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

County ALAG	MANCE Instrument Location NAMANCE CO JAIL
Instrument Seria	INO. 008913 109 5. MAple St. Graham, WC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 17 day of <u>September</u> , 20/7 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 09/17/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

Chemical Analyst

Court CVR

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 3639
Test Date: 09/17/2019 Test Time: 3:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:53pm

## Printer Tests

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

Preventive Maintenance

Status: Pass

Anályst

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

Δ	INTOXIMETERS, MODEL INTOX EC/IR II			
County A	LAMANCE Instrument Location ALAMANCE Co. JAIC			
Instrument Se	Instrument Serial No. 008853 1095, MAPLE ST. GRAHAM, NC			
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once erare:	very		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	show		
2.	Verify instrument displays time and date;			
3	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.			
procedures w	on the	nance		
STATE IN CREATER IN CR	Signature of Certifying Official Certificate Number			

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 09/17/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

07/09/2019-07/09/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:58pm
AIR BLK	00	3:58pm
ACCY CHK	.07	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

# ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 2892 Test Date: 09/17/2019 Test Time: 4:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:05pm
SRC	Pass	4:05pm
DET	Pass	4:05pm
BAR	Pass	4:05pm
BT	Pass	4:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:06pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	4:06pm 4:06pm

Preventive Maintenance Status: Pass

Analyst

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

County AL	Auguse Co Instrument Location Bulington PD
Instrument Se	rial No. 008907 267 W. Front S. Buly ton, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
STATE OF STA	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 09/17/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 964 Test Date: 09/17/2019 Test Time: 1:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:22pm 1:22pm
FC	Pass	1:22pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:22pm
SRC	Pass	1:22pm
DET	Pass	1:22pm
BAR	Pass	1:22pm
${f BT}$	Pass	1:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:23pm 1:23pm

Preventive Maintenance Status: Pass

Analyst

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

County AL	AMANCE Instrument Location BURLINGTON PD
Instrument Se	rial No. 008812 267 W. FRONT ST. BURUNGTON,
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE CHEAT OF THE CHEAT OF	Signature of Certifying Official  Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 09/17/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

07/09/2019-07/09/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:03pm 1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
ATR BLK	.00	1:10pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 3477
Test Date: 09/17/2019 Test Time: 1:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
$\mathtt{BT}$	Pass	1:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:13pm

Preventive Maintenance Status: Pass

Pass

1:13pm

CAL

Analyst

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

County Be	aufort Instrument Location Belhauen P.D.
Instrument Seri	al No. 008928 Belhaven, 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.
	n theday ofSeptem be/20, 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.
TATE OF THE STATE	Signature of Certifying Official  Certificate Number

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 09/19/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

	Time
Pass .00 .08	12:31pm 12:31pm 12:32pm
.00	12:33pm
.00	12:34pm
.00	12:35pm
.00	12:36pm
.00	12:37pm
	.00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 401

Test Date: 09/19/2019

Test Time: 12:38pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test Status T	ime
FC1 Pass 1	2:39pm
SRC Pass 1	2:39pm
DET Pass 1	2:39pm
BAR Pass 1	2:39pm
BT Pass 1	2:39pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:39pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

12:40pm

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

	INTOAIMETERS, MODEL INTOA EC/IR II
County	SERTIR Instrument Location Bertie Co. S.O.
Instrument Ser	rial No. 008897 200 County Farm Rd., Winds
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.
I certify that or procedures we Department of	n the
OF THE STATE OF THE CORE OF TH	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 09/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:13pm 3:13pm
ACCY CHK	.08	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1271

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

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

County	BLADEN	Instrument Location_	BLADEN	COUNTY
Instrument	t Serial No. <u>00 8894</u>		DETEN 77	ON CENTER
The prever	ntive maintenance procedures for the	e Intoximeters, Model Intox E	C/IR II to be follow	red at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the ald degree centigrade;	coholic breath simul	lator 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;	right agree of the states		
9.	Verify Diagnostic Program;	and		
10.		anister is being changed befor hanged every four months or a		
procedure	nat on theday of <u>JU</u> es were performed on the instrument of Health and Human Services, a	t indicated above, in accordan	ce with current regu	
SE S	ATE OF NORTH CAROLINA			
All Tare Offi	Cela	Re Bens		648
	S	ignature of Certifying Official	i (	Certificate Number

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Date: 09/11/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
ATR RIK	0.0	10.00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Record Number: 1173
Test Date: 09/11/2019 Test Time: 10:01am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:02am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
$\mathtt{BT}$	Pass	10:02am

