Tests

Test Status Time

COMP Pass 1:44pm
CAL Pass 1:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jac	Instrument Location Jackson Co. Jail
Instrument Seria	al No. <u>00</u> 8708 <u>Sylva</u> , NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures were Department of	the
O'NE STATE OF THE	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 11/25/2019

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:45pm 3:46pm
ACCY CHK	.08	3:47pm
AIR BLK SUB TEST	.00 .00	3:47pm 3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 1476

Test Date: 11/25/2019

Test Time: 3:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO	Pass	3:52pm
FC	Pass	3:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:53pm
SRC	Pass	3:53pm
DET	Pass	3:53pm
BAR	Pass	3:53pm
BT	Pass	3:53pm

Blank Tests

Test	Status	Time
AIR	Pass	mc25:E

Printer Tests

Test	Status	Time
PRNT	Pass	3:53pm

CRC Tests

Test	Status	Time
COMP	Pass	3:54pm
CAL	Pass	3:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ja	Instrument Location Tackson Co. Tail
	erial No. 008722 Sylva, NC
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.
procedures v	on the
STATIC OREAL OF A STATIC OREAL OF A STATIC OREAL OF A STATIC OR A	Signature of Configure Official Contificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 11/25/2019

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: Cutler, Daniel R Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	3:43pm 3:44pm 3:45pm 3:46pm 3:46pm 3:47pm 3:49pm
AIR BLK	.00	3:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1175
Test Date: 11/25/2019 Test Time: 3:50pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:52pm 3:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

111		RS, MODEL INTOX ECIT	
County Ma	aclison	Instrument Location Mars /+	11 PO
Instrument Se	erial No. <u>00 95 82</u>	Mars H	!:// , NC
The preventive four months a		toximeters, Model Intox EC/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath stree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	ı.	
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ster is being changed before expiration da aged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
procedures w	vere performed on the instrument inc	dicated above, in accordance with current the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
THE STATE OF THE PROPERTY OF T	S. CAROLLINIA S. C. CAROLLINIA S. C.	other of Contifying Official	Gyg Cartificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 11/13/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

DIAG Pass 4:09	\·
AIR BLK .00 4:10	mq(
ACCY CHK .07 4:11 AIR BLK .00 4:12	_
SUB TEST .00 4:13	mq8
AIR BLK .00 4:13	
SUB TEST .00 4:15	pm
AIR BLK .00 4:16	iom

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1148 Test Date: 11/13/2019 Test Time: 4:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:18pm
FLO	Pass	4:18pm
FC	Pass	4:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:18pm
SRC	Pass	4:18pm
DET	Pass	4:18pm
BAR	Pass	4:18pm
BT	Pass	4:18pm

Blank Tests

Test	Status	Time
AIR	Pass	4:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:19pm 4:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_///	adison	Instrument Location Madison	(, Ja:11	
Instrument Se	erial No. <u>208599</u>	Mershall,	M	
The prevention four months		ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every	
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show	
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;		•	
9.	Verify Diagnostic Program; and	d		
10.		ster is being changed before expiration da nged every four months or after 125 Alcoh		
procedures v	vere performed on the instrument in	vicings 1, 20/9, the foregoing dicated above, in accordance with current the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.	
STATE STATE OF THE		nature of Certifying Official	Certificate Number	

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 11/13/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	3:34pm 3:35pm 3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1065
Test Date: 11/13/2019 Test Time: 3:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR ·	Pass	3:42pm
FLO	Pass	3:42pm
FC	Pass	3:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:42pm
SRC	Pass	3:42pm
DET	Pass	3:42pm
BAR	Pass	3:42pm
BT	Pass	3:42pm

Blank Tests

Test	Status	Time
AIR	Pass	3:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:43pm
	CRC Tests	

Test	Status '	Time
COMP	Pass	3:43pm
CAL	Pass	3:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Mecklenbury Instrument Location BA+ Mobile Unit 2
Instrume	ent Serial No. <u>608970</u> <u>CMPD</u>
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every aths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of, 20_17, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
GREATE	STATE OF THE STATE
	Signature of Containing Principles

MECKLENBURG BAT MOBILE UNIT 02 590

Serial Number: 008970 Test Date: 11/20/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

05/01/2019-05/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:42pm
AIR BLK	.00	7:43pm
ACCY CHK	.08	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:45pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:47pm
ATR BLK	. 00	7:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 02 590

Serial Number: 008970 Test Record Number: 679
Test Date: 11/20/2019 Test Time: 7:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:51pm
FLO	Pass	7:51pm
FC	Pass	7:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:51pm
SRC	Pass	7:51pm
DET	Pass	7:51pm
BAR	Pass	7:51pm
BT	Pass	7:51pm

Blank Tests

Test	Status	Time
AIR	Pass	7:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:52pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:52pm
CAL	Pass	7:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenbury Instrument Location Bad Mobile Unit 2
Instrument S	erial No. 608973
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATION OF	

MECKLENBURG BAT MOBILE UNIT 02 590

Serial Number: 008973 Test Date: 11/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time

DIAG	Pass	7:43pm
AIR BLK	.00	7:44pm
ACCY CHK	.08	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:46pm
SUB TEST	.00	7:48pm
AIR BLK	.00	7:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M / Do X

MECKLENBURG BAT MOBILE UNIT 02 590

Serial Number: 008973 Test Rec

Test Record Number: 726

Test Date: 11/20/2019 Test Time: 7:50pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:50pm
FLO	Pass	7:50pm
FC	Pass	7:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:51pm
SRC	Pass	7:51pm
DET	Pass	7:51pm
BAR	Pass	7:51pm
BT	Pass	7:51pm

Blank Tests

Test	Status	Time
	•	
AIR	Pass	7:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:52pm
CAL	Pass	7:52pm

Preventive Maintenance Status: Pass

Clu v 20 ~

	PREVENTIVE MAINTENANCE RECORI INTOXIMETERS, MODEL INTOX EC/IR	
County Mec	Klenburg Instrument Location Mecklimbu	
Instrument Serial	No. 00865 801 E4th St., Charlot	te ,
The preventive m four months are:	aintenance 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 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 dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	he <u>JJ</u> day of <u>NOVCMDEC</u> , 20 <u>19</u> , the foregoin performed on the instrument indicated above, in accordance with current lealth and Human Services, and the instrument is functioning properly.	
TESE GLAM VORWAY	Signature of Certifying Official	656 Certificate Number

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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 11/22/2019

