PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX ECTR II Mance Instrument Location CAT Mobile Unit 1
Instrument Seria	al No. 008898 Grahan PD
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.
I certify that on to procedures were Department of H	the
OF THE STATE OF AN AND A TOTAL OF AN AND A TOTAL OF AN AND AND	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 1 000

Serial Number: 008898 Test Date: 10/26/2019

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: 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 AIR BLK	Pass	10:20pm 10:21pm
ACCY CHK	.07	10:21pm
AIR BLK SUB TEST	.00 .00	10:22pm 10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 1 000

Serial Number: 008898 Test Record Number: 1018 Test Date: 10/26/2019 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:31pm
SRC	Pass	10:31pm
DET	Pass	10:31pm
BAR	Pass	10:31pm
BT	Pass	10:31pm

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Instrument Location ANSON	Co. Shoreft Office
Instrument S	erial No. <u>008/139</u>	Wadeslave	o, NC
The preventi four months		Intoximeters, Model Intox EC/IR II to b	oe followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea legree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		• .
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that procedures w Department	ere performed on the instrument in	the following properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	(<u>really the really than the </u>	unature of Certifying Official	Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Date: 10/01/2019

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: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:01pm
AIR BLK	.00	3:02pm
ACCY CHK	.08	3:03pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:07pm
ATR RIK	0.0	3 • 0.8 m

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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 452 Test Date: 10/01/2019 Test Time: 3:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance
/Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

/	INTOXINIETERS, MODEL INTOX EC/IR II
County //	MSOM Co. Instrument Location/1/2012 Shell office
Instrument S	Gerial No. 008591 Wadesbore, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
CANANA SERVICE	Signature of Certifying Official Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Date: 10/01/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Driver's License Number: NONE

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

- /OIOT

Test	g/210L	Time
DIAG	Pass	3:00pm
AIR BLK	.00	3:00pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:05pm
AIR BLK	. 00	3:06pm

Reported M:

89 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Record Number: 1733
Test Date: 10/01/2019 Test Time: 3:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
BAR	Pass	3:07pm
BT	Pass	3:07pm

Blank Tests

Test	Status	Time	
ATD	Dagg	3 · 0.8 mm	

Printer Tests

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

3:08pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /		(Jal
Instrument Se	t Serial No. <u>008664</u>	Chiland,	nc
The preventive four months a	ntive maintenance procedures for the Intoximeters, Model Intox E	C/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcompanies of the second se	oholic breath simulat	tor thermometer shov
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		•
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.		
procedures w	nat on the <u>day of October</u> , 20 <u>/9</u> s were performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is function	ce with current regula	
THE STATE OF THE S	All or Many Many Many Many Many Many Many Many		649 rtificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/04/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801

Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:20pm 11:21pm
ACCY CHK	.08	11:21pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 993 Test Date: 10/04/2019 Test Time: 11:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:27pm 11:27pm 11:27pm 11:27pm 11:27pm
		1

Blank Tests

Test	Status	Time
AIR	Pass	11 • 27 mm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Thery	Instrument Location San	ner EIK DA
Instrument S	Serial No. <u>008724</u>	Bunne	r Elk, M
The preventi four months	ive maintenance procedures for the Int	oximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9. .	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expirated every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	t on the <u>/8</u> day of <u>O27</u> were performed on the instrument ind t of Health and Human Services, and t	icated above, in accordance with o	current regulations of the N.C.
CHANGE STATE OF THE STATE OF	Signat	ture of Certifying Official	Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 10/18/2019

Citation Number: M0000000-0

Subject's Name:

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

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:43pm 4:44pm 4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 597 Test Date: 10/18/2019 Test Time: 4:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:51pm
FLO	Pass	4:51pm
FC	Pass	4:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:51pm
SRC	Pass	4:51pm
DET	Pass	4:51pm
BAR	Pass	4:51pm
\mathtt{BT}	Pass	4:51pm

Blank Tests

Test	Status	Time
AIR	Pass	4:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:52pm

CRC Tests

Test	Status	Time
COMP	Pass	4:52pm
CAL	Pass	4:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bea	Instrument Location Beaufort Co. Courthon
Instrument Seria	al No. 008586 102 E. and St., Washington, M.C.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20, 20, the foregoing preventive maintenance experiormed 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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 10/22/2019

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: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	10:50am
AIR BLK	.00	10:51am
ACCY CHK	.08	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Record Number: 1526

Test Date: 10/22/2019

Test Time: 10:57am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:58am
SRC	Pass	10:58am
DET	Pass	10:58am
BAR	Pass	10:58am
BT	Pass	10:58am

Blank Tests

Test	Status	Time	
AIR	Pass	10:59am	

Printer Tests

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

COMP	Pass	10:59am
CAL	Pass	10:59am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bee	aufort Instrument Location Beaufort Co. Courth
Instrument Seria	11 No. 008909 102 E. 2nd St., Washington
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. the day of occurs first.
I certify that on procedures were	the <u>Ad</u> day of <u>(// DP/ , 20 / / , the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C.</u>
	Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	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)

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 10/22/2019

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: 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	10:36am 10:37am 10:37am 10:38am 10:39am 10:40am
SUB TEST	.00	10:42am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 3405 Test Date: 10/22/2019 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time	
AIR	Pass	10:45am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	Instrument Location Bus M	163.1c Un. 12	
Instrument So	erial No. <u>008973</u>		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.		
procedures w	on the	rrent regulations of the N.C.	
STATE OF STA	Signature of Certifying Official	Certificate Number	
A signed orig	inal of the preventive maintenance record shall be kept on file for at least	three years.	

DHHS 4080 (11/07)

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Date: 10/24/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.08	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ch C Do Y

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973

Test Record Number: 715

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:33pm
FLO	Pass	9:33pm
FC	Pass	9:33pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:34pm 9:34pm

Preventive Maintenance Status: Pass

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

0	, INTOAIMETERS, MODEL INTOA EC/IR II
County	VIBE Instrument Location Burke - Catable Ta
Instrument S	Instrument Location Buke - Catauba Ta Serial No. 008831 Marganton, NC
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 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.
procedures v	t on the <u>23</u> day of <u>Octobel</u> , 20/9, 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.
TARILLE, ET	TO NO LANGE TO SERVICE AND A S
	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 10/23/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/28/2021

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.08	3:11pm
AIR BLK	00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:15pm
AIR BLK	. 00	3:1600m

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 2178
Test Date: 10/23/2019 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Status	Time
Pass	3:18pm
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	3:18pm
CAL	Pass	3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX EC/IR II
County /	UIKE Instrument Location Surfe Latarba Jan
Instrument S	Gerial No. 008904 Morganton, NC
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 w	on the <u>23</u> day of <u>October</u> , 20 <u>19</u> , the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF CHANNE	STORING CARD
	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 10/23/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG805801

Exp Date: 02/27/2020

Test	g/210L	Time

DIAG	Pass	3:08pm
AIR BLK	.00	3:09pm
ACCY CHK	.08	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	. 00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 2417

Test Date: 10/23/2019

Test Time: 3:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:17pm 3:17pm
FC	Pass	3:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
${f BT}$	Pass	3:17pm

Blank Tests

Test	Status	Time
ATR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3 · 18pm

CRC Tests

Test	Status	Time
COMP	Pass	3:18pm
CAL	Pass	3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CO	Thattus Instrument Location Caballus County SO
Instrument Ser	rial No. 008625 30 Cordan Ave., Concord
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20
TATE OLIM VIDE	

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 10/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	1:09pm
AIR BLK	.00	1:10pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:16pm
ATR BLK	. 00	1 · 17pm

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 5368
Test Date: 10/09/2019 Test Time: 1:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
$\mathtt{B}\mathbf{T}$	Pass	1:18pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm

CRC Tests

Test	Status	Time		
COMP	Pass	1:19pm		
CAL	Pass	1:19pm		

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	aldrell Instrument Location Caldwell Co. Jail
Instrument S	Gerial No. 008803 Lenoir, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
THE STATE WAY 20, 177	CARROLL CARROL
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 10/14/2019

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

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

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

Test Type: Breath Test

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

Test	g/210L	Time
		學的自己和特別
DIAG	Pass	2:10pm
AIR BLK	.00	2:11pm
ACCY CHK	.07	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	-2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

Analyst

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 632 Test Date: 10/14/2019 Test Time: 2:20pm EDT

System Check: Passed

Baseline Tests

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Test		Stat		'ime
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'IR		Pass) 	:21pm
A Company of the Comp	high a fire	Pass		:21pm
FC	cake. No store	Pass	Arriva and the	:21pm
	- 12 s	Land		2

Temperature Tests

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		1.50	72 a		
SRC	Madaga Wala	Pas		つ・つ	1pm
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DET	harin o	, Pas	20 /3	2 - 2	1.pm /
<u> </u>	W. F. T.			det con code co	
BAR	Salvado 200	Pas	5 S	2:2	1pm
		3 2	47, (200)	2 1	_
BT	7.49 A 17 P	Pas	3 S .		1pm
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Man Carlo	 47 1931, Mar. 11 		11.000	2 1 to 2 f	Contract to the contract of th

Blank Tests

Test	Statu	s Ti	me
AIR	" Pass	2:	22pm

Printer Tests

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CRC Tests

# ED C		o Har	1012	. 11	inc
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COMD		Dade	•		2 2 mm
COMP	2 7 3 1 1 p.	Pass			22pm
CAL	1 Sec. 1986	Pass	Simon in	2:	22pm
20 10 10 10 10 10 10 10 10 10 10 10 10 10		1. San Co. 10 April 10			

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	aldwell Instrument Location Caldwell Ca Jail
Instrument Se	erial No. 008719 Lenoir, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures we	on theday of, 20, 20, the foregoing preventive maintenance rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	TO THE CASE OF THE PARTY OF THE

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 10/14/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E Effective:

06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	2:10pm
AIR BLK	.00	2:11pm
ACCY CHK	.07	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2551 Test Date: 10/14/2019 Test Time: 2:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm

CRC Tests

Test	Status	Time
COMP	Pass	2:20pm
CAL	Pass	2:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARTERET	Instrument Location_	CARTERET	- COUNT
Instrument S	erial No. <u>008605</u>		DETENTION	CENTE
The prevention	ve maintenance procedures for the Intare:	oximeters, Model Intox	EC/IR II to be followed as	t least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		alcoholic breath simulator	thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			c
6.	When "PLEASE BLOW" appear	rs, collect breath sample	·••	
7.	When "PLEASE BLOW" appear	rs, collect breath sample	?;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
procedures w	on the <u>A</u> day of <u>OC</u> vere performed on the instrument ind of Health and Human Services, and t	icated above, in accorda	nce with current regulation	
O THE STATE OF THE		R. Ba		648
	Signa	ture of Certifying Offici	ai Certif	ficate Number

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Date: 10/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:55pm 12:56pm 12:56pm 12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu R 3Analyst

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605

Test Record Number: 3900

Test Date: 10/02/2019

Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
\mathtt{BT}	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance Status: Pass

alu Rg 13ans Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET	Instrument Location_	CARTERET	COUN
Instrument	Serial No. <u>008882</u>	.	DETENTION	CEN 7
The prevent	ntive maintenance procedures for the Instance:	ntoximeters, Model Intox I	EC/IR II to be followed at least of	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulator thermo	meter shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	}	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	1	
8.	Print test record;			
9.	Verify Diagnostic Program; and	đ	•	
10.			re expiration date, or the alcoho after 125 Alcoholic Breath Simi	
	at on theday of were performed on the instrument in nt of Health and Human Services, and	dicated above, in accordar		
STALL STA	NE oc	•		
	CAROLL			
* ESSE QUA	Myotal X	Ban	C4	හ
	Sign	ature of Certifying Officia	I Certificate N	lumber