#### Blank Tests

Test	Status	Time
ATR	Pass	10:02am

#### Printer Tests

Test

CAL

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

Status Time

Pass 10:02am

Preventive Maintenance Status: Pass

Analyst

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

County	BLADEN	Instrument Location_	BLADEN	COUNTY
Instrument S	erial No. <u>0088/8</u>		DETENTI	ON CENTER
The preventi	ve maintenance procedures for the Isare:	ntoximeters, Model Intox	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulat	or thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted			73
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	9;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	e;	•
8.	Print test record;	and the state of t		
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
	on the <u> </u>		ince with current regula	entive maintenance tions of the N.C.
STATI STATI	OS ROCK			
ARA IS, T	_ Clen F	2, Bars		648
	Sign	ature of Certifying Offic	al Ce	rtificate Number

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Date: 09/11/2019

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 1538
Test Date: 09/11/2019 Test Time: 10:17am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
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
AIR	Pass	10:18am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Can	-den Instrument Location Canden Co. S.O.
Instrument Seria	al No. 008940 113 Hay 343, Canden, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday ofday of
O'THE STATE OF THE	Lu M 643
	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 09/17/2019

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	. 08	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	0.0	10:59am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

(" Analysi

#### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 970

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:04am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:04am
SRC	Pass	11:04am
DET	Pass	11:04am
BAR	Pass	11:04am
BT	Pass	11:04am

#### Blank Tests

Test	Status	Time
ATR	Pass	11:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:05am

Preventive Maintenance Status: Pass

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

County	RTERET	Instrument Location_	ATLANTIC	BEACH
Instrument Seri	al No. <u>008785</u>		POLICE	DEPT.
The preventive four months are	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		lcoholic breath simulato	r thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;		·	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, 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 the <u>J7</u> day of <u>JE/</u> te performed on the instrument ind Health and Human Services, and t	icated above, in accorda		ntive maintenance ions of the N.C.
THE STATE OF THE S	Club	2 g Ba_		048
	Signa	ture of Certifying Offici	aı Cert	ificate Number

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 09/27/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1178
Test Date: 09/27/2019 Test Time: 2:56pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:58pm 2:58pm

Preventive Maintenance Status: Pass

Analyst

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

County	CARTERET	Instrument Location_	EMERALD	ISLE PL
Instrument	Serial No. <u>0086<i>30</i></u>		N. K.	
The preven	tive maintenance procedures for the Instance sare:	ntoximeters, Model Intox	EC/IR II to be followed	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simul	ator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sampl	е;	
7.	When "PLEASE BLOW" app	ears, collect breath sampl	e;	شامية
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.			
	at on the <u>J7</u> day of <u>JE</u> were performed on the instrument in at of Health and Human Services, and	ndicated above, in accorda	ance with current regu	
STAN STAN	SE ON OF THE CARD			
★ E.SE QUA	lilu 1	nature of Certifying Offic	<del>-</del>	Certificate Number
	Sign	nature of Certifying Offic	iai C	erincate number

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 09/27/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:58am 11:59am 11:59am 12:00pm
SUB TEST	.00	12:01pm
AIR BLK SUB TEST	.00 . <b>00</b>	12:02pm <b>12:03pm</b>
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Record Number: 2039

Test Date: 09/27/2019

Test Time: 12:05pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:07pm 12:07pm

Preventive Maintenance Status: Pass

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

County CA	Swell Instrument Location CASwell & Defeution Cta
Instrument Seria	INO. 008593 211 County Park 20 Mongsville, NC
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 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;
, <b>8.</b>	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 30 day of <u>September</u> , 20 / § the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
TO THE STATE OF A TOP OF THE STATE OF	Adas Saers 662

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 09/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:45pm 2:46pm
ACCY CHK	.07	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
ATR BLK	.00	2:51pm

Reported AC+ .00 g/210L

Signature of Chemical Analyst

Court CVR

## CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1738

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:57pm

Preventive Maintenance Status: Pass

Pass

CAL

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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 09/04/2019

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: AG821801 Exp Date: 08/06/2020

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

rtęd AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Record Number: 1959

Test Date: 09/04/2019

Test Time: 10:41am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:42am

## Printer Tests

Status	Time
Pass	10:42am
CRC Tests	
	Pass

Status	Time
Pass	10:42am
Pass	10:42am
	Pass

Preventive Maintenance Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	hatham	Instrument Location	GAT MOBI	le Vn.7/2
Instrument Se	rial No. <u>OO 8 6 00</u>	NC WRC	- Jardan	Lake
The preventiv	e maintenance procedures for the re:	Intoximeters, Model Intox I	EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		coholic breath simu	lator thermometer show
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;		٠.
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
I certify that a procedures w Department o	on the day of ere performed on the instrument of Health and Human Services, an	eptmber, 20 10 indicated above, in accordant the instrument is function	ice with current regi	reventive maintenance ulations of the N.C.
THE STATE OF THE S	A CONTRACTOR OF THE PARTY OF TH			
A CITM AN	1/2	gnature of Certifying Officia	1	660 Certificate Number
	//	5	•	