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: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:45am
AIR BLK	.00	5:46am
ACCY CHK	.08	5:46am
AIR BLK	.00	5:47am
SUB TEST	.00	5:48am
AIR BLK	.00	5:49am
SUB TEST	.00	5:50am
ATR BLK	. 0.0	5:51am

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 4783
Test Date: 11/22/2019 Test Time: 5:53am EST

System Check: Passed

Baseline Tests

Status	Time
Pass	5:53am 5:53am
	5:53am
	_

Temperature Tests

Test	Status	Time
FC1	Pass	5:53am
SRC	Pass	5:53am
DET	Pass	5:53am
BAR	Pass	5:53am
BT	Pass	5:53am

Blank Tests

Test	Status	Time
AIR	Pass	5:54am

Printer Tests

Test	Status	Time
PRNT	Pass	5:54am

CRC Tests

Test	Status	Time
COMP	Pass	5:54am
CAL	Pass	5:54am

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

γ	INTOXIMETERS, MODEL INTOX EC/IR II Jeckleburg Instrument Location CMPD-LEC
Instrument S	andrew (DIET 1) (1) 1+
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 22 day of 1000000, 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.
THE STATE OF THE S	

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 11/22/2019

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: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:21am
AIR BLK	.00	6:22am
ACCY CHK	.07	6:23am
AIR BLK	.00	6:24am
SUB TEST	.00	6:24am
AIR BLK	.00	6:25am
SUB TEST	.00	6:27am
AIR BLK	.00	6:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 4535 Test Date: 11/22/2019 Test Time: 6:29am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:29am
FLO	Pass	6:29am
FC	Pass	6:29am

Temperature Tests

Test	Status	Time
FC1	Pass	6:30am
SRC	Pass	6:30am
DET	Pass	6:30am
BAR	Pass	6:30am
BT	Pass	6:30am

Blank Tests

Test	Status	Time
AIR	Pass	6:30am

Printer Tests

Test	Status	Time
PRNT	Pass	6:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	6:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Mecklenburg Instrument Location Pineville PD
	Mecklenburg Instrument Location Pineville PD nt Serial No. 008703 427 Main Street, Pineville
	•
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of
GREATS	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 11/14/2019

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: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/21/2021

Test	g/210L	Time
DIAG	Pass	12:50pm
AIR BLK	.00	12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:53pm
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

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5803 Test Date: 11/14/2019 Test Time: 12:58pm EST

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	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

Blank Tests

Test	Status	Time
AIR	Pass	12:59pr

Printer Tests

Test	Status	Time
PRNT	Pass	12:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:59pm 12:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Montgomory Instrument Location BAT Mobile Unit #
Instrumen	Montgomory Instrument Location BAT Mobile Unit #. t Serial No. 008575 Candor, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
THE CONTRACTOR OF THE CONTRACT	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 5 610

Serial Number: 008575 Test Record Number: 1205
Test Date: 11/23/2019 Test Time: 6:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:05pm
FLO	Pass	6:05pm
FC	Pass	6:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:05pm
SRC	Pass	6:05pm
DET	Pass	6:05pm
BAR	Pass	6:05pm
\mathtt{BT}	Pass	6:05pm

Blank Tests

Test	Status	Time
AIR	Pass	6:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:06pm

CRC Tests

Test	Status	Time
COMP	Pass	6:06pm
CAL	Pass	6:06pm

Preventive Maintenance Status: Pass

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 5 610

Serial Number: 008575 Test Date: 11/23/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	5:57pm
AIR BLK	.00	5:58pm
ACCY CHK	. 08	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	- 0.0	6:00pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:03pm
AIR BLK	.00	6:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mixer Instrument Location BATMobile Unit#5
Instrument Se	rial No. 008707 Robbins, N.C.
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.
procedures we	on the
THE STATE OF THE S	

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008707 Test Date: 11/22/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	5:33pm
AIR BLK	.00	5:34pm
ACCY CHK	. 08	5:35pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008707 Test Record Number: 2607 Test Date: 11/22/2019 Test Time: 5:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:40pm
FLO	Pass	5:40pm
FC	Pass	5:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:41pm
SRC	Pass	5:41pm
DET	Pass	5:41pm
BAR	Pass	5:41pm
BT	Pass	5:41pm

Blank Tests

Test Status Time

AIR Pass 5:41pm

Printer Tests

Test Status Time

PRNT Pass 5:41pm

CRC Tests

Test Status Time

COMP Pass 5:42pm CAL Pass 5:42pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ASH	Instrument Location	TMONTH UNFT C	
Instrument S	erial No. Oo YSYO	ROCKY MOUNT		
The preventi		e Intoximeters, Model Intox EC/IR	II to be followed at least once ev	/ery
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcohol degree centigrade;	lic breath simulator thermometer	show
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify Instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample;		
· · 7.	When "PLEASE BLOW" a	ppears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		÷
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before exp hanged every four months or after	piration date, or the alcoholic bree 125 Alcoholic Breath Simulator (ith ests,
I certify that procedures w Department	vere performed on the instrument	tindicated above, in accordance wind the instrument is functioning p	ne foregoing preventive maintena th current regulations of the N.C properly.	nce
SALE STATE				
THE CHANGE		ignature of Certifying Official	Certificate Number	

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

DHHS 4080 (11/07)

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580 Test Date: 11/02/2019

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

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

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

Test	g/210L	Time	
DIAG	Pass	11:28pm	
AIR BLK	.00	11:29pm	
ACCY CHK	.07	11:30pm	
AIR BLK	0.0	11:30pm	
SUB TEST	.00	11:31pm	
AIR BLK	.00	11:32pm	
SUB TEST	.00	11:33pm	
AIR BLK	.00	11:34pm	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580 Test Record Number: 2533 Test Date: 11/02/2019 Test Time: 11:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:36pm
SRC	Pass	11:36pm
DET	Pass	11:36pm
BAR	Pass	11:36pm
BT	Pass	11:36pm

Blank Tests

rest	Status	\mathbf{I}	'ime	
AIR	Pass	1	1:36r	mc

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Seria	al No. OOSSYY ROCKY MOUNT	
	al No. OOYSYY BLOCKY MOUNT	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	-
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;	ΟV
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	S,
I certify that on procedures were Department of	theday of	•
STATE OF THE STATE	Signature of Certifying Official Certificate Number	-

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008584 Test Date: 11/02/2019