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Date: 10/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Record Number: 1885
Test Date: 10/02/2019 Test Time: 1:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:43pm
SRC	Pass	1:43pm
DET	Pass	1:43pm
BAR	Pass	1:43pm
BT	Pass	1:43pm

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:43pm CAL Pass 1:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ARTERET	Instrument Location MORE H	EAD CITY
Instrument Se	rial No. <u>008731</u>	Police	CE DEPT
The preventiv		toximeters, 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;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expiration da ged every four months or after 125 Alcoh	
	re performed on the instrument in	TO BER, 20 19, the foregoing dicated above, in accordance with current the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
THE STATE OF THE S	al L	ature of Certifying Official	Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 10/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:54pm 2:55pm 2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 2187
Test Date: 10/02/2019 Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC DET	Pass Pass	3:02pm 3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1 H. a	nstrument Location half	or Co. Patastica Catas
Instrument	Serial No. <u>()() 859 /</u>	P.Hsbor	eo, HC
The prevent	tive maintenance procedures for the Intoxim	neters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree of	ys pressure, or the alcoholic bentigrade;	preath simulator thermometer show
2.	Verify instrument displays time and d	late;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ellect breath sample;	•
8.	Print test record;		1
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is to simulator solution is being changed ev whichever occurs first.	peing changed before expiration ery four months or after 125.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that or cedures we Department of	on theday ofdo day of	IDOVE IN accordance with an-	forgoing preventive maintenance rent regulations of the N.C.
THE STATE	No.		
	Signature of	Certifying Official	Certificate Number

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 10/02/2019

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: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:39pm 2:40pm 2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

Reported ACA

ON 2210T

Signature of Chemical Analyst

Court CVR

CHATHAM COUNTY DETENTION CENTER 180

Test Record Number: 2206 Serial Number: 008591 Test Date: 10/02/2019

Test Time: 2:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

Blank Tests

Test	Status	Time
	_	
AIR	Pass	2:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm

CRC Tests

Test	Status	Time
COMP	Pass	2:47pm
CAL	Pass	2:47pm

Preventive Maintenance Matus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 10/02/2019

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: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.08	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
ATR BLK	. 0.0	2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 10/02/2019 Test Record Number: 1375
Test Time: 2:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm

CRC Tests

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance

/Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	COLUMBUS	Instrument Location_	COLUMBUS	COUNT
Instrument	t Serial No. <u>008875</u>		DETENTION	CENT.
The prever	ntive maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be followed at leas	st once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath simulator ther	mometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	ears, collect breath sample	,	
7.	When "PLEASE BLOW" appo	ears, collect breath sample		
8.	Print test record;		. .	
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
	nat on the day of s were performed on the instrument in nt of Health and Human Services, and	dicated above, in accorda		naintenance f the N.C.
STATE OF THE CONTRACT OF THE C	ATE OF ACTION AND ATE OF ACTION ATE OF ACTION AND ATE OF ACTION AND ATE OF ACTION AN	Rature of Certifying Officia	. 64	(B)
	Sign	ature of Certifying Officia	l Certificate	Number

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 10/01/2019

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: 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	.00	10:15am 10:15am
ACCY CHK	.08	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
ATR BLK	. 0.0	10 · 21 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875

Test Record Number: 2211

Test Date: 10/01/2019

Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:27am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27am

Preventive Maintenance Status: Pass

Pass

CAL

10:27am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Col	LUMBUS	Instrument Location	COLUMBUS	COUNTY
Instrument Seri	al No. <u>008886</u>		DETENTION	CENTE
The preventive four months are	maintenance procedures for the Into	oximeters, Model Intox E	CC/IR II to be followed at le	east once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		coholic breath simulator th	ermometer shows
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample;		
8.	Print test record;		•	
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
	n theday ofday ofdo continued on the instrument indicates the desired of the des	icated above, in accordan		
OF THE STATE OF TH	Clu F	ure of Certifying Officia		148 ate Number

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Date: 10/01/2019

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: 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

g/210L	Time
Pass	9:46am 9:47am
.08	9:47am
.00	9:48am
.00	9:49am
.00	9:50am
.00	9:52am
.00	9:52am
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Za Ban Analyst

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886

Test Record Number: 1486

Test Date: 10/01/2019

Test Time: 9:53am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:54am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:54am

Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	•
Test	Status	Time
COMP	Pass Pass	9:55am 9:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAVEN	Instrument Location_	HAVELOCK	PD
Instrument Seria	INO. <u>008800</u>			
The preventive n four months are:	naintenance procedures for the Int	oximeters, Model Intox E	C/IR II to be followed at lea	ast once every
Í.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		coholic breath simulator the	rmometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;		÷	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, 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.			
procedures were	the day of 600 performed on the instrument inc Health and Human Services, and t	licated above, in accordan	ice with current regulations	
OF HE STATE OF AN	Columbia	Za Bene	<u> </u>	o 48

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 10/16/2019

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:04pm 3:05pm
ACCY CHK	.08	3:06pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK SUB TEST	.00 . 00	3:08pm 3:10pm
AIR BLK	.00	3:10pm
17T1/	.00	J. 1120m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800

Test Record Number: 1237

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:13pm 3:13pm 3:13pm 3:13pm 3:13pm

Blank Tests

Test _.	Status	Time
AIR	Pass	3:14pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	_ Instrument Location_	MCA5	CHERRY POIN
Instrumen	nt Serial No. <u>010819</u>			
The preve	entive maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sampl	e;	w of
7.	When "PLEASE BLOW" app	pears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
procedure	hat on theday of es were performed on the instrument i ent of Health and Human Services, an		ance with current	g preventive maintenance regulations of the N.C.
SILVER GREAT SEA	TATE OF TOTAL STATE OF THE STAT	gnature of Certifying Offic	ial -	Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 10/16/2019

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: BARNES, ALVIN R
Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK		1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	. 00	1:54pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 596
Test Date: 10/16/2019 Test Time: 2:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:05pm CAL Pass 2:05pm

Preventive Maintenance Status: Pass

alu R. B.

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location	NEW BERN PD	
Instrument	Serial No. <u>008817</u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
The prevent	• .	Intoximeters, Model Intox E	C/IR II to be followed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		coholic breath simulator thermometer shows	
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;		,	
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
		indicated above, in accordan	, the foregoing preventive maintenance ce with current regulations of the N.C. ing properly.	
STATE STATE OF THE	Sig	Rg Barre gnature 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)

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 10/16/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	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 AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1502 Test Date: 10/16/2019 Test Time: 10:27am EDT

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
AIR	Pass	10:28am

Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CRAVEN	Instrument Location	CRAVEN	COUNTY
nt Serial No. <u>008732</u>		DETENTIO	A CENTER
	· · · · · · · · · · · · · · · · · · ·		
	Intoximeters, Model Intox E	C/IR II to be follow	ed at least once every
		coholic breath simul	ator thermometer show
Verify instrument displays tim	ne and date;		
Initiate breath test sequence;			
Enter information as prompted	d;		
Verify instrument accuracy;			
When "PLEASE BLOW" app	pears, collect breath sample;		
When "PLEASE BLOW" app	pears, collect breath sample;		
Print test record;			_
Verify Diagnostic Program; ar	nd		
es were performed on the instrument i	ndicated above, in accordan	ce with current regu	eventive maintenance lations of the N.C.
Sip	Ray Barris		648 Certificate Number
	entive maintenance procedures for the chs are: Verify the ethanol gas canister 34 degrees, plus or minus .2 d Verify instrument displays time. Initiate breath test sequence; Enter information as prompted Verify instrument accuracy; When "PLEASE BLOW" app. When "PLEASE BLOW" app. Print test record; Verify Diagnostic Program; and Verify that the ethanol gas can simulator solution is being characteristic. That on the	entive maintenance procedures for the Intoximeters, Model Intox Enths are: Verify the ethanol gas canister displays pressure, or the ale 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 befor simulator solution is being changed every four months or a whichever occurs first.	white maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow this are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simul 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 expiration date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. That on the

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Date: 10/15/2019

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	Pass	3:21pm
AIR BLK	.00	3:22pm
ACCY CHK	.08	3:22pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Date: 10/15/2019 Test Record Number: 2320
Test Time: 3:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
BT	Pass	3:29pm

Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:30pm
CAL	Pass	3:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	mbreland Co. Instrument Location FT. BRACE LEC
Instrument S	erial No. <u>00 8903</u>
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 day of day of 20/2 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TRUE STATE OF STATE O	

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903 Test Date: 10/08/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:35am 10:36am 10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:41am
AIR BLĶ	.00	10:42am

Reported AC:

 $\sqrt{000} \, \alpha / 210 T$

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903 Test Record Number: 2523
Test Date: 10/08/2019 Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10·44am

CRC Tests

Test	Status	Time
COMP	Pass	10:44am
CAL	Pass	10:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (umberland Co. Instrument Location FT. BRAGE LEC	
Instrument Se	Serial No. <u>008908</u> <u>PN/0</u>	
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade;	r shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	on the	
THE STATE OF THE S	Signature of Certifying Official Certificate Numb	er

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Date: 10/08/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:36am 10:36am
ACCY CHK	.08	10:37am
AIR BLK	.00	10:38am
SUB TEST AIR BLK	.00 .00	10:39am 10:40am
SUB TEST	.00	10:41am
ATR BLK	.00	10:42am

Reported Act. .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

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Record Number: 1814
Test Date: 10/08/2019 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:43am 10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:44am 10:44am

Preventive Maintenance

/Status: Pass

nalvet

PREVENTIVE MAINTENANCE RECORD

· manage	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Widson Instrument Location / exinction
Instrument S	erial No. 008883 Police Departman
·	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
TARE CHAMMER TO THE C	Signature of Cartifician OSS 11
	Signature of Certifying Official Certificate Number
A signed origin	al of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 10/24/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:38am 11:39am 11:39am 11:40am
SUB TEST	.00	11:41am
AIR BLK SUB TEST	.00 .00	11:42am 11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

of Chemica

Couzt CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2134
Test Date: 10/24/2019 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:48am
FLO .	Pass	11:48am
FC	Pass	11:48am

Temperature Tests

Status	Time
Pass	11:48am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test	Status	Time
PRNT	Pass	11:49am
•	CRC Tests	

Test	Status	Time
COMP	Pass	11:49am
CAL	Pass	11:49am

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 DC	INTOXIMETERS, WIODEL INTOX EC/IR II
Instrument Ser	and colored to the Alle
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.
	the 2 4 day of 0 day of 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number
A signed entering	in of the preventive maintenance record shall be least on file for at least they
A signed origin	al of the preventive maintenance record shall be kept on file for at least three years.

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 10/24/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:09am
AIR BLK	.00	10:10am
ACCY CHK	.08	10:10am
AIR BLK	.00	10:12am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:16am
ATR RIK	. 0.0	10·17am

Reported AC: .00 a/2

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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3266
Test Date: 10/24/2019 Test Time: 10:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

Blank Tests

Test	Status	Time
ATR	Pass	10:19am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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 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; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 10/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:11pm
ACCY CHK	.07	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Analyst

Tarley

Forensic Tests for Alcohol Branch
Department of Health and Human Services

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1447
Test Date: 10/23/2019 Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:29pm

m - - -

CRC Tests

Test	Status	Time
COMP	Pass	3:29pm
CAL	Pass	3:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

7	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Dav. e
Instrument Se	rial No. 00 8905 County Jail
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. I certify that o	
procedures we Department o	re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 10/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	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	1:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2425
Test Date: 10/23/2019 Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

Temperature Tests

FC1 Pass 1:18p
SRC Pass 1:18p
DET Pass 1:18p
BAR Pass 1:18p
BT Pass 1:18p

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm

CRC Tests

Test	Status	Time
COMP	Pass	1:19pm
CAL	Pass	1:19pm

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	DUPLIN Instrument Location WALLACE POLICE DEA
Instrument Seria	al No. <u>008858</u>
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday ofOCTOBER, 201S, 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 WAR 12 THE ST	Cluba Bana 648
	Signature of Certifying Official Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 10/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:42am 11:43am 11:43am 11:45am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST AIR BLK	.00 .00	11:48am 11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu kg Banes
Analyst

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 970 Test Date: 10/04/2019 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:51am

CAL

lun Ro Banga Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location DUPLIN COUNTY DETENTION CENT imeters, Model Intox EC/IR II to be followed at least once every plays pressure, or the alcoholic breath simulator thermometer show e centigrade;
plays pressure, or the alcoholic breath simulator thermometer show
d date;
collect breath sample;
collect breath sample;
is being changed before expiration date, or the alcoholic breath levery four months or after 125 Alcoholic Breath Simulator tests,
TOBER, 20 19, the foregoing preventive maintenance ated above, in accordance with current regulations of the N.C. instrument is functioning properly.