## CHATHAM COUNTY BAT MOBILE 12 180

Serial Number: 008600 Test Date: 09/01/2019

Citation Number: M0000000000

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210	L T	ime
		1.3.40 (6.7	
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AIR BLK	. 0.0	14 Co. 17	:31pm
SUB TES	P00		:32pm
AIR BLK	.00	3	:33pm
SUB TEST	r .00	3	:35pm
AIR BLK	.00	3	: 35pm

Reported AC: .00 g/2101

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

## CHATHAM COUNTY BAT MOBILE 12 180

Serial Numbera 008600 T Test Date: 09/01/2019

Test Record Number: 1893 Test Time: 3:39pm EDT

System Check: Passed

Baseline Tests

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## Temperature Tests

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## Printer Tests

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Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu.	instrument Location (uvi, hick (o. S. ?.
Instrument Seri	ODOGUT HAT A MENT ON MAIL WE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or	a the 17 day of September, 2019, the foregoing preventive maintenance
procedures wer	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.
Department of	Health and Human Services, and the instrument is functioning property.
TO STATE OF THE CONTROL OF THE CONTR	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 09/17/2019

Citation Number: M0000000-0
Subject's Name:

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

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

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

Effective:

06/01/2019-06/01/2021

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

Test Type: Breath Test

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

-- /OI OT

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Toat

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:53am 11:53am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 2497
Test Date: 09/17/2019 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

Test	Status	Time
AIR	Pass	12:02pm

## Printer Tests

PRNT Pass 12:02pm

### CRC Tests

lest	Scacus	TIME
COMP	Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance Status: Pass

Analyst

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

ריית	INTUXIMETERS, MODEL INTUX EC/IR II
County (	without Instrument Location Currituck Co. S.O Coroll
Instrument So	erial No. 008949 1123 Ocean Trail, Wordly, M.C.
The prevention four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 23 day of State Mbel, 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 CHANN	Signature of Certifying Official  Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 09/23/2019

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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
AIR BLK	- 00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J Analys

## CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 524
Test Date: 09/23/2019 Test Time: 11:43am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:44am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass Pass	11:44am 11:44am
BAR	Pass	11:44am
$\mathtt{BT}$	Pass	11:44am

### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:44am

Preventive Maintenance Status: Pass

Pass

11:44am

CAL

Anglyst

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

County Des	211AM Instrument Location DURHAM G. JAIL		
Instrument Seri	ial No. 008859 219 S. MANGUM ST. DURHAM, NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures wer	the		
OTHE STATE OF THE	Signature of Certifying Official  Certificate Number		

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 09/30/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:17am 11:18am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2334
Test Date: 09/30/2019 Test Time: 11:24am EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
$\mathtt{BT}$	Pass	11:25am

### Blank Tests

Test	Status	Time
AIR	Pass	11:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:26am

Preventive Maintenance Status: Pass

Pass

11:26am

CAL

Analyst

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

County DIRI	MAN Instrument Location DURHAN CO. JAIL	
Instrument Seria	al No. 00 8891 219 S. MANGUM ST. DUNHAM, N.	
The preventive n four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once:	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	eter 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	breath tor tests,
I certify that on to procedures were Department of H	the day of for first in figure 20 19 the forgoing preventive main the instrument indicated above, in accordance with current regulations of the N Health and Human Services, and the instrument is functioning properly.	ntenance .C.
STATE ON THE STATE OF THE STATE	NORTH CARO	
ARIL R. ITE	Signature of Certifying Official Certificate Nur	nber

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 09/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:48am 10:49am
ACCY CHK	.08	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:55am
ATR BLK	. 00	10:56am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 4123

Test Date: 09/30/2019

Test Time: 11:02am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:03am 11:03am
FC	Pass	11:03am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:03am 11:03am 11:03am 11:03am 11:03am

## Blank Tests

Test	Status	Time
AIR	Pass	11:04am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04am 11:04am

Preventive Maintenance Status: Pass

Analyst

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

-		5, MODEL INTOX EC/IN	
		Instrument Location DURHAM	
Instrument Serial	INO. 008878	219 S. MANGUM ST.	DURHAM, NC
The preventive m four months are:	naintenance procedures for the Into	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	splays pressure, or the alcoholic breath see centigrade;	simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration da ed every four months or after 125 Alcol	
procedures were	performed on the instrument indica	TEMBER, 20_/9 the forgo ated above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF NO. 1775 N. CO. 1775	Signat	Smoth ure of Certifying Official	637 Certificate Number