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: Varnell, Bryon L

Permit Number: 0036-121

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test g/210L Time

DIAG Pass 11:28pm AIR BLK .00 11:28pm ACCY CHK .07 11:29pm AIR BLK .00 11:3dpm SUB TEST .00

11:30pm AIR BLK .00 SUB TEST .00 11:31pm

11:33pm

.00 AIR BLK 11:34pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008584 Test Record Number: 2301 Test Date: 11/02/2019 Test Time: 11:35pm EDT

System Check: Passed

Baseline Tests

rest	Status	Time
IR	Pass	11:35pm
FLO	Pass	11:35pm
FC	Pass	11:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:35pm
SRC	Pass	11:35pm
DET	Pass	11:35pm
BAR	Pass	11:35pm
BT	Pass	11:35pm

Blank Tests

Test	Status	3	Time	
				.*
AIR	Pass		11:36	ma

Printer Tests

7-22002				
Test	Status	Time		
PRNT	Pass	11:36pm		
	CRC Tests			
Test	Status	Time		
COMP	Pass Pass	11:36pm 11:36pm		

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /V	ASH	Instrument Location /SAT	MOSDE UND 4
Instrument Se	erial No. <u>008179</u>	LOCKY MOUNT	
The prevention four months		or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas of 34 degrees, plus or min	anister displays pressure, or the alcoholic bre as .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displa	sys time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	/" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	am; and	
10.		as canister is being changed before expiration in changed every four months or after 125 A	
I certify that		NUTCHOR , 20/9, the forment indicated above, in accordance with cur	egoing preventive maintenance
		ces, and the instrument is functioning proper	
William Comment			
OF THE STATI	O NO.	·	
A STATE OF THE PARTY OF THE PAR			663
		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)

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008779 Test Date: 11/02/2019

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: Varnell, Bryon L Permit Number: 0036-1210

t Number: 0036-121 Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test g/210L Time

DIAG	Pass	11:26	mq
AIR BLK	.00	11:27	pm
ACCY CHK	.07	11:28	mq
AIR BLK	.00	11:29	pm
SUB TEST	.00	11:29	
AIR BLK	.00	11:30	ρm
SUB TEST	.00	11:31	
AIR BLK	.00	11:32	pm
			- Table 1

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008779 Test Record Number: 3597
Test Date: 11/02/2019 Test Time: 11:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34pm
FLΦ	Pass	11:34pm
FC	Pass	11:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:34pm
SR¢	Pass	11:34pm
DET	Pass	11:34pm
BAR	Pass	11:34pm
BT	Pass	11:34pm

Blank Tests

Test	Status	Time
AIR	Pass	11:35pm

Printer Tests

Tes	t	Status	Time
PRN	T	Pass	11:35pm

CRC Tests

Test	Status	Time
COMP	Pass	11:35pm
CAL	Pass	11:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MA	SH Instrument Location NASHVILLE PD
Instrument Seri	ial No. COS630 501 S. BARNES ST. NASHWILLE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	La Danth 637

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 11/15/2019

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: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	4:16pm 4:16pm 4:17pm 4:18pm 4:19pm 4:20pm
SUB TEST	.00	4:21pm
ATR BIK	. 00	4:230m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630

Test Record Number: 4609

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:24pm
FLO	Pass	4:24pm
FC	Pass	4:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:25pm
SRC	Pass	4:25pm
DET	Pass	4:25pm
BAR	Pass	4:25pm
BT	Pass	4:25pm

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	4:26pm
CAL	Pass	4:26pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 11/15/2019

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: Smith, Brian D

Permit Number: 0032-6608

Effective: 07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:53pm 2:53pm 2:54pm 2:55pm 2:56pm
AIR BLK SUB TEST	.00 .00	2:57pm 2:58pm
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2493 Test Date: 11/15/2019 Test Time: 3:00pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:01pm
CAL	Pass	3:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NA	Instrument Location ROCKY Mount PD
Instrument Seri	al No. 008740 \$1 COVERNMENT PLAZA, ROCKY HOUNS,
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 were Department of H	the
OF CHANTON	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 11/15/2019

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: Smith, Brian D
Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:55pm
AIR BLK	.00	2:56pm
ACCY CHK	.07	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	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 733
Test Date: 11/15/2019 Test Time: 3:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:03pm

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	3:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:04pm 3:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	New Hannuer Instrument Location Bat mobile Unit 12
Instrum	ent Serial No. 008600 wilming ton
The previous most	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every onths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of
	TATE OF THE PARTY
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE 12 640

Serial Number: 008600 Test Date: 11/01/2019

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: Anderson, Mark G
Permit Number: 0013-1517
Effective:

09/23/2019-09/23/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:38pm 11:39pm
ACCY CHK	.08	11:39pm
AIR BLK SUB TEST	.00 .00	11:40pm 11:41pm
AIR BLK	.00	11:42pm
SUB TEST AIR BLK	.00	11:43pm 11:44pm

Reported AC: .00 g/2F0L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE 12 640

Serial Number: 008600 Test Record Number: 1913 Test Date: 11/01/2019 Test Time: 11:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:48pm
FLO	Pass	11:48pm
FC	Pass	11:48pm

Temperature Tests

Status	Time
Pass	11:48pm
	Pass Pass Pass Pass

Blank Tests

Test	Status		Time
AIR	Pass	-	11:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:49pm
. + +1+	CRC Tests	
Test	Status	Time
COMP	Pass	11:49pm

11:49pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Money	HAMPTON Instrument Location NORTHAMPTON CO. SHERIF'S OF
Instrument Seria	al No. 008688 105 W. JEFFERSON ST. JACKSON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
SEE STATE OF THE S	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 11/15/2019

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: Smith, Brian D
Permit Number: 0032-6608
Effective:

07/09/2019-07/09/2021

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Analyst

Rev. 12/2007

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 838 Test Date: 11/15/2019 Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

Temperature Tests

Status	Time
Pass	12:42pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:43pm 12:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County // County	MAMPTON Instrument Location NORTHAMPTON CO. SHEAIFF'S C
Instrument Seria	INO. DOBGOT 105W. JEFAERS ON ST. JACKSON,
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.
	he / S day of Where Mark , 20 19 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. tealth and Human Services, and the instrument is functioning properly.
OTHE STATE OF NOTICE OF STATE OF NOTICE OF STATE OF NOTICE OF STATE OF STAT	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 11/15/2019

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: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:30pm 12:31pm
ACCY CHK	.07	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

Reported AC: 100 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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1011 Test Date: 11/15/2019 Test Time: 12:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