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Date: 10/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:02am
AIR BLK	.00	9:02am
ACCY CHK	.07	9:03am
AIR BLK	.00	9:04am
SUB TEST	.00	9:04am
AIR BLK	.00	9:05am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 3712
Test Date: 10/04/2019 Test Time: 9:08am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:09am

Printer Tests

rest	Status	TIME
PRNT	Pass	9:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:10am 9:10am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	LECOMBE	1	Instrument i	Location_	SAF	may DE	UNIT	<u>-6</u>
Instrument Seri	LECOMBE ial No. 00 4 77	1	TAN	MALO	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
The preventive four months are	maintenance procedures	for the Intoxi	imeters, Mo	del Intox l	EC/IR II	to be follo	wed at least	once every
1.	Verify the ethanol gas 34 degrees, plus or m				icoholic i	breath sim	ulator therm	ometer show
2.	Verify instrument dis	plays time and	l date;	:				
3.	Initiate breath test sec	uence;						
4,	Enter information as	rompted;	er er			•		
5.	Verify instrument acc	uracy;						
6.	When "PLEASE BLO	 W" appears,	collect bre	ath sample	;		•	•
7.	When "PLEASE BLO	}W" appears,	collect brea	ath sample	•			*
8.	Print test record;	1				•	:	
9.	Verify Diagnostic Pro	gram; and			Ter Ter			
10.	Verify that the ethano simulator solution is t whichever occurs firs	eing changed						
I certify that or	the /2 day	of 0 (74)	4	.20 / 1	the f	oregoina n	reventive m	aintenance
procedures wer	e performed on the inst Health and Human Ser	rument indica	ted above, i	n accorda	nce with	current reg	ulations of	the N.C.
Department of	rieann and ruman ser	vices, and the	instrument	із гипсцо	ning proj	eriy.		
STATE				٠,				
			÷			.*		•
THE GLAM VIDE		S(V.		2			66	7
		Signature	of Certify	ing Officia	i		Certificate 1	Number

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008779 Test Date: 10/12/2019

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: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

Test g/210L Time

DIAG Pass 3:50pm

.00 AIR BLK 3:51pm

ACCY CHK .07 3:52pm

AIR BLK .00 3:53pm

SUB TEST .00 3:53pm

AIR BLK .00 3:54pm

SUB TEST .00 3:55pm

AIR BLK .00 3:5**¢p**m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008779 Test Record Number: 3592
Test Date: 10/12/2019 Test Time: 3:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time			
Pass	3:57pm			
	Pass Pass Pass Pass			

Blank Tests

Те	st S	Status	Time			
AI	R I	?ass	3:58pm			
	Print	er Test	ä			

Te	st	St	tatu	5	Time		
		100				÷	
PF	NI	Pe	ass		3:5	8pn	
		CRC	Test	ts			

			1,1				1.4		٠.			
st			S	t	at	u	s		Γ	Lπ	ie	

5 5	100			1.		2.3	
СФМР		10	Pass	13.1	- 2		8pm
1							
CAL			Pass		3	: 5	8pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County EV	L-AUMNE	I	nstrument Lo	ocation NAT	MIART W	MI C	
Instrument Seri	ial No. OOV5YY		MARNO	n0			,,
							····
The preventive	maintenance procedures	for the Intoxi	meters, Mod	el Intox EC/IR II t	o be followed	at least once ev	ery
tour months are	,						: .
1.	Verify the ethanol gas 34 degrees, plus or mi			, or the alcoholic b	reath simulato	r thermometer :	shov
2.	Verify instrument disp	lays time and	l date;				
3.	Initiate breath test seq	uence;					٠.
4.	Enter information as p	rompted;			*.		
5.	Verify instrument acc	ıracy;					
6.	When "PLEASE BLO	W" appears,	collect breat	h sample;			
7.	When "PLEASE BLO	W" appears,	collect breat	h sample;		•	
8.	Print test record;		• • •				
9.	Verify Diagnostic Pro	gram; and		er Andrews			
10.	Verify that the ethano simulator solution is b whichever occurs first						
w ie ie	. 12	of DOME	21	20/9 the f			
I certify that or	n theaay i re performed on the instr					ntive maintena ions of the N.C	
	Health and Human Ser						•
			•				
A STATE OF THE STA	10 C		:				
THE COLOM VIDE		SV-		3	1	63	
		Signatur	e of Certifyin	g Official	Cert	ificate Number	

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

DHHS 4080 (11/07)

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008584 Test Date: 10/12/2019

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: 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

and a second second			-2
DIAG	Pass	3:54	pm
AIR BLK	.00	3:54	pm
ACCY CHK	.07	3:55	pm.
AIR BLK	.00	3:56	pm
SUB TEST	.00	3:56	pm
AIR BLK	.00	3:57	om:
SUB TEST	.00	3:59	pm.
AIR BLK	0.0	4 0 0	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008584 Test Record Number: 2297
Test Date: 10/12/2019 Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

	Tes	t	'	-11	St	at	us	Ė	Tin	ne	
		1		À.		40	1.51	1		11.	
٠	ΔTD	• 4 ° °			Da	22		1	4 . 0	122	٦n

Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm

CRC Tests

COMP Pass 4:02p CAL Pass 4:02p	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 67	OLF CUMPET	_ Instrument Location_	SAT	MUNDE	ころれて	
Instrument Se	erial No. OO VSVO	PARMONO	. ·		:	
The prevention four months	ve maintenance procedures for the are:	Intoximeters, Model Intox I	EC/IR II	to be followed	i at least once eve	ery
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	r displays pressure, or the a legree centigrade;	lcoholic l	breath simulat	tor thermometer s	how
2.	Verify instrument displays tir	ne and date;				
3.	Initiate breath test sequence;				·	
4.	Enter information as prompte	d;	•			
5,	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collect breath sample	Ç.			
7.	When "PLEASE BLOW" ap	pears, collect breath sample	•			•
8.	Print test record;					
9.	Verify Diagnostic Program; a	nd .				
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months or	re expira after 125	tion date, or the Alcoholic Br	ne alcoholic breat reath Simulator te	h sts,
I certify that	on theday of ere performed on the instrument	men , 20/9	, the f	oregoing prev	entive maintenan	ce
Department of	of Health and Human Services, an	d the instrument is function	ning prop	perly.	tions of the N.C.	
STATE STATE						
AND IS US AND ASSESSED OF THE PARTY OF THE P	Sig	nature of Certifying Official	<u> </u>		LJ tificate Number	

GECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008580 Test Date: 10/12/2019

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: Varnell, Bryon L Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE N

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

and the second second			100
Test	q	/210L	Time

DIAG	Pass	3:54	om
AIR BLK	.00	3:55	om
ACCY CHK	.07	3:55	om
AIR BLK	.00	3:56	om
SUB TEST	.00	3:57	mc
AIR BLK	.00	3:58	mc
SUB TEST	.00	3:59	m
AIR BLK	.00	4:00	om

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008580 Test Record Number: 2529
Test Date: 10/12/2019 Test Time: 4:01pm EDT

System Check: Passed

Baseline Tests

Те	st	Status	Time
IR		Pass	4:01pm
FL	T	Pass	4:01pm
FC	la aja ja	Pass	4:01pm

Temperature Tests

Test	Status	Time
FCl	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

Test	Status	Time
AIR	Pass	4:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4 · 0.2 mm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	DLEZOMAE	- -	Instrumen	t Location_	SAT	MUNI	f unti	6
Instrument S	Serial No. <u>007116</u>		774	MONC)			
						·		· .
The prevent	ive maintenance procedures are:	for the Into	oximeters, M	lodel Intox	EC/IR II to	be followed	at least once	ечегу
.1.	Verify the ethanol gas 34 degrees, plus or mi				lcoholic bre	ath simulato	r thermomete	r show
2.	Verify instrument disp	ays time a	nd date;	*				
3.	Initiate breath test sequ	uence;		** 4				
4.	Enter information as p	ompted;					. •	
5.	Verify instrument accu	ıracy;						: ::
6.	When "PLEASE BLO	W" appear	s, collect br	eath sample	;			
7.	When "PLEASE BLO	W" appear	s, collect br	eath sample	;			
8.	Print test record;					**		•
9.	Verify Diagnostic Prog	ram; and						
10.	Verify that the ethanol simulator solution is be whichever occurs first.	ing change	er is being cl ed every fou	nanged befo r months or	re expiration after 125 A	n date, or the lcoholic Bre	alcoholic br ath Simulato	eath r tests,
procedures v	t on the <u>12</u> day o were performed on the instri of Health and Human Servi	ment indices, and the	cated above.	in accordar	ice with cur	rent reculati	ntive mainter ons of the N.	iance C.
TATION OF THE PARTY OF THE PART	S S S S S S S S S S S S S S S S S S S		ر ا		>	4	67	-
		Signatu	re of Certify	ving Officia	1		ficate Numb	

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008776 Test Date: 10/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	g/210Г	Time
DIAG	Pass	4:54pm
AIR BLK	00	4:55pm
ACCY CHK	07	4:55pm
AIR BLK	00	4:56pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:58 m
SUB TEST	.00	4.595

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008776 Test Record Number: 3547
Test Date: 10/12/2019 Test Time: 5:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:01pm
FLO	Pass	5:01pm
FC	Pass	5:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:02pm
SRC	Pass	5:02pm
DET	Pass	5:02pm
BAR	Pass	5:02pm
BT	Pass	5:02pm

Blank Tests

Test	Status	Time
AIR	Pass	5:02pm

Printer Tests

Те	st Status	Time
PR	NT Pass	5:02pm
	CRC Tests	
Пα	Abartii	

Test	Status	Time
COMP	Pass	5:02pm
CAL	Pass	5:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>A</u>	OLECOMSE	Instrume	nt Location 1147	MODEL W	NOC
Instrument S	06 FCOMF Serial No. 60 FC 37		MNON O		
The preventi	ve maintenance procedures fo are:	or the Intoximeters, I	Model Intox EC/IR II	to be followed at	least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays press s. 2 degree centigrad	sure, or the alcoholic de;	breath simulator t	hermometer show
2.	Verify instrument displa	ys time and date;			
3.	Initiate breath test seque	nce;			
4.	Enter information as pro	mpted;			
5.	Verify instrument accura	ю;			٠.
6.	When "PLEASE BLOW	appears, collect b	reath sample;	·	
7.	When "PLEASE BLOW	" appears, collect be	reath sample;		
8.	Print test record;				
9.	Verify Diagnostic Progra	ım; and			
10.	Verify that the ethanol ge simulator solution is bein whichever occurs first.	as canister is being c ag changed every for	hanged before expira ir months or after 125	tion date, or the a 5 Alcoholic Breatl	coholic breath Simulator tests,
I certify that	on the 12 day of	OCTUAL	, 20 _/ , the f	oregoing preventi	ve maintenance
Department	ere performed on the instrum of Health and Human Service	ent indicated above es, and the instrume	, in accordance with on the is functioning prop	current regulation perly.	s of the N.C.
STATE IN STATE OF THE STATE OF	& Alogan CAROLING CAR			,	. —
		Signature of Certif	ying Official	Certific	ate Number