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 09/30/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:38am 10:39am 10:40am 10:40am <b>10:42am</b>
AIR BLK	.00	10:43am
SUB TEST AIR BLK	.00 .00	<b>10:44am</b> 10:46am

Reported AC: . .00 g/210L

Signature of Chemical Analyst

Court CVR

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 4639 Test Date: 09/30/2019 Test Time: 10:48am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

## Temperature Tests

Test <sub>.</sub>	Status	Time
FCl	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

## Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:50am

Preventive Maintenance Status: Pass

Analyst

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

County & C	USECOMBE Instrument Location Elgeenmbe Co. Masisna	
Instrument Serial No. 008663 Office, 3005. AUAGONDA Al., TARBOTO, N.C.		
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	on the	



Signature of Certifying Official

Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 09/24/2019

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: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3195 Test Date: 09/24/2019 Test Time: 12:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:21pm

12:21pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

INTOXIMETERS, MODEL INTOX EC/IR II		
County de de	Seconse Instrument Location Edge comse (3. Magis 77	
Instrument Seria	Instrument Location Edge compa (s. Magistre al No. 008603 Office 3005. ANACONPA Rd., TATEOTO, N. C.	
	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on the Aday of SEPTEM Da, 20 19 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

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 09/24/2019

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: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tinex Rece Analyst

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1786
Test Date: 09/24/2019 Test Time: 12:17pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:19pm

12:19pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

	PREVENTIVE MAINTENANCE RECORD
	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location TWS4 4
Instrument Se	erial No. 008925 County Detention
	Winster Salem NO
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 day of how Dy, 20 , the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
SET OF SE	Sele France (a)

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

Certificate Number

DHHS 4080 (11/07)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 09/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:41pm 12:42pm
ACCY CHK	.00	12:42pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services

Rev. 12/2007

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 2914
Test Date: 09/17/2019 Test Time: 12:51pm EDT

System Check: Passed

### Baseline Tests

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

ΔTR Page 12.52pr	Test	Status	Time
	AIR	Pass	12:52pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

12:53pm

12:53pm

COMP

CAL

Analyst \_

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

Department of Health and Human Services

Rev. 12/2007

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

I certify that on the 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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 09/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:25pm 12:26pm
ACCY CHK AIR BLK	.08	12:26pm 12:28pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

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

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 7823
Test Date: 09/17/2019 Test Time: 12:33pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35pm

Preventive Maintenance Status: Pass

Pass

12:35pm

CAL

Analyse

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 09/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:04pm 12:05pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:11pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 5270 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

C+ - + - - -

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:15pm 12:15pm

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 1	WSyth Instrument Location KernerSVille		
Instrument Se	rial No. 008650 Police Departme		
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department o	on theday ofday ofday, 20		
OF THE STATE OF TH	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)

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 09/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1578

Test Date: 09/16/2019

Test Time: 3:00pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	INTUALMET	ers, model in fox ec/	IKII
		Instrument Location FRANKL	
Instrument S	erial No. <u>008915</u>	47 W. MASON ST. F.	RANKLINTON, NC
The prevention	•	Intoximeters, Model Intox EC/IR II to b	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic bre degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures w Department	on the <u>//</u> day of <u>S</u> evere performed on the instrument in the day of Health and Human Services, and	the findicated above, in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	S	ignature of Certifying Official	Certificate Number

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 1209
Test Date: 09/16/2019 Test Time: 5:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:10pm 5:10pm
FC	Pass	5:11pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:11pm
SRC	Pass	5:11pm
DET	Pass	5:11pm
BAR	Pass	5:11pm
BT	Pass	5:11pm

### Blank Tests

Test	:	Status	Time
AIR	-	Pass	5:11pm

#### Printer Tests

Test	Status	TTIIIE
PRNT	Pass	5:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:11pm
CAL	Pass	5:11pm

Preventive Maintenance Status: Pass

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 09/16/2019

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 State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:01pm
AIR BLK	00	5:02pm
ACCY CHK	.08	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County FR.	ANKLIN Instrument Location FRANKLIN CO. LEC
Instrument Ser	ial No. <u>UU8933</u> 285 T. KEMPRD LOUISBURG, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 we Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 09/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:03pm
AIR BLK	.00	3:04pm
ACCY CHK	.07	3:05pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:09pm

Reported AC: . .00 g/210L

Signature of Chemical Analyst

Court CVR

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Test Record Number: 1128 Serial Number: 008933 Test Date: 09/16/2019 Test Time: 3:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	3:12pm 3:12pm