Blank Tests

Test	Status	Time
AIR	Pass	12;41pm

Printer Tests

Status

Time

12:41pm

Test

CAL

	*	.'
PRŇT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:41pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 💍	NSLOW	Instrument Location_	ONSLOW	COUNTY
Instrument Ser	ial No. <u>008932</u>		DETENTIO	UN CENTE
The preventive four months ar	e maintenance procedures for the In	toximeters, Model Intox I	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lcoholic breath simul	ator 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 canis simulator solution is being chang whichever occurs first.			
	n the <u>27</u> day of <u>No U</u> re performed on the instrument ind f Health and Human Services, and t	licated above, in accordan	ice with current regu	eventive maintenance lations of the N.C.
STATE OF THE STATE	NOOM CAROLIN			
ARE IZ THE	<u>Clu</u> Signa	La Banda ture/of Certifying Officia)	Co48 ertificate Number

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

DHHS 4080 (11/07)

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 11/27/2019

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:44pm 12:45pm 12:46pm 12:47pm
AIR BLK SUB TEST	.00 .00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

Analyst

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 5334 Test Date: 11/27/2019 Test Time: 12:52pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass Pass	12:52pm 12:52pm
Pass	12:52pm

Temperature Tests

Status	Time
Pass	12:52pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County () /	NISLOW Instrument Location ONSLOW COUNTY
Instrument Seria	al No. 008931 DETENTION CENTER
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>37</u> day of <u>NOUEMBEL</u> , 20 <u>19</u> , the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A	
ESSE QUAM VIDERI	alu R. Bans 048
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 11/27/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:38pm 12:39pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Ban Analyst

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 3180 Test Date: 11/27/2019 Test Time: 12:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:46pm 12:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Ser	ial No. 008856 828 MARTINILUTHER KING, JR BLVD CHAPEL HILL, NC
	CHAPEL HILL, 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 should degree, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF NOTICE AND ADDRESS OF THE STATE OF NOTICE AND ADDRESS OF THE STATE OF NOTICE AND ADDRESS OF THE STATE OF THE	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 11/14/2019

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:30pm 2:31pm
ACCY CHK	.08	2:31pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2575
Test Date: 11/14/2019 Test Time: 2:38pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
\mathtt{BT}	Pass	2:39pm

Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

4	A STATE OF ECIR II
County	PRANGE Instrument Location CHAPEL HILL PD
Instrument	Serial No. 008839 828 MARTIN LUTHER KING, JR BLVD
	CNAPEL HILL, NC
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OF STA	La Darth 637
	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 11/14/2019

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: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:33pm
ATR BLK	. 00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Record Number: 2075

Test Date: 11/14/2019

Test Time: 2:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	2:36pm 2:36pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	PANCE Instrument Location HIIISBURDUCH PD
Instrument Ser	ial No. DOBET3 127 N. CHURTON ST. HILLSBORDUGH, 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.
I certify that on procedures wer Department of	the day of
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Date: 11/14/2019

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: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:50pm
AIR BLK	.00	12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
ATR RIK	0.0	12.57pm

Repeated AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Record Number: 1806

Test Date: 11/14/2019 Test Time: 12:59pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

Printer Tests

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

CAL Pass 1:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OR	ANGE	Instrument l	ocation /4. lls.bo	roigh	PD
Instrument Se	erial No. <u>008799</u> /	27 N.	Churton St.	Hills	borngl, NC
The preventive four months a	ve maintenance procedures for the Intoxare:	cimeters, Mo	del Intox EC/IR II to	be follow	ed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		e, or the alcoholic bro	eath simul	ator thermometer show
2.	Verify instrument displays time an	d date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears	, collect brea	th sample;		
7.	When "PLEASE BLOW" appears	, collect brea	th sample;		1
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.				
procedures we	on the <u>24</u> day of <u>Nove</u> ere performed on the instrument indicat of Health and Human Services, and the i	ted above, in	accordance with curr	ent regula	
THE STATE OF THE S	Ser	Spra			662
	Signatü	re of Certifyi	ng Official	C	ertificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 11/24/2019

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: BARNES, STOKES S

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:03pm
AIR BLK	.00	4:04pm
ACCY CHK	.08	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm

Reparted AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 3051
Test Date: 11/24/2019 Test Time: 4:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:10pm
SRC	Pass	4:10pm
DET	Pass	4:10pm
BAR	Pass	4:10pm
BT	Pass	4:10pm

Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm

CRC Tests

Test	Status	Time
COMP	Pass	4:11pm
CAL	Pass	4:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 11/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:24am 10:25am 10:25am 10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

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**

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 900 Test Date: 11/12/2019 Test Time: 10:31am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Per	1 Sow Instrument Location Person Co LEC
Instrument Ser	rial No. 008693 120 COURT ST ROXBORD, NE
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 we	n the
O'THE STATE OF THE	States Sacres 662

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 11/15/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:54pm 12:55pm 12:55pm 12:56pm 12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:000m

Reported AC: .00 g/210L

ture of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1643 Test Date: 11/15/2019 Test Time: 1:04pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	1:06pm 1:06pm
CAL	Fass	1.00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pe	Ason Instrument Location Person & LEC
Instrument Se	erial No. 008880 120 COLAT ST RUXBORD, NC
· .	
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
THE STATE OF THE PARTY OF THE P	- O Was Sur
	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 11/15/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: ___00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1537 Test Date: 11/15/2019 Test Time: 12:59pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	
Test	Statue	Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

(7 INTUATIVETERS, MODEL INTO A EC/IR II) ;
County \sqrt{k}	Obesou Co. Instrument Location Ked Springs to	lice Dep
Instrument S	Serial No. 0088511 Red Springs, MC	
The preventi four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least s are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	ometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholismulator solution is being changed every four months or after 125 Alcoholic Breath Simwhichever occurs first.	
	t on the <u>JC</u> day of <u>November</u> , 20 / the forgoing preventive were performed on the instrument indicated above, in accordance with current regulations of the of Health and Human Services, and the instrument is functioning properly.	maintenance e N.C.
STATI O'ME	Signature of Certifying Official Certificate	Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 11/26/2019

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: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:34pm
AIR BLK	.00	12:35pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	. 0.0	12:39pm
AIR BLK	.00	12:40pm

Reported ACr .00 9/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 570 Test Date: 11/26/2019 Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:42pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Robeson Co Instrument Location 57 Pauls Police De,
Instrument	t Serial No. 00 88/4 57 Pauls
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
TEST OFFICE OF THE COLUMN TO T	ATE of Control of Certifying Official Certificate Number