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008637 Test Date: 10/12/2019

Citation Number: M0000000-0-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS' Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:52pm
AIR BLK	.00	4:53pm
ACCY CHK	.07	4:54pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008637 Test Record Number: 3033 Test Date: 10/12/2019 Test Time: 5:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:01pm
FLO	Pass	5:01pm
FC	Pass	5:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:01pm
SRC	Pass	5:01pm
DET	Pass	5:01pm
BAR	Pass	5:01pm
BT	Pass	5:01pm

Blank Tests

Те	st		Status	3	Time	
	1.	F1				
AI	R	14.4	Pass		5:02	nm

Printer Tests

Те	t	Status	Time
PR	Ή.	Pass	5:02pm
	CR	C Tests	
Tes	t	Status	Time
COM	P	Pass	5:02pm

Preventive Maintenance Status: Pass

Pass

5:02pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OOYGYG The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ev four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer is 34 degrees, plus or minus. 2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 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 to whichever occurs first. I certify that on the Aday of OCTOM. Signature of Certifying Official Certificate Number Signature of Certifying Official Certificate Number	County 2) heromot	Instrument Location 1547	MODDE UND
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sold degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 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 te whichever occurs first. I certify that on the	Instrument Se	rial No. <u>OO Y 4 V 6</u>	MANORO	
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sold degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 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 te whichever occurs first. I certify that on the	·			
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the 12 day of OCTOM. 1 Certify that on the 13 day of OCTOM. 20/9 the foregoing preventive maintenan procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	The preventive four months as	e maintenance procedures for the In re:	ntoximeters, Model Intox EC/IR II t	o be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic b gree centigrade;	reath simulator thermometer sho
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the Aday of OCTOBEA 120/9, the foregoing preventive maintenan 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.	2.	Verify instrument displays time	and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. 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 to whichever occurs first. I certify that on the	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	4.	Enter information as prompted;		
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	5.	Verify instrument accuracy;		
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	[7.]	When "PLEASE BLOW" appe	ars, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	8.	Print test record;		
I certify that on the	9.	Verify Diagnostic Program; and		
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.	10,.	simulator solution is being change	ter is being changed before expirati ged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests
Department of Health and Human Services, and the instrument is functioning properly.	I certify that o	n the 12 day of 0070	16/ , 20/4 , the fo	regoing preventive maintenance
Come STATE ON THE	Department of	re performed on the instrument ind f Health and Human Services, and t	licated above, in accordance with cr the instrument is functioning prope	urrent regulations of the N.C.
465				
465	STATE OF STA	A CANONIA CANO		
	A CER GIVEN ADDRESS	Signa	ture of Certifying Official	Certificate Number

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008686 Test Date: 10/12/2019

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: 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

4:51pm DIAG Pass AIR BLK .00 4:52pm ACCY CHK .07 4:53pm .00 AIR BLK 4:53pm SUB TEST .00 4:54 pm .00 AIR BLK 4:55pm SUB TEST .00 4:57pm .00

4:58pm

Reported AC: .00 g/210L

AIR BLK

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008686 Test Record Number: 6658
Test Date: 10/12/2019 Test Time: 5:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:04pm
FLO	Pass	5:04pm
FC	Pass	5:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:04pm
SRC	Pass	5:04pm
DET	Pass	5:04pm
BAR	Pass	5:04pm
BT	Pass	5:04pm

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:05pm
CAL	Pass	5:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	naston	Instrument Location Belmon+
Instrument S	erial No. <i>QO8733</i>	209 Chronick St., Belmont
The preventi	•	e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays t	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.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrumen	t indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
STATE STATE OF THE CORE AT THE	Man Man	ignature of Certifying Official Certificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 10/16/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D Permit Number: 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: AG904301 Exp Date: 02/12/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:29am 10:30am 10:30am 10:31am 10:32am 10:33am 10:34am 10:35am

Repø:

Signature of Chemi

Court CVR

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 1205 Test Date: 10/16/2019 Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	10·38am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:38am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Tox Instrument Location Over how Instrument Serial No. 008725 Police Department

Instrument Serial No. 1008725 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;

3. Initiate breath test sequence;

Verify instrument accuracy;

Enter information as prompted;

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

I certify that on the ______day of ______, 20______, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 10/01/2019

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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	1:12pm 1:13pm
ACCY CHK	.08	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:18pm
ATR BLK	. 0.0	1:19pm