Preventive Maintenance Status: Pass

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

County Fiz	PANKLIN	Instrument Location FRANKL	IN CO. LEC
Instrument So	erial No. <u>008942</u>	285 TKEMPRO LO	WISBURG, NC
The prevention four months		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer show
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;	$\sqrt{}$
8.	Print test record;		
9.	Verify Diagnostic Program; a	ınd	
10.		nister is being changed before expiration anged every four months or after 125 A	
		m unum a toma	:
procedures w	vere performed on the instrument in	PTEMBIER, 20 19 the forndicated above, in accordance with curred the instrument is functioning properly.	ent regulations of the N.C.
	Sin.		
OF THE STATE	TO NOR		
APRIL 12, 17	Tomat /	1 Smith	637
•	Si	gnature of Certifying Official	Certificate Number

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 09/16/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/09/2019-07/09/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:39pm
ACCY CHK	.07	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 1793 Test Date: 09/16/2019 Test Time: 2:45pm 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 Pass	2:47pm 2:47pm

Preventive Maintenance Status: Pass

Analyst

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

		RS, MODEL INTOX EC	
		Instrument Location Ga 7	
Instrument S	Serial No. 00 8884	200 COULT S	T., GATESUILL, A
The prevent four months	<del>-</del>	ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	eath 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	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
	were performed on the instrument inc	the ficated above, in accordance with current the instrument is functioning properly	ent regulations of the N.C.
STATE OLIVER TO STATE THE STATE OF THE STATE OLIVER TO STATE O	E O LO L	nature of Certifying Official	Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 09/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:21pm 12:22pm 12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	. 0.0	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 09/04/2019

Test Record Number: 915 Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:29pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:29pm
CAL	Pass	12:29pm

Preventive Maintenance Status: Pass

Analyst

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

County 6	PANVILLE	Instrument Location CREED	MOOR PD
Instrument So	erial No. <u>008641</u>	111 MASONIC ST. C	REEDMUOR, NC
The prevention four months	•	ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic br 2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	<b>;</b> ;	
4.	Enter information as promp	ited;	·
5.	Verify instrument accuracy	· •	
6.	When "PLEASE BLOW"	appears, collect breath sample;	•
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	e e e e e e e e e e e e e e e e e e e
10.		canister is being changed before expirati changed every four months or after 125.	
procedures w	ere performed on the instrument	the indicated above, in accordance with cure and the instrument is functioning properly	rrent regulations of the N.C.
A LAND SELL THE CREAT OF THE CR	ONOR CAROLINA CAROLIN	Ze D Smots	637
		Signature of Certifying Official	Certificate Number

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 09/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:52pm 12:53pm
ACCY CHK	.08	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 1226

Test Date: 09/16/2019

Test Time: 1:00pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

1:01pm

1:01pm

COMP

CAL

Analyst

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

County_	GRANVILLE Instrument Location OXFORD PD
Instrume	nt Serial No. 008923 ZUY E. MCCLANAHAN ST. OXFOXD, M
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on theday of
THE CREAT SECTION OF S	TATE OF NO.
* 1550	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 09/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:29am 10:31am 10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 2245 Test Date: 09/16/2019 Test Time: 10:37am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:38am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD TOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 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

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

DHHS 4080 (11/07)

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 09/18/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:20pm 12:21pm 12:21pm 12:22pm 12:24pm 12:25pm
SUB TEST	.00	12:26pm
AIR B <b>L</b> K	.00	12:27pm

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

#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1828

Test Date: 09/18/2019

Test Time: 12:34pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

### Printer Tests

Test	status	Time
PRNT	Pass	12:35pm

#### CRC Tests

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

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 REC	
County	INTOXIMETERS, MODEL INTOX EC	2 Point
Instrument S	Vacces Police P	ega Mon
The prevention four months	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 br 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 whichever occurs first.	
I certify that procedures v Department	on the	regoing preventive maintenance arrent regulations of the N.C. arly.
THE STATE OF THE S	John Sele Tewler	655
	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 09/10/2019

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:00pm 2:01pm
ACCY CHK	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:06pm

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

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 3174

Test Date: 09/10/2019

Test Time: 2:09pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:09pm 2:09pm
FC	Pass	2:09pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

#### Blank Tests

Test	Status	Time

AIR Pass 2:10pm

## Printer Tests

Test	Status	Time	

PRNT Pass 2:10pm

CRC Tests

Test Status Time

COMP Pass 2:10pm Pass 2:10pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. ,	, INTOXIMETERS, MODEL INTOX EC/IR II
County / T	AILTOVC Instrument Location A Coint
Instrument Seri	al No. 008655 Paint 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.
_	the day of day of 19, 20, 20, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying-Official Certificate Number