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 11/26/2019

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: Keesler, Grayham C Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:19am 10:20am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported ACr .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Record Number: 680 Test Date: 11/26/2019 Test Time: 10:27am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:28am
FLO	Pass	10:28am
FC	Pass	10:28am

Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

Blank Tests

Test	Status	Time
-		4
AIR	Pass	10:29am

Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am 10:29am

Preventive Maintenance Status: Pass

Änalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. (2008/23) Republic Republ
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that on the
Signature of Certificial Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 11/26/2019

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: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:29am 11:30am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
ATR BLK	.00	11:35am

Reported AC: 1,00

/90 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1060 Test Date: 11/26/2019 Test Time: 11:36am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am

CRC Tests

11:37am 11:37am

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County To	erial No. 008636 Instrument Location Eden Police
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the 12th day of 10 very 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 S	ale Farien 655

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

Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 11/12/2019

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: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2014 Test Date: 11/12/2019 Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:25pm 1:25pm

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. OQ 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; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. day of November, 20 17, the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 11/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:45pm 2:46pm
ACCY CHK	.07	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 2896 Test Date: 11/12/2019 Test Time: 2:53pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
BT	Pass	2:54pm

Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	,
⊞o α t	Ctatua	Trimo

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

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

10	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	actingham Instrument Location Madison
Instrument Se	erial No.008802 Police Department
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the day of November, 20 1 , the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF MANY 26. 177	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 MADISON PD 780

Serial Number: 008802 Test Date: 11/14/2019

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: AG831801 Exp Date: 11/14/2020

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

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 849 Test Date: 11/14/2019 Test Time: 11:42am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
\mathtt{BT}	Pass	11:43am

Blank Tests

Test	Status	Time
A TD	Dagg	11.44am

Printer Tests

Test	Status	Time
PRNT	Pass	11 · 44am

CRC Tests

Test	Status	Time
COMP	Pass Pass	11:44am 11:44am

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Ratingham Instrument Location Reids V. (a

Instrument Serial No. 008784 Police Department

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



Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 11/14/2019

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: AG911506 Exp Date: 04/25/2021

rest	g/210L	Time
DIAG	Pass	3:30pm
AIR BLK	.00	3:31pm
ACCY CHK	.08	3:31pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reparted AC: .00 g/210L

Signature of Chemical Analys

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1180 Test Date: 11/14/2019 Test Time: 3:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:41pm 3:41pm
FC	Pass	3:41pm

Temperature Tests

Test Status Time	
FC1 Pass 3:41	pm.
SRC Pass 3:41	pm
DET Pass 3:41	_ pm
BAR Pass 3:41	_mq
BT Pass 3:41	pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:42pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:42pm
	CRC Tests	
Test	Status	Time

Pass 3:42pmPreventive Maintenance Status: Pass

Pass

3:42pm

COMP

CAL

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SAMPSON Instrument Location SAMPSON COUNTY
Instrumen	Serial No. 008875 DETENTION CENTER
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on theday of
STORY OF THE CONE AT STORY OF	ATE OF THE STATE O

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 11/26/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:51am 9:52am
ACCY CHK	.08	9:53am
AIR BLK	00	9:54am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
ATR RIK	<u>በ</u> በ	9 • 58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olu Z, B ____ Analyst

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825

Test Record Number: 2801

Test Date: 11/26/2019

Test Time: 9:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

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

Blank Tests

Test	Status	Time
	•	•

AIR Pass 10:00am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am

CRC Tests

Test	Status	Time	
COMP	Pass	10:00am	
CAL	Pass	10:00am	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	5AMPSON Instrument Location SAMPSON COUNTY
Instrument	Serial No. <u>608877</u> <u>DE TENTION CENTER</u>
The prevent	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every is 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 tha procedures Departmen	at on theday ofdouble MIBER_, 20
THE STATE OF THE S	

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Date: 11/26/2019

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.08	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

al 2 3 a

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877

Test Record Number: 3130

Test Date: 11/26/2019

Test Time: 9:36am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
DET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

Blank Tests

Test	Status	Time
ATR	Pass	9.37am

Printer Tests

Test	Scacus	TIME
PRNT	Pass	9:37am
•	•	

CRC Tests

Test	Status	Time
COMP	Pass	9:37am
CAL	Pass	9:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Scotland Instrument Location BATMb, Le Unit #5
Instrument S	erial No
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the <u>36</u> day of <u>November</u> , 20 19, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TANKS AND	

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

Signature of Certifying Official

Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008616 Test Record Number: 2510 Test Date: 11/30/2019 Test Time: 10:54pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:54pm 10:54pm 10:54pm 10:54pm 10:54pm
	'	T

Blank Tests

Test	Status	Time
Table 18		
AIR	Pass	10:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:55pm

CRC Tests

Test	Status	Time	
COMP CAL	Pass Pass	10:55pm	

Preventive Maintenance Status: Pass

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008616 Test Date: 11/30/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	10:46pm
AIR BLK	.00	10:47pm
ACCY CH	K .07	10:47pm
AIR BLK	.00	10:48pm
SUB TEST	r .00	10:49pm
AIR BLK	.00	10:49pm
SUB TEST		10:51pm
ATR BLK	.00	10:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTOX EC/IR II
County	tokes Instrument Location King
Instrument	Palica Dada taman
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	at on the 13 ¹ day of November, 20 19, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
GREAT STATES	NE or NO.

Signature of Certifying Official

Certificate Number

STOKES COUNTY KING P D 840

Serial Number: 008610 Test Date: 11/13/2019

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: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:07pm 1:07pm
ACCY CHK	.07	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:13pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

STOKES COUNTY KING P D 840

Serial Number: 008610 Test Record Number: 2087 Test Date: 11/13/2019 Test Time: 1:15pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

IESL	Status	Time
PRNT	Pass	1:17pm

CRC Tests

Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- Property	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	h, KeS Instrument Location Stokes
Instrument Se	rial No.008596 County Jail Danbary 11
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the 13th day of Normbey, 2011, 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	Sile Factor 655
	Signature of Certifying Official Certificate Number
A signed origi	inal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/13/2019

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 Pass .00 AIR BLK 3:24pm ACCY CHK .08 3:24pmAIR BLK .00 3:26pm SUB TEST .00 3:26pm 3:27pm AIR BLK .00 SUB TEST .00 3:30pm AIR BLK .00 3:31pm