10 10

 $.00 \, g/210$

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4467 Test Date: 10/01/2019 Test Time: 1:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:21pm
FLO	Pass	1:21pm
FC	Pass	1:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:22pm
	~~~	

#### CRC Tests

Test	Status	Time
COMP	Pass	1:22pm
CAL	Pass	1:22pm

Preventive Maintenance Status: Pass

Analyst -

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

Rev. 12/2007

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

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 10/03/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK ACCY CHK	.00 .08	1:28pm 1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6701
Test Date: 10/03/2019 Test Time: 1:36pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:36pm 1:36pm
FC	Pass	1:36pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:37pm 1:37pm

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-

County_	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location ( ) Peer S b ( ) G
Instrumer	nt Serial No. 008790
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
rocedures	were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
THE STAT	E Or .



Signature of Certifying Official

Certificate Number

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 10/03/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic/Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6577 Test Date: 10/03/2019 Test Time: 1:10pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass	1:10pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:10pm
SRC	Pass	1:10pm
DET	Pass	1:10pm
BAR	Pass	1:10pm
$_{ m BT}$	Pass	1:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:11pm 1:11pm

Preventive Maintenance Status: Pass

1:11pm

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008638 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; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 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. Dev, 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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 10/03/2019

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: AG902106 Exp Date: 01/21/2021

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Test	g/210L	Time
DIAG AIR BLK	Pass	12:36pm 12:37pm
ACCY CHK	.08	12:37pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Signature of Chemical Analyst

Reported AC:

Court CVR

Analyst

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

Department of Health and Human Services

Rev. 12/2007

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4309 Test Date: 10/03/2019 Test Time: 12:45pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:47pm

Preventive Maintenance Status: Pass

Pass

12:47pm

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 20	Instrument Location BAT Mobile Un.7-1
Instrument Ser	rial No. OOS898 Coreevsboro
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 were	the 21 day of October 2019 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	NOT THE CAROLINA AND AND AND AND AND AND AND AND AND A
ASRI 12, 1773	Signature of Certifying Official Certificate Number

### GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008898 Test Date: 10/24/2019

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: 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

Tesc	9/2101	TIME
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.08	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm

 $\sigma/210T_{\odot}$ 

Time

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008898 Test Record Number: 1013 Test Date: 10/24/2019 Test Time: 10:37pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:37pm
FLO	Pass	10:37pm
FC	Pass	10:37pm

## Temperature Tests

Status	Time
Pass	10:38pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:38pm 10:38pm

Preventive Maintenance Status: Pass

Analyst

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

County Ou	illord Instrument Location BAT Mobile Unit 1
Instrument Se	erial No. 008939 (reenshoro 1)
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;
<b>2.</b>	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
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 Aday of October, 20 19 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	To the state of th
	Signature of Certifying Official Certificate Number
A signed origi	nal of the preventive maintenance record shall be kept on file for at least three years.

#### GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008939 Test Date: 10/24/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth, 11/11/19

Subject'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	10:28pm
AIR BLK ACCY CHK	.00 .08	10:29pm 10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

form is used when performing Preventive Maintenance p

## GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008939

Test Record Number: 972

Test Date: 10/24/2019

Test Time: 10:36pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

#### Printer Tests

Test	Status	True
PRNT	Pass	10:37pm

## CRC Tests

Test	Status	Time
COMP	Pass	10:37pm
CAL	Pass	10:37pm

Preventive Maintenance Status: Pass

Analyst

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

County	Henderson Instrument Location Henderson Co Detention
Instrum	ent Serial No. 008806   Hendersonville, vc
	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3	Initiate breath test sequence;
4	Enter information as prompted;
5	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	. Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedi	that on theday of
CONTRACTOR OF THE CONTRACTOR O	STATE OF THE OF

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

DHHS 4080 (11/07)

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 10/02/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.07	8:49pm
AIR BLK	.00	8:50pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

## HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 2834
Test Date: 10/02/2019 Test Time: 8:55pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:55pm
FLO	Pass	8:55pm
FC	Pass	8:55pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:56pm
SRC	Pass	8:56pm
DET	Pass	8:56pm
BAR	Pass	8:56pm
${f BT}$	Pass	8:56pm

## Blank Tests

Test	Status	Time
AIR	Pass	8:56pm

### Printer Tests

## CRC Tests

Test	Status	Time
COMP	Pass	8:56pm
CAL	Pass	8:56pm

Preventive Maintenance Status: Pass

Analyst

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

County <u>He</u>	Instrument Location Henderson Co Detention
Instrument S	erial No. 208822 Hendersonville, NC
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
TATE STATE TO THE	5 10 10 10 10 10 10 10 10 10 10 10 10 10
	Signature of Certifying Official Certificate Number
A signed orig	ginal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 10/02/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:48pm 8:49pm
ACCY CHK	.08	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2450 Test Date: 10/02/2019 Test Time: 8:59pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:00pm
FLO	Pass	9:00pm
FC	Pass	9:00pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
BT	Pass	9:00pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:00pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:01pm
CAL	Pass	9:01pm

Preventive Maintenance Status: Pass

Analyst

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

County P	Instrument Location (4hoskie F.D.
Instrument Seria	al No. 008848 705 W. Main St., Ahoskie,
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
TOTAL STATE OF A STATE	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 10/15/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:57am 11:57am 11:58am
AIR BLK	.00	11:59am
SUB TEST AIR BLK	.00	12:00pm 12:01pm
SUB TEST AIR BLK	.00 .00	12:02pm 12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1436 Test Date: 10/15/2019 Test Time: 12:05pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

### Printer Tests

rest	Status	TIME
PRNT	Pass	12:06pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

Preventive Maintenance Status: Pass

Analyst

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

County I	redell Instrument Location States ville PD
Instrument Ser	ial No. 008619 300 S. Tradd St., Stateville
-	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 10/03/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	9:12am
AIR BLK	.00	9:13 <b>am</b>
ACCY CHK	.07	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:18am
ATR BIK	0.0	9 · 19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1635 Test Date: 10/03/2019 Test Time: 9:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:22am
FLO	Pass	9:22am
FC	Pass	9:22am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:22am
SRC	Pass	9:22am
DET	Pass	9:22am
BAR	Pass	9:22am
$\mathtt{BT}$	Pass	9:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:23am

#### Printer Tests

rest	Status	ттше
PRNT	Pass	9:23am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:23am
CAL	Pass	9:23am

Preventive Maintenance Status: Pass

Analyst

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

County	JOHES	Instrument Location_			•
Instrument S	Serial No. <u>008705</u>		DETEN	ITION	CENTER
The prevent four months	ive maintenance procedures for the I	ntoximeters, Model Intox		ollowed at lea	ast once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath	simulator the	rmometer shows
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	<b>;</b>			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;		
7.	When "PLEASE BLOW" app	ears, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	nd .			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.				
procedures	t on the	ndicated above, in accorda	ance with current	ng preventive regulations	e maintenance of the N.C.
STATE GUANT	Clu F	nature of Certifying Offic	>		, 9 48 te Number

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Date: 10/15/2019

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 ACCY CHK AIR BLK	Pass .00 .07	1:30pm 1:31pm 1:32pm 1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu 2, 13a Analyst

#### JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Record Number: 1369 Test Date: 10/15/2019 Test Time: 1:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:39pm 1:39pm

Preventive Maintenance Status: Pass

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

County_	Instrument Location Kinsjow A.P.
Instrument	Serial No. 008624 205 E. King ST., KINSTON,
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the 8th day of 00000000000000000000000000000000000
STATE	Jines Cane 607
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 10/18/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK	.00	1:48pm
ACCY CHK	.08	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:50pm
AIR BLK	00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1795 Test Date: 10/18/2019 Test Time: 1:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

#### Printer Tests

CAL

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:56pm

Pass

1:56pm

Preventive Maintenance Status: Pass

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

County	ENDIR Instrument Location LeNDIR Co. 5.0.
Instrument Seria	11 No. 008639 130 Queen ST., KINSTON, N.C
The preventive is four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the Style day of October, 20 19, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF N	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 10/18/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/08/2019-07/08/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:22pm
ACCY CHK	.07	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3351 Test Date: 10/18/2019 Test Time: 1:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

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

/	M COLUMN TO A EC/IR II
County_	Instrument Location McDowell Co Jair
Instrument	Serial No. 008892 Macion NE
The preven	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.
certify that rocedures w Department o	on the
OTHE STATE OF WAY 20, 1773	TORING CAROLING CAROL
	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 10/15/2019

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: 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 AIR BLK	Pass .00	3:33pm 3:34pm
ACCY CHK	.07	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:39pm
AIR BLK	00	3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 799
Test Date: 10/15/2019 Test Time: 3:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II			
County_	lecklenburg	Instrument Location Mech	
Instrument S	Serial No. <u>008690</u>	804 E. 445 St., C	harlotte
The preventi		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		c breath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
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 expi hanged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	were performed on the instrumen	20_19_, the tindicated above, in accordance with and the instrument is functioning pr	
TALL STATE AND S		ignature of Certifying Official	656 Certificate Number

#### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 10/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG902106 Exp Date: 01/21/2021

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:21am 10:22am 10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

- 10101

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Record Number: 6353

Test Date: 10/09/2019 Test Time: 10:29am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:29am
FLO	Pass	10:29am
FC	Pass	10:30am

#### Temperature Tests

Test Status Time	
FC1 Pass 10:30	am
SRC Pass 10:30	am
DET Pass 10:30	am
BAR Pass 10:30	am
BT Pass 10:30	am

#### Blank Tests

Test	Status	Time
ATR	Pass	10:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:30am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:31am 10:31am

Preventive Maintenance Status: Pass

Analyst

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 10/10/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	11:31am 11:32am 11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 7819
Test Date: 10/10/2019 Test Time: 11:40am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41an

#### Printer Tests

ICSL	Status	TTIIIE
PRNT	Pass	11:41am
	CRC Tests	

lest	Status	Time
COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance Status: Pass

Analyst

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

County $M_i$	tchell	Instrument Location 5/1	rice Pine	20
Instrument Seria	al No. <u>OO 8726</u>	5 y	rice Pine	, NC
The preventive i	naintenance procedures for the Into	oximeters, Model Intox EC/II	R II to be followed at	least once every
1	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		olic breath simulator t	hermometer show
2.	Verify instrument displays time a	and date;		·
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, 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.			
procedures were	theday of performed on the instrument indi Health and Human Services, and th	cated above, in accordance w	rith current regulation	ive maintenance ns of the N.C.
OF ME STATE OF A PART OF A	OR HI CAROLINA CIONATI	ure of Certifying Official	Camili	49 cate Number

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/24/2019

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: 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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:44pm 12:45pm 12:46pm 12:47pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	1.2:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 1020 Test Date: 10/24/2019 Test Time: 12:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO FC	Pass Pass	12:52pm 12:52pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET'	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

#### Blank Tests

Test	1 2	Status	Time
AIR		Pass	12:52pm

#### Printer Tests

rest	Status	Time
	•	
PRNT	Pass	12:53pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:53pm
CAL	Pass	12:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wlov	INTOXIMETERS, MODEL INTOX EC/IR II  Alegomory Co. Instrument Location Montgomery Co. Detention Center
Instrument Seri	al No. 008769 TROY MC
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;
, <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
ONE STATE OF THE S	Signature of Contifue Official Contifue Number

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 10/01/2019

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: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:36pm 1:37pm 1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

Reported AC: .00 @/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1192 Test Date: 10/01/2019 Test Time: 1:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
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	1:45pm

#### Printer Tests

	CRC Tests	
PRNT	Pass	1:45pm
Test	Status	Time

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

A nalvet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 7	Instrument Location Wortgomery Co. Detention Cen
Instrument Se	and of such.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 10/01/2019

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: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:31pm 1:32pm 1:32pm
AIR BLK SUB TEST	.00 .00	1:33pm 1:34pm
		_
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC:

*99* g/210Lj

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 1629
Test Date: 10/01/2019 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:39pm	

#### Printer Tests

rest	Status	TIME
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time

CAL Pass 1:39pm

Preventive Maintenance
Status: Pass

Pass

1:39pm

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II  More Instrument Location BAT Modele Un. 7 #
County	1/60re Instrument Location Sft / 11/08, he Oh. T 4
Instrument Ser	ial No. 00 8824 Pine horst
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday ofCleber_, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STAIN	

### MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008826

Test Record Number: 8152

Test Date: 10/31/2019

Test Time: 10:16pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	100	Status	TT	.me	
				100	
AIR		Pass	10	:18p	m

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:18pm
CAL	Pass	10:18pm

Preventive Maintenance Status: Pass

Analyst

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008826 Test Date: 10/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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