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

DHHS 4080 (11/07)

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 09/10/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:34pm 12:35pm 12:36pm 12:37pm 12:37pm 12:38pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Analyst

Forensic Tests for Alcohol Branch

Department of Health and Human Services
Rev. 12/2007

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 3458 Test Date: 09/10/2019 Test Time: 12:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

## Printer Tests

Test

Status

Time

PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:44pm CAL Pass 12:44pm

Preventive Maintenance Status: Pass

Analyst\_

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II	
County (Wilford Instrument Location (SYCENS DOVO)	
Instrument Serial No. 008718 Police Departmen 100 Federal Plaza	1000
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve four months are:	ry
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;	how
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. 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	ınce
OTHE STATE OF A POPULATION OF THE STATE OF THE STA	f Nova
Signature of Certifying Official Certificate Number	
Signature of Certifying Official Certificate Number	

#### GUILFORD COUNTY GREENBORO PD 400

Serial Number: 008718 Test Date: 09/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.08	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:56pm
ATR BLK	. 0.0	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVB

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 GREENBORO PD 400

Serial Number: 008718 Test Record Number: 1979
Test Date: 09/05/2019 Test Time: 2:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:59pm 2:59pm
FC	Pass	2:59pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	mq00:6

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

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

/	INTUATIVETERS, NIODEL INTO A EC/IR II	•
County (	Juilfwe Instrument Location Guilfac	) }
Instrument Se	erial No. 008683 (umty)	ail
.*	Greansbard	NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at are:	least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator t 34 degrees, plus or minus .2 degree centigrade;	hermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
<b>8.</b>	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breat whichever occurs first.	
procedures we	on theday ofevolution for the forgoing prever performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.	ative maintenance of the N.C.
THE STATE OF THE S		The second secon
Warman .	Signature of Certifying Official Certifi	cate Number
	Signature of Centrying Official 1 Centri	cate (401)[DEL

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008683 Test Date: 09/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	12:43pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

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

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008683 Test Record Number: 886
Test Date: 09/05/2019 Test Time: 12:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:54pm 12:54pm
FC	Pass	12:54pm

## Temperature Tests

Status	Time
Pass	12:54pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

### Printer Tests

Test

COMP

CAL

PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time

Status Time

12:55pm

12:55pm

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

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



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Date: 09/05/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:52pm 12:53pm
ACCY CHK	.08	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services

Rev. 12/2007

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Record Number: 4137

Test Date: 09/05/2019 Test Time: 1:02pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
$\mathtt{BT}$	Pass	1:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:03pm 1:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II	
County Thilad Instrument Location 64. Star C	
Instrument Serial No. 008896 County lail	
Greenshorp N	r Janes and a second
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:	у
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadely degrees, plus or minus .2 degree centigrade;	ows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
I certify that on theday of	ce
STATE ON NOTICE OF THE STATE OF	
Carle Larles 655	
Signature of Certifying Official Certificate Number	-
A signed original of the preventive maintenance regard shall be kent on file for at least three years	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 09/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:56am
AIR BLK	.00	11:57am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
ATR RIK	0.0	12 · 02pm

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Record Number: 1307 Test Date: 09/05/2019 Test Time: 12:12pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ATR	Pass	12:13pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time

12:13pm

12:13pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County Ov.	Parel Instrument Location BAT Mobile Unit /	
Instrument Serie	al No. 008939 MI - Greensboro PD	
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	
CONTROL OF A CONTR	Control of the contro	
411111111111111111111111111111111111111	Signature of Certifying Official Certificate Number	

#### GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008939 Test Date: 09/27/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

g/210L	Time
Pass	9:58pm
.00	10:00pm
.08	10:00pm
.00	10:01pm
.00	10:03pm
.00	10:04pm
.00	10:05pm
.00	10:06pm
	Pass .00 .08 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008939 Test Record Number: 969
Test Date: 09/27/2019 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 Tests

Test	Status	Time
PRNT	Pass	10:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:15pm

Preventive Maintenance Status: Pass

Analyst

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

County Or	illord Instrument Location BAT Mobile Unit!
Instrument Ser	ial No. 008898 PTI - Greensboro PO
turing the second se	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
<b>1.</b> ,	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
OF THE STATE OF THE OWN 20, 1757	2/2 (660
	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008898 Test Date: 09/27/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	10:00pm 10:01pm
ACCY CHK	.07	10:01pm
AIR BLK SUB TEST	.00 . <b>00</b>	10:02pm 10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:06pm
AIR BLK	- 00	10:0.70m