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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 0.08596 Test Record Number: 1.114 Test Date: 11/43/2019 Test Time: 3:32pm EST

System Check: Passed

Baseline Tests

Tе	st	LIÄ	St	atus	1 1 1 1	'ime
					- 埃爾斯	
TO TO		CROSCO CROSCO				
\mathbf{I} R		1.093	. Pa		1 1 1 1 1 1 1 1 1	:33pm
FL	M. 12		Pa	137 - 1		:33pm
FC		ed Δ	Pa	SS		:33pm

Temperature Tests

Test Status 1	'ime
	33
	33pm 33pm
1987年 [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	:33pm
	:33pm
BT Pass 3	:33pm

Blank Tests

Test	Q	Hatile	Time
1000	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the state of

AIR. Pass 3:34pm

Printer Tests

Status Time Test

Pass PRNT 3:34pm

CRC Tests

Time Test Status

COMP 3:34pm Pass CAL Pass 3:34pm

Preventive Maintenance Status: Pass

Analyst

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

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $\leq \alpha$	Vaih Instrument Location Swain Co. Jail
Instrument Seria	al No. 008727 Bryson City NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
TOTAL E STATE OF A STA	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 11/26/2019

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:38am
AIR BLK	.00	8:40am
ACCY CHK	.08	8:40am
AIR BLK	.00	8:41am
SUB TEST	.00	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:44am
ATR BLK	.00	8:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1318 Test Date: 11/26/2019 Test Time: 8:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:46am
FLO	Pass	8:46am
FC	Pass	8:46am

Temperature Tests

Test	Status	Time
FC1	Pass	8:47am
SRC	Pass	8:47am
DET	Pass	8:47am
BAR	Pass	8:47am
BT	Pass	8:47am

Blank Tests

Test	Status	Time	
AIR	Pass	8:47am	

Printer Tests

Test	Status	Time	
PRNT	Pass	8:47am	

CRC Tests

Test	Status	Time
COMP	Pass	8:47am
CAL	Pass	8:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $\int_{\mathcal{L}}$		nstrument Location	,		Tail
Instrument Se	Gerial No. <u>008723</u>	Bryson	City,	NC	
The preventive four months a	ive maintenance procedures for the Intoxii are:	neters, Model Int	ox EC/IR II to b	e followed	at least once every
1.	Verify the ethanol gas canister displayed and degrees, plus or minus .2 degree	ays pressure, or the centigrade;	he alcoholic brea	th simulato	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" appears,	collect breath san	nple;	2	
7.	When "PLEASE BLOW" appears,	collect breath san	nple;		
8.	Print test record;		<i>:</i>		
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	s being changed levery four month	before expirations s or after 125 Al	date, or the	e alcoholic breath eath Simulator tests
procedures v	t on the <u>Z</u> day of <u>//o</u> were performed on the instrument indicate tof Health and Human Services, and the i	ted above, in acco	rdance with cur	rent regulat	ntive maintenance ions of the N.C.
Of THE STATE	E OF NO.				
A LE COREAT DE LA		0 0			
Tammar and the same and the sam	Signature	of Certifying Of	ficial		tificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 11/26/2019

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:37am
AIR BLK	.00	8:38am
ACCY CHK	.08	8:39am
AIR BLK	.00	8:40am
SUB TEST	.00	8:40am
AIR BLK	.00	8:41am
SUB TEST	.00	8:43am
AIR BLK	.00	8:44am

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 747
Test Date: 11/26/2019 Test Time: 8:45am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:46am
FLO	Pass	8:46am
FC	Pass	8:46am

Temperature Tests

Test	Status	Time
FC1	Pass	8:46am
SRC	Pass	8:46am
DET	Pass	8:46am
BAR	Pass	8:46am
BT	Pass	8:46am

Blank Tests

Test	Status	Time
AIR	Pass	8:46am

Printer Tests

Test	Status	Time
PRNT	Pass	8:46am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:47am 8:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	ingin Instrument Location Therokee Triba Dete
Instrument Se	erial No. 008782 Cherokee, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures 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.
THE STATION OF THE ST	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 11/25/2019

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1146
Test Date: 11/25/2019 Test Time: 1:31pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:32pm 1:32pm
FC	Pass	1:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:33pm 1:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument 1	Location Tyrrell (p. S.O.
1	
Serial No. <u>008900</u> <u>412 1</u>	Location Tyrrell G. S.O. Kin St., Columbia, M.C.
ive maintenance procedures for the Intoximeters, Mo	odel Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade;	re, or the alcoholic breath simulator thermometer show
Verify instrument displays time and date;	
Initiate breath test sequence;	
Enter information as prompted;	
Verify instrument accuracy;	
When "PLEASE BLOW" appears, collect brea	ath sample;
When "PLEASE BLOW" appears, collect brea	ath sample;
Print test record;	
Verify Diagnostic Program; and	
simulator solution is being changed every four whichever occurs first.	anged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests
HE O'CONTROLLED TO THE O'C	643
it v t	ve maintenance procedures for the Intoximeters, Moare: Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade. Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath test record; When "PLEASE BLOW" appears, collect breath test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first. The on the day of Modern definition of Health and Human Services, and the instrument of the instrument indicated above, and the instrument of the instrument indicated above, and the instrument indicated above, and the instrument indicated above.

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 11/22/2019

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK	.00	10:48am
ACCY CHK	.08	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:53am
ATR BLK	. 00	10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 866
Test Date: 11/22/2019 Test Time: 10:55am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:55am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Anglyst

10:56am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Uni	Instrument Location BAT Mobile Unit 4
Instrument Seri	al No. 008601 Union County SO
	•
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	SORTH CAROLINA COLOR
	Signature of Certifying Official Certificate Number

UNION COUNTY BAT MOBILE UNIT 4 890

Serial Number: 008601 Test Date: 11/16/2019

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: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:20pm
AIR BLK	.00	10:21pm
ACCY CHK	.08	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

UNION COUNTY BAT MOBILE UNIT 4 890

Serial Number: 008601 Test Record Number: 1335 Test Date: 11/16/2019 Test Time: 10:27pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
BT	Pass	10:28pm

Blank Tests

Test	Status	Time
AIR	Pass	10:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:28pm