County	Pine Mrst	
Instrument Se	rial No. 068575 Pine Mist	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that procedures w Department	rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	
Tar quany	Signature of Certifying Official Certificate Number	

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008575 Test Date: 10/31/2019

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

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

Analyst's Name: 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	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.08	10:13pm
AIR BLK	00	10:14pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008575 Test Record Number: 1192 Test Date: 10/31/2019 Test Time: 10:19pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	10:19pm 10:19pm
4 7 7 8 9	10:19pm

#### Temperature Tests

Test	Status	Time
FCl	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm
	the state of the s	

#### Blank Tests

Test	Status	Time
1.1		
AIR	Pass	10:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

Analyst

Department of Health and Human Services

Rev. 12/2007

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

County_	BASLOW	Instrument Location_	CAMP	LEJEUNE
Instrumer	nt Serial No. <u>008930</u>		Pn	10
The preve	rentive maintenance procedures for the Into-	ximeters, Model Intox E	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		lcoholic breath sim	ulator thermometer shows
2.	Verify instrument displays time ar	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			·
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	, collect breath sample;	·	
7.	When "PLEASE BLOW" appears	, collect breath sample;	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canisted simulator solution is being change whichever occurs first.			
procedur	that on theday of res were performed on the instrument indic nent of Health and Human Services, and th	ated above, in accordar	nce with current re	preventive maintenance gulations of the N.C.
GREATS	When	re of Certifying Officia		648 Certificate Number

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 10/31/2019

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

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

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

Analyst's Name: BARNES, 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	2:33pm 2:34pm
ACCY CHK		2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920

Test Record Number: 1718

Test Date: 10/31/2019 Test Time: 2:40pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass	2:40pm
DET	Pass Pass	2:40pm 2:40pm
BAR	Pass	2:40pm
$\mathtt{BT}$	Pass	2:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	

Test	Status	Time
COMD	Dagg	0 . 41 m

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location	on MCAS	NEW KIVER
Instrument	Serial No. 0089/7		PA	10
The preven	ntive maintenance procedures for the Instance:	ntoximeters, Model In	tox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		he alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath san	nple;	
7.	When "PLEASE BLOW" app	ears, collect breath san	nple;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being characterist.			
	at on the <u>J</u> day of <u>ÖC</u> s were performed on the instrument in nt of Health and Human Services, and	idicated above, in acco	ordance with current	g preventive maintenance regulations of the N.C.
A GREAT OF PLANE	ATE OF NO AND CAROLING CAROLIN			
* FOR QUA	2. UPD A A MAN MAN MAN MAN MAN MAN MAN MAN MAN	nature of Certifying Of		Certificate Number
	2 igi	iature di Cettifying Of	meiai	Certificate Nullipel

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

DHHS 4080 (11/07)

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008917 Test Date: 10/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008917 Test Record Number: 776
Test Date: 10/31/2019 Test Time: 1:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
. <u></u>		
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

#### Printer Tests

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

Test	•	Status	Time
COMP		Pass	1:08pr

Preventive Maintenance Status: Pass

Pass

1:08pm

CAL

alu Re Banes Analyst

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

County 4	AMLICO Instrument Location PAMLICO COUNTY		
Instrument Se	rial No. 008640 DETENTION CENTE		
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	on theday ofday of		
STATE OF THE STATE OF THE OF T	alu Za Barnes 648		
	Signature of Certifying Official Certificate Number		

#### PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Date: 10/16/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:51am 11:52am 11:52am
AIR BLK SUB TEST	.00	11:52am 11:54am
AIR BLK	.00	11:55am
SUB TEST ATR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cellun Ke 3200 Analyst

#### PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Record Number: 1385
Test Date: 10/16/2019 Test Time: 11:57am EDT

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
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

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

COMP Pass 11:59am CAL Pass 11:59am

Preventive Maintenance Status: Pass

Colum Ry Banana Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAINETERS, MODEL INTOX EC/IR II
County A	Instrument Location Posquotank Co. Publice
Instrument Seria	Instrument Location Posquotank Co. Publice al No. 008950  Bldg., 200 F. Colonial ST., Elizar  City, N.C.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	the day of of the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF NATIONAL STATES AND STAT	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 10/02/2019

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: 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: AG805801 Exp Date: 02/27/2020

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:18am 11:18am 11:19am 11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linux Ceese Analyst

#### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1724
Test Date: 10/02/2019 Test Time: 11:25am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	11:25am 11:25am
LTO	Pass	11:25a
FC	Pass	11:25am

#### Temperature Tests

Status	Time
Pass	11:25am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	11:26am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:26am 11:26am

Preventive Maintenance Status: Pass

Final A. Leese

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

/	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Squarank Instrument Location Elizabeth City P.D.
Instrument S	erial No. 00894/ 315 E. Main ST., Elizabeth City
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of day of 2008 on accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Cortificing Official Cortificate Number

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 10/02/2019

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: 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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	11:52am 11:53am
AIR BLK ACCY CHK	.00	11:53am 11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

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

#### PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1390 Test Date: 10/02/2019 Test Time: 12:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

#### Blank Tests

AIR Pass 12:02pm	Test	Status	Time
	AIR	Pass	12:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	

Test	Scacus	TTME
COMP	Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance Status: Pass

## Analyst

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

	INTUXIMETERS, MODEL INTUX EC/		$\bigcirc$
County	PENDER Instrument Location PEN	DER	COUNTY
Instrument Se	orial No. 008946	TENT	TION CENT
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to lure:	oe followed	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bread degrees, plus or minus .2 degree centigrade;	ath simulato	or thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.		
-	on theday ofOCTOBEK_, 20, the fore ere performed on the instrument indicated above, in accordance with cur of Health and Human Services, and the instrument is functioning proper	rent regulat	
OF THE STATE OF TH	Signature of Certifying Official		648

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Date: 10/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:21pm 2:22pm
ACCY CHK	.08	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celu ha Bans Analyst

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Record Number: 1032 Test Date: 10/04/2019 Test Time: 2:28pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	2:29pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	nitoximeters, model intox Ec/in i
County	ENDER Instrument Location PENDER (OUN
Instrument Ser	ial No. 008935 DETENTION CE
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.
	on theday ofCTOBER_20, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	aluka Ban 648
	Signature of Certifying Official Certificate Number

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 10/04/2019

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:21pm 2:22pm
ACCY CHK	.07	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 10/04/2019 Test Record Number: 2518
Test Time: 2:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:29pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:30pm
CAL	Pass	2:30pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. OOS948  COVERNMENT AND  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;	
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;	<u>LE</u> X
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;	<u> </u>
3. Initiate breath test sequence;	ows
•	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
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.	ts,
I certify that on theday ofday of	<b>&gt;</b>
Signature of Certifying Official  Certificate Number	

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 10/04/2019

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 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	Pass	4:04pm 4:05pm
ACCY CHK AIR BLK	.08	4:05pm 4:06pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948

Test Record Number: 903

Test Date: 10/04/2019

Test Time: 4:11pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 4:12pm

#### Printer Tests

Test	Status	Time

PRNT Pass 4:13pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	•	Instrument Location		
Instrument Ser	rial No. <u>008924</u>	120 COURT	ST Rox	boro, NC
The preventive four months ar	e maintenance procedures for the	e Intoximeters, Model Into	x EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		alcoholic breath sin	nulator thermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	ppears, collect breath samp	le;	
7.	When "PLEASE BLOW" ap	ppears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
procedures we	n the <u>3</u> day of <u>Oc</u> re performed on the instrument in Health and Human Services, and	ndicated above, in accorda	nce with current reg	g preventive maintenance ulations of the N.C.
OF THE STATE OF THE CREAT THE CONTROL OF THE STATE OF THE CREAT THE COLUMN VIEW OF THE CO	Sin Sin	Symmetry of Certifying Office		662-

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008924 Test Date: 10/03/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .08 .00	4:38pm 4:39pm 4:40pm 4:41pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008924 Test Record Number: 1468
Test Date: 10/03/2019 Test Time: 4:45pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

## Blank Tests

rest	Status	Time
AIR	Pass	4:47pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Ánalyst

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

County	Person Instrument Location Person Go. LEC
Instrument Ser	ial No. 008799 120 Count ST ROXLORD, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of Ctober , 20 19 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Lakes Eyeres 662
	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008799 Test Date: 10/03/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	4:38pm 4:38pm
ACCY CHK	.08	4:39pm 4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm

Reported AC: Q0 g/210L وم

Chemical Analyst

Court CVR

## PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008799 Test Record Number: 3041 Test Date: 10/03/2019 Test Time: 4:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:45pm
FLO	Pass	4:45pm
FC	Pass	4:45pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:45pm
SRC	Pass	4:45pm
DET	Pass	4:45pm
BAR	Pass	4:45pm
BT	Pass	4:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm
	CRC Tests	
Test	Status	Time
COMP .	Pass	4:46pm

Preventive Maintenance Status: Pass

Pass

4:46pm

CAL

Ánalyst

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

County P	i H	_ Instrument Location Ay	len P.D.
Instrument So	erial No. <u>00 8 666</u>	4144 West Av	e., Ayden, N.C.
The prevention four months	•	Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic b legree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expirat anged every four months or after 125	
procedures w	ere performed on the instrument in	dicated above, in accordance with cuthe instrument is functioning properly	rrent regulations of the N.C.
STATE STATE OF THE	CAROLINI CAR	.v.	
TATE QUAM VI	Ver L		643
	Sig	nature of Certifying Official	Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 10/28/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 1126

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	10:03am

## Printer Tests

Test

CAL

Status

PRNT	Pass	10:03am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:03am

Time

10:03am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County 7	201	Instrument Location AAT	
Instrument S	Serial No. OOVGV	6 NOWNERVOILE	
The preventi	ive maintenance procedures are:	for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the alcoholic nus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument disp	plays time and date;	
3.	Initiate breath test seq	uence;	
4.	Enter information as p	rompted;	
5.	Verify instrument according	uracy;	
6.	When "PLEASE BLO	W" appears, collect breath sample;	
7.		W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prop	gram; and	
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expirateing changed every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w		f	
THE STATE OF THE S	TOSTH CAROLINA	Signature 60 U.S. Committee	663
		Signature of Certifying Official	Certificate Number

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008686 Test Date: 10/04/2019

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: 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 AIR BLK	Pass	8:25pm 8:26pm
ACCY CHK AIR BLK	.07	8:26pm 8:27pm
SUB TEST	.00	8:28pm
AIR BLK SUB TEST	.00	8:29pm 8:30pm
AIR BLK	.00	8:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008686 Test Record Number: 6647

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass	8:36pm
	Pass	8:36pm
FC	Pass	8:37pm

# Temperature Tests

Status	Time
Pass	8:37pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	8:37pm

## Printer Tests

rest	Status	Time
PRNT	Pass	8:37pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	H Instrument Location P, H Co. Defention Ca
Instrument Seri	Instrument Location P. H. Co. Defention Ce al No. 008662 124 Defention Dr., Greenville, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 03 day of 0chobe, 20 day, the foregoing preventive maintenance be performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/23/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 1130 Test Date: 10/23/2019 Test Time: 10:13am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:13am 10:13am
FC	Pass	10:13am

#### Temperature Tests

Status	Time
Pass	10:13am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
λTP	Dagg	10.14=m

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:14am 10:14am

Preventive Maintenance Status: Pass

Analyst

County V	erial No. 008646 124 Defention Dr., Greenville, NS.
Instrument S	erial No. 008646 124 Detention Dr., Greenville, NS.
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 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 33 day of 0, 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.
STATE STATE	O TOP TO THE TOP TO TH

Signature of Certifying Official

Certificate Number

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 10/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:43am
AIR BLK	.00	9:44am
ACCY CHK	.08	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:49am
ATR BLK	ົດດ	9.50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 3933

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:53am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:54am

# Printer Tests

Test	Status	Time
PRNT	Pass	9:54am

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County P. +	1 Instrument Location Pitt G. Detention G
Instrument Seria	INO. DO 8668 BY Defention Dr., Greenville, L
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 23 day of Ochobe , 20 19, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF N. STATE	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 10/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:22am
AIR BLK	.00	9:23am
ACCY CHK	.07	9:24am
AIR BLK	.00	9:25am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 3405
Test Date: 10/23/2019 Test Time: 9:34am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:34am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:35am 9:35am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pa	olk	Instrument Location_POIK(	anty LEC
Instrument S	Serial No. <u>008832</u>	164 Government Co	mplex Dr., Columbu
four months	ve maintenance procedures for t are:	he Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .:	ster displays pressure, or the alcoholic be 2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	,
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	·
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	anister is being changed before expiration that the changed every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that		October 19	
procedures w	ere performed on the instrumen	t indicated above, in accordance with ou	regoing preventive maintenance urrent regulations of the N.C.
Department of	of Health and Human Services, a	and the instrument is functioning prope	rly.
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N OF THE STATE OF	.//\	/ /	