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

### GUILFORD COUNTY BAT MOBILE UNIT 1 400

Serial Number: 008898 Test Record Number: 1009
Test Date: 09/27/2019 Test Time: 10:13pm 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
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

Preventive Maintenance Status: Pass

Analyst

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

County Hay	Wood Instrument Location /1/4 y wood Co. Jail
Instrument Seria	al No. OUS712 May pesville, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday of
TARE COLUMN YORK TO THE COLUMN TO	Carl R. Continue 635

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 09/11/2019

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:44am 10:45am
ACCY CHK	.08	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:47am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2254
Test Date: 09/11/2019 Test Time: 10:50am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:51am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:51am
SRC	Pass	10:51am
DET	Pass	10:51am
BAR	Pass	10:51am
ВŢ	Pass	10:51am

### Blank Tests

Test	Status	Time
AIR	Pass	10:51am

# Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:52am

Preventive Maintenance Status: Pass

Analyst

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

County Haywood Co. T	<del></del>
Instrument Serial No. 008714 Waynesville, NC	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least of four months are:	nce every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermos 34 degrees, plus or minus .2 degree centigrade;</li> </ol>	meter show
2. Verify instrument displays time and date;	•
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	٠. ٠
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	ic breath lator tests,
I certify that on the	ntenance ne N.C.
TO THE STATE OF A CONTROL OF THE STATE OF TH	
Signature of Certifying Official Certificate N	

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 09/10/2019

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734102 Exp Date: 12/07/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1550 Test Date: 09/10/2019 Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
C	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:07pm 12:07pm

Preventive Maintenance Status: Pass

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

	TORTERD Instrument Location Murtices Bord P.D.
Instrument Se	erial No. 008906 115 E. Broad St., Murties Apro, N
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 09/04/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.08	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 730 Test Date: 09/04/2019 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

CAL

Status Time

11:30am

PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:30am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County Hz	ke Co II	nstrument Location Holes Co		Center
Instrument Ser	ial No. <u>00 88 55</u>	Roeford,	NC	
The preventive four months ar	maintenance procedures for the Intoxir	meters, Model Intox EC/IR II to	be followed at le	ast once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		eath simulator the	ermometer show
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			•
4.	Enter information as prompted;			
<b>5.</b>	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, of	collect breath sample;	.1	
7.	When "PLEASE BLOW" appears, of	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.			
procedures we	the <u>day of <u>Sendour</u> day of <u>Sendour</u> the performed on the instrument indicate Health and Human Services, and the in</u>	d above, in accordance with cur	rrent regulations o	ive maintenance of the N.C.
O'M' STATE O'S TATE O	NOS-LIN CAROUMA			
STATE QUAM VIDE	* BA		65	4
	Signature	of Certifying Official	Certifica	ate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 09/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:41am 11:42am 11:42am 11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC:

رg/210J

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1549
Test Date: 09/20/2019 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
$\mathtt{BT}$	Pass	11:48am

### Blank Tests

Test	Status	Time
AIR	Pass	11:49am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:49am 11:49am

Preventive Maintenance Status: Pass

Analyst

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

County Ho	ke Co.	Instrument Location Hoke Co.	Detention Center
Instrument Se	rial No. <u>068852</u>	RAR ford, No	
The preventive four months as		oximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath ree centigrade;	simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		·
<b>5.</b>	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	and Andrews Andrews Andrews
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration of the every four months or after 125 Alcohol.	late, or the alcoholic breath sholic Breath Simulator tests,
procedures we	on the day of sonto	the for tated above, in accordance with currence instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OT ESTATE			
OREATS AND SEC.	CCAROO		1,51
Walter San		, of Cortificing Official	Cortificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 09/20/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 944
Test Date: 09/20/2019 Test Time: 11:26am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests -

Test	Status	Time
AIR	Pass	11:27am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:27am

11:27am

Preventive Maintenance

Status: Pass

Pass

CAL

<del>, X</del>

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

34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. 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.	County Ir	edell Instrument Location Morresville PD
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;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	Instrument Seri	ial No. 008685 950 W. Iredell Ave., Morres VIII
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;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the		, , , , , , , , , , , , , , , , , , ,
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	-	· · · · · · · · · · · · · · · · · · ·
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	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 tes 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	5.	Verify instrument accuracy;
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tess whichever occurs first.  I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tess whichever occurs first.  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.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
THE STATE OF NO.  THE STATE OF	procedures wer	re performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	PAR STATE OF THE S	

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 09/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 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 .07	11:19am 11:20am 11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:25am
AIR BLK	.00	11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 09/05/2019 Test

Test Record Number: 3228
Test Time: 11:27am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BT	Pass	<b>11:</b> 27am

#### Blank Tests

Test Status Time	€
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AIR Pass 11:28am