Preventive Maintenance Status: Pass

Pass

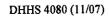
10:28pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Union	Instrument Location Waxhaw PD
Instrumer	nt Serial No. <u>108598</u>	3620 Providence Rd, Waxhaw
The preve		e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays t	ime and date;
3.	Initiate breath test sequence	;
4.	Enter information as promp	ted;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
procedu	res were performed on the instrumer	November, 20 9, the foregoing preventive maintenance at indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
S CREAT SE	STATE OF VORTER	Signature of Certifying Official Certificate Number



UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 11/14/2019

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: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Record Number: 823

Test Date: 11/14/2019

Test Time: 1:50pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jake	Instrument Lo	cation_BA	T M. 61	e Vit 1
Instrument S	Serial No. 008939	Knight	dale	PΔ	
The preventi	ve maintenance procedures for the In are:	loximeters, Mode	l Intox EC/IR I	I to be followed	at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, ree centigrade;	or the alcoholic	c breath simulato	r thermometer show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appea	ırs, collect breath	sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath	sample;		
8.	Print test record;		4,		
9.	Verify Diagnostic Program; and		·· 	;; ;	
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being chang ged every four mo	ed before expir nths or after 12	ation date, or the 25 Alcoholic Brea	alcoholic breath ath Simulator tests,
I certify that of procedures we Department of	on theday ofere performed on the instrument indicate of Health and Human Services, and the	ated above, in acc	cordance with	current regulation	entive maintenance as of the N.C.
			ionoming propi	ary.	
TO THE STATE					
	CAR CAR				
TOTAL CATALANT					60
	Signat	ure of Certifying	Official		ficate Number

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008939 Test Date: 11/01/2019

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, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	10:53pm
AIR BLK	.00	10:54pm
ACCY CHK	. '08	10:55pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:59pm
AIR BLK	.00	11:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008939 Test Record Number: 977
Test Date: 11/01/2019 Test Time: 11:02pm EDT

System Check: Passed

Baseline Tests

Test	Status Time	
		Ů.
IR	Pass 11:03	om
FLO	Pass 11:03	om
FC	Pass 11:03	om.

Temperature Tests

Test	٤	Statu	s :	Cime	
PRINCES	1.	Agent solds	29 14.1		
FC1	E	ass		L1:0:	i) =
SRC	I	ass)	1:0	3pm
DET	E	ass	1	1:0	3pm
BAR	j.	ass		L1:0.	mqs
BT	E	ass	1	L1:01	mq

Blank Tests

Test	Status	Time
ATD	Dage	11.03mm

Printer Tests

Test	Stal	tus	T	ime	
PRNT	Pas	3	1.	1:04	l pm

CRC Tests

Test		Status	Time	7
300				
COMP]	Pass	11:04	pm
CAL	1	Pass	11:04	ρm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Take	Instrument Location		nombe-	Unst I
Instrument S	erial No. <u>606/86</u> 9	Knightdale	, 10		
to constitution of the con					
The prevention four months	ve maintenance procedures for the In	toximeters, Model Int	tox EC/IR II to b	e followed at le	ast once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		he alcoholic brea	th simulator th	ermometer shov
2.	Verify instrument displays time	and date;		 1.	
3.	Initiate breath test sequence;			· .	
4.	Enter information as prompted;	·			•
5.	Verify instrument accuracy;	٠.			
6.	When "PLEASE BLOW" appe	ars, collect breath sam	iple;		
7.	When "PLEASE BLOW" appe	ars, collect breath sam	nple;		
8,	Print test record;				•
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.				
l certify that c	on the day of	ember, 2	20 <u>19 </u>	going preventi	ve maintenance
	ere performed on the instrument indi f Health and Human Services, and th			t regulations o	f the N.C.
O'THE STATE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		•			:
3			*.		
COLUMN IN THE				1 -	
Manuscon of the last of the la				66	
	Signa	ture of Certifying Off	icial	Certifica	te Number

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008869 Test Date: 11/01/2019

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, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	.08	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008869 Test Record Number: 1035 Test Date: 11/01/2019 Test Time: 11:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:01pm

Temperature Tests

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

Blank Tests

	Test	୍ ୍ରା	tatus		ime :	e f
è				1.1		
÷	* ***			di name	ر مام ا	75
	AIR	F	ass)	1	1:01p	m¢
~		- 1 ₂ 3 3 3 3	The property	. The said		

Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm

CRC Tests

Test		Status	Time
COMP		Pass	11:02pm
CAL	٠	Pass	11:02pm

Preventive Maintenance Status: Pass

Analyst

Instrument Serial No. 00829

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;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- When "PLEASE BLOW" appears, collect breath sample;
- Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 11/22/2019

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:50am 11:50am
ACCY CHK	.07	11:51am
AIR BLK SUB TEST	.00 .00	11:52am 11:53am
AIR BLK	.00	11:53am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 938 Test Date: 11/22/2019 Test Time: 11:58am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	200
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

Printer Tests

Status

Time

11:59am

Test

CAL

PRNT	Pass	11:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:59am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	TAYAE Instrument Location Wayne CD. Petentin C
Instrument Se	rial No. 008879 207 E. Chestnut St., Goldsboro, W
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
O'RM STATE O'RM D. 177	

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 11/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:33am 10:34am 10:35am 10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1246
Test Date: 11/04/2019 Test Time: 10:40am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

Signature of Certifying Official

Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 11/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 3972 Test Date: 11/04/2019 Test Time: 10:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:39am
FLO	Pass	10:39am
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	10:40am

Printer Tests

Test	Status	Time
PRNT	Pass	10:40am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:40am 10:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County h	Tayne Instrument Location Wayne Co. Petentian
Instrument Se	Instrument Location Wayne Co. Retention erial No. 00867/ 207E. ChesTNUT ST., Goldson
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
TATE OF STATE OF STAT	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 11/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:30am 10:31am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:34am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

First M. Keel

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 4918
Test Date: 11/04/2019 Test Time: 10:39am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

Printer Tests

Test	Status	Time
PRNT	Pass	10:40am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:40am 10:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	Instrument Location SAT MONDE UNIT 4
	No. 008637 Cousson
Institution Davis	
The preventive n	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 should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that on procedures were Department of	the
O'M STATE OF THE S	23
SECOLAM VICE.	Signature of Certifying Official Certificate Nur

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008637 Test Date: 11/01/2019

Citation Number: M000000b-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 04/25/2021

				24.0
Test	<u> </u>	q/21	OL	Time

DIAG	Pass	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	The second of the second	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008637 Test Record Number: 3035 Test Date: 11/01/2019 Test Time: 9:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:14pm
FLO	Pass	9:14pm
FC	Pass	9:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:14pm
SRC	Pass	9:14pm
DET	Pass	9:14pm
BAR	Pass	9:14pm
BT	Pass	9:14pm