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	S	gnature of Certifying Official	Certificate Number

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 10/04/2019

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	12:08pm 12:09pm
ACCY CHK	.07 .00	12:09pm 12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
ATR BLK	00	12 · 14 pm

Reported AC: .00 g/210L

Signature of Chemical Apalyst

Court CVR

Analyst

#### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1546
Test Date: 10/04/2019 Test Time: 12:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:37pm 12:37pm
FC	Pass	12:38pm

## Temperature Tests

Test	Status	Time
T2O1	Daga	12:38pm
FC1	Pass	
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
ΒT	Pass	12:38pm

#### Blank Tests

Test Status Time
AIR Pass 12:38pm

#### Printer Tests

Status Time Test PRNT 12:38pm Pass CRC Tests Time Status Test 12:39pm COMP Pass CAL 12:39pm Pass

Preventive Maintenance Status: Pass

Analyst

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

County Pol	K Instrument Location Polk County LEC
Instrument Seri	al No. 008881 164 Government Complex Dr., Columbi
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 / 9, 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.
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Date: 10/04/2019

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: 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: AG821401 Exp Date: 08/02/2020

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

Reported AC .00 g/210L

Signature of Chemidal Analyst

Court CVR

**Analyst** 

# POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Record Number: 837
Test Date: 10/04/2019 Test Time: 11:57am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:58am

## Temperature Tests

Test	Status	Time
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
ATR	Pass	11.58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

County C	And on Co. Instrument Location And on Co.	Detention Centers
Instrument Se	erial No. <u>008899</u> Ashe bord	XIC
<u> </u>		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	e e
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration das simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	on the	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Date: 10/02/2019

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: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:23pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
ATD BIK	ሰበ	12.29mm

Reported AC.

 $\Delta 10 \sqrt{3}/210 \text{ T}_1$ 

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

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 3253 Test Date: 10/02/2019 Test Time: 12:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:34pm

## Temperature Tests

Status	Time
Pass	12:34pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

#### Printer Tests

iest	Status	Time
PRNT	Pass	12:35pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:35pm
CAL	Pass	12:35pm

Preventive Maintenance Status: Pass

Analvst

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

County K	rick ph Co. Instrument Location V. Arick J. A.	a. Detention Cente
Instrument Seria	ul No. <u>OBBRO</u> <u>Ashekbore</u> ,	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 breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
	theday of, 20 / 9 the for performed on the instrument indicated above, in accordance with current lealth and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OF THE STATE OF TH	Signature of Certifying Official	Certificate Number

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Date: 10/02/2019

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: KEESLER, GRAYHAM C
Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:21pm 12:22pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
ATR BLK/	0.0	12.28nm

Reported ACA .00/2/210L

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

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 2745
Test Date: 10/02/2019 Test Time: 12:28pm EDT

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	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
$\mathtt{BT}$	Pass	12:29pm

#### 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

Afialyst

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

6>	INTOXIMETER	S, MODEL INTOX	EC/IR II	
County K	Ohean	Instrument Location	hira	Grove_
Instrument Se	erial No. <u>008862</u>	Police	Depo	y tman
· -			(	
The preventive four months a	ve maintenance procedures for the Into	ximeters, Model Intox EC/IF	R II to be follow	ved at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		olic breath simu	lator 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;			1
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.			
				preventive maintenance ations of the N.C.
THE STATE OF THE S	Signatu	le Jacks	and the same of th	Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 10/25/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 881
Test Date: 10/25/2019 Test Time: 11:16am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:16am 11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

#### Blank Tests

Test	Status Time
	Pass 11:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time

1696	Status	TTITE
COMP	Pass	11:17am
CAL	Pass	11:17am

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 IJ

	INTOXIMETE	RS, MODEL INT	OX EÇ/IR IJ	
County	owan	Instrument Location	xalisbu	-47
Instrument S	erial No. <u>60 8835</u>	Police	Depar	Fman
The preventi four months	ve maintenance procedures for the In are:	toximeters, Model Intox E	C/IR II to be followed at	least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath simulator	thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
	) < to )	talon - 10		
I certify that		10 00, 20 1°		
Department	vere performed on the instrument inc of Health and Human Services, and	ncated above, in accordan	ce with current regulation ling properly.	ns of the N.C.
•				
STATE STATE OF STATE	O NORTH CAROLINA CARO			
TEST QUAM VI	(	Let Tan Cature of Certifying Official	Certifi	cate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 10/25/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

11/01/2018-11/01/2020

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:29pm
ACCY CHK	.00	1:30pm 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	1:35pm

Reported AC: .00 g/210E

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

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2395 Test Date: 10/25/2019 Test Time: 1:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
$\mathtt{BT}$	Pass	1:39pm

#### Blank Tests

Tes	t	Status	Time
AIR		Pass	1:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

Anaiyst

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

and the state of the state of	, INTOXIMETE	RS, MODEL INTOX EC/II	RII ,
County	owan	Instrument Location	Sbury
Instrument Ser	ial No. <u>00 8868</u>	Police De	partmen
The preventive four months ar	•	toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic 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;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	l	S. S
10.		ster is being changed before expiration of ged every four months or after 125 Alco	
_	re performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	
THE STATE OF THE CONTROL OF THE CONT	S C C C C C C C C C C C C C C C C C C C		
	Signa	ature of Certifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 10/25/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	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	1:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3083 Test Date: 10/25/2019 Test Time: 1:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:19pm 1:19pm
FC	Pass	1:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
$\mathtt{BT}$	Pass	1:19pm

#### Blank Tests

Test	Status	Time
ATR	Pass	7 · 19mm

#### Printer Tests

rest	Scacus	TTIIIE
PRNT	Pass	1:19pm

## CRC Tests

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

Preventive Maintenance Status: Pass

**Analyst** 

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	Cot Arc Co. Instrument Location Scott	well. Shoriff Office
Instrument Ser	rial No. <u>(10886)</u> <u>LAURINDUR</u>	ry, MC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	,
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expisimulator solution is being changed every four months or after 1 whichever occurs first.	
I certify that of procedures we Department of	n the 3 day of October, 20 19 re performed on the instrument indicated above, in accordance with Health and Human Services, and the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
OF US STATE OF US		<u>(54</u>
	Signature of Certifying Official	Certificate Number

#### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 10/03/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported ACR .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1581
Test Date: 10/03/2019 Test Time: 1:00pm EDT

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	Status	Time
COMP	Pass	1:01pm

1:01pm

Preventive Maintenance /Status: Pass

Pass

CAL

Ánalyst

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

County Sc	stland Co. Instrument Location LACIPIN	Iburg P.D.
Instrument Seri	al No. 008834 LAURINDUM	eg, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
procedures wer	the day of <u>the formed on the instrument indicated above, in accordance with curred the light and Human Services, and the instrument is functioning properly.</u>	orgoing preventive maintenance ent regulations of the N.C.
STATE OF STA		
* * * SE QUAM VIDEN		[5c]
	Signature of Certifying Official	Certificate Number

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 10/03/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

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

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

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

Test Type: Breath Test

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

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

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 909

Test Date: 10/03/2019 Test Time: 12:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:26pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
BT	Pass	12:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	12:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:27pm
CAL	Pass	12:27pm

Preventive Maintenance Status: Pass

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

County St	anly Instrument Location Stanly County SO
Instrument Serie	1 No. 008824 1265,345t. Albanacle
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF N	Signature of Certifying Official Certificate Number

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 10/07/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK ACCY CHK	.00 .08	10:42am 10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
ATR BLK	.00	10:48am

Repointed AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 1463 Test Date: 10/07/2019 Test Time: 10:51am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:51am
${ t FLO}$	Pass	10:51am
FC	Pass	10:52am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
$\mathtt{BT}$	Pass	10:52am

## Blank Tests

Test	Status	Time
AIR	Pass	10:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:52am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance Status: Pass

Analyst

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

County S	anly Instrument Location Standy County SO
Instrument Se	orial No. 008842 1265,318 St., Alberrarle
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day 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.
OF THE STATE OF TH	

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 10/07/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:32am 10:33am 10:34am
AIR BLK SUB TEST	.00 .00	10:34am 10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
AIR BLK	.00	10:38am

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

## STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2264
Test Date: 10/07/2019 Test Time: 10:40am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

iest	Status	Time
ATR	Pass	10:41am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:41am

ÇAL

Analyst

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

County	ANCE Instrument Location VANCE Co SLOR, FF'S OFF
Instrument S	erial No. 008870 156 Chuch ST. Handlason, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE OF THE STATE	Signature of Certifying Official  Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 10/01/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:33pm 3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 10/01/2019 Test Record Number: 2844
Test Time: 3:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	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

Analyst

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

County /	Ance	Instrument Location VANCE	
Instrument S	erial No. <u>008937</u>	156 Church St.	Hendovson, NC
The preventi		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, or the alcoholic bre legree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
	vere performed on the instrument ir	dicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATION STATION OF THE STATION OF TH	No No In Canada		
APRIL 12, 17	0 to 6	3 BACCO	662
	518	nature of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 10/01/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.08	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 2777

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

# Printer Tests

Test	Status	Time
PRNT	Pass	3:27pm
: •	CRC Tests	

Time
3:27pm 3:27pm

Preventive Maintenance Status: Pass

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

County V	Ance	Instrument Locat	tion <u>Up</u>	nce Go	SHERIFF'S	OFF
Instrument S	erial No. <u>008937</u>	156 Churc	L 57	Handle	uson, NC	
The prevention four months	ve maintenance procedures for the are:	Intoximeters, Model In	ntox EC/IF	R II to be fo	llowed at least on	ce every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or degree centigrade;	the alcoho	lic breath si	mulator thermom	eter shows
2.	Verify instrument displays tir	me and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	d;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collect breath sa	mple;			
7.	When "PLEASE BLOW" ap	pears, collect breath sa	mple;			
8.	Print test record;					
9.	Verify Diagnostic Program; a	nd				
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed anged every four mont	before exp hs or after	piration date 125 Alcoho	e, or the alcoholic lic Breath Simula	breath itor tests,
procedures w	on the <u>24</u> day of <u>Oc</u> ere performed on the instrument in the Health and Human Services, and	dicated above, in acco	rdance wit	h current re	ng preventive mai gulations of the N	intenance I.C.
CREAT STATE OF THE	Story Story Story	Space			662	
	Sig	nature of Certifying O	Hicial		Certificate Nun	nber

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 10/24/2019

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

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:17am
AIR BLK	.00	9:18am
ACCY CHK	. 0.8	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:22am
ATR BLK	.00	9:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 2788
Test Date: 10/24/2019 Test Time: 9:24am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Status	Time
Pass	9:25am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	9:25am

## Printer Tests

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

Preventive Maintenance Status: Pass

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

County VAn	Instrument Location VANG & SLRIFF Office
Instrument Seria	No. 008870 156 Church St Henderson, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he 24 day of October, 20/9 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.
OF STATE OF AN TOTAL OF AN TOT	Signature of Certifying Official  CG7  Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 10/24/2019

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

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:16am 9:17am
ACCY CHK	.08	9:18am
AIR BLK SUB TEST	.00 .00	9:19am <b>9:20a</b> m
AIR BLK	.00	9:20am 9:21am
SUB TEST	.00	9:22am
ATR BLK	0.0	9 · 23am

Signature of Chemical Analyst

Court CVR

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 2870 Test Date: 10/24/2019 Test Time: 9:24am EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:25am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

9:25am

CAL

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

County (v	14-lle	Instrument	Location WAKE	Lo Da	leutin G	R
Instrument S	14 lle erial No. <u>00 8740</u>	3301	HAMMEND	Ru	PALorgh	nde
The prevention four months	ve maintenance procedures for the	he Intoximeters, M	odel Intox EC/IR II to	be followed	at least once eve	ery
1.	Verify the ethanol gas cani			eath simulato	r thermometer s	how
2.	Verify instrument displays	time and date;				
3.	Initiate breath test sequence	<del>\$</del> ;				
4.	Enter information as promp	oted;				
5.	Verify instrument accuracy	;				
6.	When "PLEASE BLOW"	appears, collect bre	ath sample;			
7.	When "PLEASE BLOW"	appears, collect bre	ath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program	; and				
ı. <b>10.</b>	Verify that the ethanol gas simulator solution is being whichever occurs first.					
	on theday of ere performed on the instrument of Health and Human Services, a				ventive maintena ns of the N.C.	ınce
O THE STATE OF THE	Otolo	Signature of Certify	ring Official		√ 2_ ificate Number	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 10/01/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:39am
AIR BLK	.00	8:40am
ACCY CHK	.08	8:40am
AIR BLK	.00	8:42am
SUB TEST	.00	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:45am
AIR BLK	.00	8:46am

Reported AC:__.00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 3573

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	8:47am
FLO	Pass	8:47am
FC	Pass	8:47am

## 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	8:48am
CAL	Pass	8:48am

Preventive Maintenance Status: Pass

Analyst

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

County U	PAHE Instrument Location WAKE Go Defention GR
Instrument Se	erial No. 008778 3301 HAMMIND RD RAteigh, NC
	• •
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF CHANGE OF THE PARTY OF THE PART	1 toles sources 662
:	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 10/01/2019