Blank Tests

Te	st	S	tatu	s	Tim	ie
N						
AI:	₹ .	P	ass	45.5	9:1	4pm
		41.1			1.69	

Printer Tests

Test	:	Statu	s '	Time
		1.50		
PRNI	.	Pass		9:14pm

CRC Tests

Test	Status	Time
COMP	Pass	9:15pm
CA‡	Pass	9:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VAYNG	Instrument Location	THINDE CHED (
Instrument Se	erial No. 008474	LOUDSAONU	
·			
The prevention four months	ve maintenance procedures for the Int are:	oximeters, Model Intox EC/IR	II to be followed at least once ever
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcohol ree centigrade;	lic breath simulator thermometer sh
2. ·	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" appea	ars, collect breath sample;	
8.	Print test record;		
· 9 ,	Verify Diagnostic Program; and	n de la composition de la composition La composition de la	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before exp ged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tes
I certify that	on theday of were performed on the instrument inc	dicated above, in accordance w	he foregoing preventive maintenance ith current regulations of the N.C.
	of Health and Human Services, and		
STATE STATE	E ON TO THE CASE OF THE CASE O		
THE OWN	Sign	ature of Certifying Official	LG3 Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008686 Test Date: 11/01/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	9:04pm
AIR BLK	00	9:05pm
ACCY CHK	.07	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:111pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008686 Test Record Number: 6660 Test Date: 11/01/2019 Test Time: 9:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:13pm
src	Pass	9:13pm
DET	Pass	9:13pm
BAR	Pass	9:13pm
ВТ	Pass	9:13pm

Blank Tests

Test		Status	Time	
	i en Sela en Gran			. 12
AIR		Pass	9:13	pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:14pm
CAL	Pass	9:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	/AYNE		Instrument Lo	cation //	MORE	E UNI	56
Instrument S	ierial No. <u>00 811 6</u>		Coiss	SON ()			·
The preventi	ve maintenance procedures f are:	or the Into	ximeters, Mode	l Intox EC/IR	. II to be fol	lowed at leas	at once every
1.	Verify the ethanol gas of 34 degrees, plus or min	anister dis us ,2 degre	splays pressure, se centigrade;	or the alcoho	lic breath si	mulator then	mometer show
2.	Verify instrument displ	ays time a	nd date;				.÷
3.	Initiate breath test sequ	ence;				:	
4.	Enter information as pr	ompted;			•		
5.	Verify instrument accur	асу;					
6.	When "PLEASE BLOV	/" appear	s, collect breath	sample;			
7.	When "PLEASE BLOW	/" appear	s, collect breath	sample;			
8.	Print test record;	*1					
9.	Verify Diagnostic Progr	am; and					
10.	Verify that the ethanol g simulator solution is bel whichever occurs first.	as caniste ng change	r is being chang d every four mo	ed before exp onths or after	iration date 125 Alcoho	, or the alcol lic Breath Si	rolic breath mulator tests,
I certify that	on theday of	NOW	M	20 <u>/9</u> , th	e foregoing	; preventive r	naintenance
Department	vere performed on the instru of Health and Human Servi	nent indices, and th	cated above, in a	ccordance wit	th current e	egulations of	the N.C.
STATE STATE	3.10g						
TOTAL OLD YES		5-		>	· · · · · · · · · · · · · · · · · · ·	6	
	Ì	Signatu	re 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)

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008776 Test Date: 11/01/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	.08	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9 · 12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 6 950

Serial Number: 008776 Test Record Number: 3551
Test Date: 11/01/2019 Test Time: 9:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:14pm
FLO	Pass	9:14pm
FC	Pass	9:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:14pm
SRC	Pass	9:14pm
DET	Pass	9:14pm
BAR	Pass	9:14pm
BT	Pass	9:14pm

Blank Tests

Tes	Status	Time
AIR	Pass	9:15pm

Printer Tests

					7.0
Test	•		Status		Time
TODI	.		ocacus		rime
			A STATE OF STREET		

	1,114	C 188	110.00	1.00	100	100
PRNT	: <u></u>	Pass	3	9	:15	pm

CRC Tests

Test Status Time

COMP Pass 9:15pm CAL Pass 9:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4	Vilson I	nstrument Location Wilson C	o. Detention C+
Instrument S	Serial No	Instrument Location Wilson C	T., Wilson, W.
The preventi	tive maintenance procedures for the Intoxists are:	meters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		th simulator thermometer show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.		
procedures v	were performed on the instrument indicate of Health and Human Services, and the		ent regulations of the N.C.
STATE IN SERVICE OF THE STATE OF THE STATE OF THE STATE OF THE SERVICE OF THE STATE	TE O NO BUTTON		

Signature of Certifying Official

Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 11/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:39pm
ACCY CHK	.08	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
ATR BLK	. 00	1:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3358
Test Date: 11/12/2019 Test Time: 1:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1 · 4 7 m

Preventive Maintenance Status: Pass

Pass

1:47pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /CAA	Instrument Location Vancey Co. Jail
Instrument Seri	al No. 008653 BUINSVILLE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 11/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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'1'0	30 F	The street of the	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	LOTE -		
			412	LULL	Time	
	4.0	4 20 6		FOR THE LO	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
1	T. T. J. W. C.	* 1 a				
	100	1 700 (100)				

DIAG	Pas	3	. 22pm
AIR BI		. 4. 4	:23pm
ACCY C	HK 08	4	24pm
AIR BL	K .00	4	:25pm
SUB TE	ST .00	4	:26pm
AIR BL	K .00	4	:28pm
SUB TE	, 10 h		:29pm
AIR BI	.ж: 00.	19 19 A	:mq0 E!:

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1426 Test Date: 11/12/2019

Test Time: 4:31pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:31pm
FLO	Pass	4:31pm
FC	Pass	4:32pm

Test Status	Гime
FC1 Pass	1:32pm
SRC Pass 4	1:32pm
	:32pm 1:32pm
	:32pm

Blank Tests

17	Test		AL -	1 1		
		2 4 4	. 	T110		'l'a ma
		where a transfer			r .	Time
	4.1	and the second			2 .	

Printer Tests

Test	Status	Time
OFF STOLEN		

Test	Status	Time
	Deacus	

COMP 4:32pm 4:32pm

Preventive Maintenance Status: Pass

Analyst