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: BARNES, STOKES
Permit Number: 11434E
Effective:

04/01/2019-04/01/2021

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:25am
AIR BLK	.00	8:26am
ACCY CHK	.08	8:27am
AIR BLK	.00	8:28am
SUB TEST	.00	8:29am
AIR BLK	.00	8:30am
SUB TEST	.00	8:31am
ATR RIK	0.0	8:32am

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 4406
Test Date: 10/01/2019 Test Time: 8:34am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:36am

## Printer Tests

Test	Status	Time
PR <b>NT</b>	Pass	8:36am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	8:36am 8:36am

Preventive Maintenance Status: Pass

Analyst

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

County (	/ake	Instrument Locat	ion Wake 6	Defention Cre
Instrument S	erial No. <u>608577</u>	3301 Ham	MMD RD	Ralorgh, NC
The preventi four months	ve maintenance procedures for th	e Intoximeters, Model II	ntox EC/IR II to be t	followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		the alcoholic breath	simulator thermometer show
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	ppears, collect breath sa	mple;	
7.	When "PLEASE BLOW" a	ppears, collect breath sa	mple;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.			ate, or the alcoholic breath holic Breath Simulator tests,
I certify that procedures w Department of	on the day of vere performed on the instrument of Health and Human Services, ar	indicated above, in acco	20 / C/ the forgordance with current tioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Sha Sha	Samo		662
		ignature of Certifying O	fficial	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 10/01/2019

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

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

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

Test	g/210L	Time
DIAG	Pass	8:25am
AIR BLK	.00	8:25am
ACCY CHK	.07	8:26am
AIR BLK	.00	8:27am
SUB TEST	.00	8:28am
AIR BLK	.00	8:28am
SUB TEST	.00	8:30am
ATR BLK	- 00	8:31am

Reported AC 00 g/210L

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 4641 Test Date: 10/01/2019 Test Time: 8:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:34am
FLO	Pass	8:34am
FC	Pass	8:34am

# Temperature Tests

Test	Status	Time
FC1	Pass	8:34am
SRC	Pass	8:34am
DET	Pass	8:34am
BAR	Pass	8:34am
BT	Pass	8:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:35am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:35am
CAL	Pass	8:35am

Preventive Maintenance Status: Pass

Analyst

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

County W.	He Instrument Location WAHE Courte Dolentin Ga
Instrument Seri	al No. 008612 3301 Hammon D. Ro. RACoigh, 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
OT THE STATE OF TH	Signature of Certifying Official Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 10/01/2019

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: BARNES, STOKES
Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:24am
AIR BLK	.00	8:25am
ACCY CHK	.07	8:25am
AIR BLK	.00	8:26am
SUB TEST	.00	8:27am
AIR BLK	.00	8:28am
SUB TEST	.00	8:30am
AIR BLK	.00	8:31am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 4322
Test Date: 10/01/2019 Test Time: 8:33am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:33am 8:33am
FC	Pass	8:33am

# Temperature Tests

Test	Status	Time
FC1	Pass	8:33am
SRC	Pass	8:33am
DET	Pass	8:33am
BAR	Pass	8:33am
BT	Pass	8:33am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:34am

### Printer Tests

Test	Status	Time
PRNT	Pass	8:34am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:34am 8:34am

Preventive Maintenance Status: Pass

Analyst

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

County WAKE	Instrument Location CARY PD		
Instrument Serial No. 008587	120 Wilkerson Ave. Cary, NC		
The preventive maintenance procedure four months are:	for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
	canister displays pressure, or the alcoholic breath simulator thermometer shownus .2 degree centigrade;		
2. Verify instrument dis	lays time and date;		
3. Initiate breath test se	ience;		
4. Enter information as	ompted;		
5. Verify instrument acc	racy;		
6. When "PLEASE BL	W" appears, collect breath sample;		
7. When "PLEASE BLO	When "PLEASE BLOW" appears, collect breath sample;		
8. Print test record;			
9. Verify Diagnostic Pro	ram; and		
	gas canister is being changed before expiration date, or the alcoholic breath sing changed every four months or after 125 Alcoholic Breath Simulator tests,		
procedures were performed on the instr	Octobes, 20 /9 the forgoing preventive maintenance ment indicated above, in accordance with current regulations of the N.C. es, and the instrument is functioning properly.		
O'THE STATE O'NO CONTROL O'NO C	Signature of Certifying Official Certificate Number		

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 10/01/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:44am
AIR BLK	.00	7:45am
ACCY CHK	.08	7:46am
AIR BLK	.00	7:47am
SUB TEST	.00	7:47am
AIR BLK	.00	7:48am
SUB TEST	.00	7:49am
AIR BLK	.00	7:50am

Reported AC:

@0 g/210L ومر

of Chemical Analyst

Court CVR

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

**Department of Health and Human Services** 

Rev. 12/2007

## WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 4115
Test Date: 10/01/2019 Test Time: 7:51am EDT

System Check: Passed

Baseline Tests

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

# Temperature Tests

Status	Time
Pass	7:51am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	7:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:52am

## CRC Tests

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

Preventive Maintenance Status: Pass

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

County WA	Ve .	Instrument L	ocation Asex	PD	STATION 4
Instrument Seri	UR ial No. <u>008621</u>	1615 E.	Williams	57.	Apex, NC
The preventive four months are	maintenance procedures for the In	toximeters, Mod	el Intox EC/IR II	to be fol	lowed at least once every
1,	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		, or the alcoholic	breath si	mulator thermometer show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, collect breath sample;				
7.	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10. Verify that the ethanol gas canister is being changed before expiration date, 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 I	the day of	cated above, in a ne instrument is f	, 20 <u>/. 7</u> the the coordance with councitioning prope	ne forgoir current re rly.	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	Signa Signa	ature of Certifyin	S g Official		Certificate Number

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 10/01/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:02am
AIR BLK	.00	7:02am
ACCY CHK	.08	7:03am
AIR BLK	.00	7:04am
SUB TEST	.00	7:04am
AIR BLK	.00	7:05am
SUB TEST	.00	7:07am
AIR BLK	.00	7:08am

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

#### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2699
Test Date: 10/01/2019 Test Time: 7:08am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:09am 7:09am
FC	Pass	7:09am

# Temperature Tests

Test	Status	Time
FC1	Pass	7:09am
SRC	Pass	7:09am
DET	Pass	7:09am
BAR	Pass	7:09am
$\mathtt{BT}$	Pass	7:09am

#### Blank Tests

Test	Status	Time
AIR	Pass	7:10am

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:10am
	CRC Tests	
Test	Status	Time

IESC	Status	ттше
COMP	Pass	7:10am
CAL	Pass	7:10am

Preventive Maintenance Status: Pass

Analyst´

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

County /	JAKE		Instrument I	Location	SATN	WAFU	WIT	<u> </u>
	erial No. <u>00 V 11 (</u>		CAM	121				
The preventi	ve maintenance procedures are:	for the Intox	imeters, Mo	del Intox E	C/IR II to be	followed at l	east once	every
1. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Verify the ethanol gas 34 degrees, plus or m				oholic breatl	simulator ti	nermomet	er shov
2.	Verify instrument dis	plays time and	d date;					
3.	Initiate breath test sec	luence;						
4.	Enter information as p	prompted;						
5.	Verify instrument acc	uracy;		: '				
6.	When "PLEASE BLO	W" appears,	, collect brea	th sample;				
7.	When "PLEASE BLO	W" appears,	collect brea	th sample;	-			
8.	Print test record;							
9.	Verify Diagnostic Pro	gram; and						
1 <b>0.</b> :	Verify that the ethano simulator solution is b whichever occurs first	eing changed	is being cha every four	nged before months or a	e expiration d fter 125 Alco	ate, or the al pholic Breath	coholic b Simulato	reath r tests,
	11	0						
I certify that	on theday	of OCTOM	100	209	_, the forego	ing preventi	ve mainte	ance
Department	of Health and Human Serv	vices, and the	instrument	n accordanc is functioni	e with currer ng properly.	it regulation	s of the N	iC.
STATE	S. CARO							
THE CLAMVI		105				40	(3	
		Signature	e of Certifyi	ng Official		Certific	ate Numb	er

### WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008776 Test Record Number: 3540 Test Date: 10/11/2019 Test Time: 10:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
sr¢	Pass	10:13pm
DET	Pass	10:13 pm
BAR.	Pass	10:13pm
BT	Pass	10:13pm
	run Kalebaria	

### Blank Tests

Tes	t	Status Time
AIR		Pass 10:13pm
1111		Pass 10:13pm

### Printer Tests

Test

Tes	t Status	Time
PRN	r Pass	10:13pm
	CRC Tests	
Test	Status	Time

		-77		المستورية	
			. 14.	1 2 .	
COMP		Pass		10.	14pm
CAL	100	Pass			
		Labb		TO:	: 14pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008776 Test Date: 10/11/2019

Citation Number: M0000000-0-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

rest	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.07	10:05pm
AIR BLK	.00	10:06pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10 · 10mm

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WAKE	Instrum	ent Location	47 MUDE	cons c	·
Instrument 5	Serial No. 60 1437		ent Location_SI	_		
The prevent four months	ive maintenance procedures are:	for the Intoximeters,	Model Intox EC/II	R II to be follow	ed at least once ev	егу
1.	Verify the ethanol gas 34 degrees, plus or mir	canister displays pre lus .2 degree centigr	ssure, or the alcoho	olic breath simul	ator thermometer s	shows
2.	Verify instrument disp	lays time and date;				
3.	Initiate breath test sequ	ence;				
4.	Enter information as pr	ompted;	:	:		
5.	Verify instrument accu	racy;	. :			
6.	When "PLEASE BLO	W" appears, collect l	oreath sample;			
7.	When "PLEASE BLOW	V" appears, collect i	oreath sample;			
8.	Print test record;					
9.	Verify Diagnostic Prog	ram; and				
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being ing changed every fo	changed before exp our months or after	piration date, or 1 125 Alcoholic B	he alcoholic breat reath Simulator te	h ests,
I certify that	on theday of	DOMEL	20.1 <b>9</b> 1			4
procedures w	vere performed on the instru of Health and Human Servi	ment indicated abov	P. 18 900087498000 tox	* k ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ventive maintenand ations of the N.C.	ce
STATE STATE	GAROUNI CAROUNI					
AND CHAM AND	DI P	No S	<b>&gt;</b>		663	
	7	Signature of Certi	fying Official	Cer	rtificate Number	

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008637 Test Date: 10/11/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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

/----

g/210L	Time
Pass	10:02pm
.00	10:03pm
.07	10:04pm
.00	10:05pm
.00	10:05pm
00	10:06pm
.00	10:07pm
.00	10:08pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: | 008637 Test Record Number: 3025 Test Date: 10/11/2019 Test Time: 10:09pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time		
FCI	Pass	10:10pm		
SRC	Pass	10:10pm		
DET	Pass	10:10pm		
BAR	Pass	10:10pm		
BT	Pass	10:10pm		

### Blank Tests

Test	Stat	Lus	Time	
AIR	Pass	3	10:11	.pm

### Printer Tests

Tes	t	Status	Time
PRI	T	Pass	10:11pm
		CRC Tests	
Tes	t	Status	Time
COM	P	Pass	10 • 11 m

Preventive Maintenance Status: Pass

Pass

CAI

10:11pm

10:11pm

Analyst

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

County /	VAKE	Instrument Location	AT MODEL UNIT C
Instrument Se	erial No. OU YC CC	CANNON	
The preventive four months a	ve maintenance procedures for the are:	intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcohol	lic 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		
8.	Print test record;		
9.	Verify Diagnostic Program; and	1	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expinged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
l certify that or procedures wer Department of	n theday of re performed on the instrument in f Health and Human Services, and	dicated above in an all the	e foregoing preventive maintenance to current regulations of the N.C.
OF THE STATE OF TH	Solution of the second of the	ture 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)

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008686 Test Date: 10/11/2019

Citation Number: M0000000-0-Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:01pm
AIR BLK	.00	10:02pm
ACCY CHK	07	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008686 Test Record Number: 6653 Test Date: 10/11/2019 Test Time: 10:13pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:15pm
	Printer Test	-s
Test	Status	Time
PRNT	Pass	10.15

	Fass	10:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:15pm 10:15pm

Preventive Maintenance Status: Pass

Analyst

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

County WA	RREN	Instrument Location Walke	N GLEC	
Instrument Se	rial No. <i>00</i> 8793	128 RAFTER LANE,	WAIRENTEN, NC	
The preventiv	•	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	isplays pressure, or the alcoholic bre ree centigrade;	ath simulator thermometer show	
2.	Verify instrument displays time	and date;	•	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		ter is being changed before expiration ged every four months or after 125 A		
	re performed on the instrument indi-	5 ber , 20 19 the formated above, in accordance with current is functioning properly.	ent regulations of the N.C.	
THE STATE OF THE S	Stoken	SANO	662	
	Signa	ture of Certifying Official	Certificate Number	

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 10/01/2019

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: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	.07	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Signature of Chemical Analyst

Court CVR

Analyst

### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1527

Test Date: 10/01/2019 Test Time: 1:32pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:33pm

### Temperature Tests

Status	Time
Pass	1:33pm
	Pass Pass Pass Pass

### Blank Tests

Test	,	Status	Time

AIR Pass 1:34pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	1:34pm

Preventive Maintenance Status: Pass

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

County Was	Instrument Location Watauga Co. Jail
Instrument Seri	al No. 008715 Instrument Location Watauga Co. Jail  Boone, 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 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	the <u>22</u> day of <u>October</u> , 20/9, the foregoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 10/22/2019

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715

Test Record Number: 2314 

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
${f BT}$	Pass	3:08pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W.	atauga	Instrument Location Boone	PD
Instrument S	derial No. <u>009716</u>	Boom	o, NC
The preventi four months	ve maintenance procedures for the Into are:	ximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath see centigrade;	simulator thermometer show
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;	e e e e e e e e e e e e e e e e e e e	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	•
7.	When "PLEASE BLOW" appears	s, collect breath sample;	•
8.	Print test record;		•
9.	Verify Diagnostic Program; and		
10.		r is being changed before expiration da d every four months or after 125 Alcoh	
procedures v	on the 25day ofday ofday ofday ofday ofday ofday ofday ofday ofday of Health and Human Services, and the		
THE STATE OF THE S		are of Certifying Official	Cartificate Number
	Signatu	re of Certifying Official	Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 10/25/2019

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: 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	Pass	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.08	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
ATR BLK	. 00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 2491

Test Date: 10/25/2019

Test Time: 1:57pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:58pm
SRC	Pass	1:58pm
$\mathbf{DET}$	Pass	1:58pm
BAR	Pass	1:58pm
BT	Pass	1:58pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	

Test	Status	Time

COMP	Pass	1:58pm
CAL	Pass	1:58pm

Preventive Maintenance Status: Pass ·

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

- la la	
County USA	instrument Location second of Johnson Fire 13
Instrument Seria	No. 00 8786 1010 VERMENT GARLSON Rd. Goldson
	N. C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	ne
OF WAY 20, 1772	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 - Test Date: 10/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Linda A

Permit Number: 11646E

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:21am 11:21am
AIR BLK ACCY CHK	.00	11:21am 11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

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

### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 336
Test Date: 10/15/2019 Test Time: 11:29am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County 1/501 Instrument Location Wilson Co. Defention CTI

Instrument Serial No. 008588 100 E. Greene ST. W. ISON N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every

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

I certify that on the day of 20 80, 20 9, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008588 Test Date: 10/28/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	2:42pm 2:43pm 2:43pm 2:44pm 2:45pm 2:46pm 2:47pm 2:48pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008588 Test Record Number: 1026 Test Date: 10/28/2019 Test Time: 2:30pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:31pm
SRC	Pass	2:31pm
DET	Pass	2:31pm
BAR	Pass	2:31pm
BT	Pass	2:31pm
SRC DET BAR	Pass Pass Pass	2:31pm 2:31pm 2:31pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance Status: Pass

Jiniax Mare