#### Printer Tests

Test	Status	Time

PRNT Pass 11:28am

CRC Tests

Test Status Time

COMP Pass 11:28am CAL Pass 11:28am

Preventive Maintenance Status: Pass

Analyst

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

County Ma	con		Co. Jail
Instrument Ser	ial No. <u>008789</u>	Franklin, Ne	
The preventive four months ar	maintenance procedures for the Intoxin	neters, Model Intox EC/IR II to be i	followed at least once every
1.	Verify the ethanol gas canister displaced degrees, plus or minus .2 degree of		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, o	collect breath sample;	· .
8.	Print test record;		
9.	Verify Diagnostic Program; and	•	
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.		
I certify that o procedures we Department o	n theday of re performed on the instrument indicat f Health and Human Services, and the i	ed above, in accordance with currer nstrument is functioning properly.	ing preventive maintenance nt regulations of the N.C.
CORFAT STATE OF THE STATE OF TH	NORTH CAROLINA		
SOF QUAN VIDE	Signature	of Certifying Official	Certificate Number

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 09/04/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 659
Test Date: 09/04/2019 Test Time: 2:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

Analyst

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

County M	Instrument Location Macon Co. Ja;/
	rial No. 008618 Franklin, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of
STATE IN STATE OF THE STATE OF	Signature of Certificial Certificate Number

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 09/04/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

Officer's Name: ,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 1978
Test Date: 09/04/2019 Test Time: 2:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
$\mathtt{BT}$	Pass	2:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:24pm 2:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	lecklenburg Instrument Location Cornelius PD
Instrument Se	rial No. 008692 21440 Cotaway Ave., Cornelius
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
TO THE STATE OF TH	

### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 09/03/2019

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: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	. 00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:34pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 2931 Test Date: 09/03/2019 Test Time: 1:35pm 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	٠
FC1 Pass 1:36p	
SRC Pass 1:36p	m
DET Pass 1:36p	m
BAR Pass 1:36p	m
BT Pass 1:36p	m,

### Blank Tests

Test	Status	Time
	the state of	
AIR	Pass	1:36pm

### 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

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

County 11/0	one Co. Instrument Location Socithmen Pines P.D.
Instrument Seria	INO. 008/20 Southern Pines, 110
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF THE STATE	Signature of Cortificing Official Cortificate Number

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 09/17/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:44pm
AIR BLK	0.0	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	0.0	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC, .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720

Test Record Number: 1124

Test Date: 09/17/2019

Test Time: 2:49pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm

### CRC Tests

Test	Status	Tim⊖
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Moore Co.	Instrument Location fine he	JEST Police Dos
Instrument Ser	ial No. <u>0087/6</u>	PiNe hures	T, NC
The preventive four months ar		toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic brea	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" appear	ars, collect breath sample;	
· <b>8.</b>	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 Al	
	e performed on the instrument indic	Tent Decl., 20/9 the focated above, in accordance with curre the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
TARE QUAN YOUR STATE OF THE STA	CAROLINA	burg of Cartifying Official	654

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 09/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, 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	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.07	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
ATP RIK	0.0	1 • 2 0 mm

Reparted AC:

200 G/210L

signature of Chemical Analyst

Court CVR

### MOORE COUNTY PINEHURST PD 620

Serial Number: 008710

Test Record Number: 1621

Test Date: 09/17/2019

Test Time: 1:33pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:33pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:34pm
CAL	Pass	1:34pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVETERS, MODEL INTO A ECIRT	
County J//	one Co. Instrument Location Monke Co.	Detention Cente
Instrument Seria	No. 008 135 CARthage,	NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sir 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
<b>3.</b> ***	Initiate breath test sequence;	
<b>4.</b> %	Enter information as prompted;	
<b>.5</b> .	Verify instrument accuracy;	
<b>6.</b>	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.	
procedures were	he // day of <u>Softender</u> , 20// the forgoing performed on the instrument indicated above, in accordance with current regealth and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
A CONTRACTOR OF THE PROPERTY O		
STATE OF AUGUST AND AU	S A ROUTE OF THE PARTY OF THE P	
EGE QUAM VIDEN		654
	Signature of Certifying Official	Certificate Number

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 09/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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	12:05pm 12:05pm 12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
ATR BLK	.00	12:11pm

Reported ACr .00/g/210L

Signature of Chemical Analyst

Court CVR

### MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 09/17/2019

Test Record Number: 2323

Test Time: 12:12pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ΔΤΡ.	Pagg	12·13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time

12:13pm

12:13pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County NE	W HANDUER Instrument Location CAROLINA BEACH
Instrument Ser	ial No. 008661 POLICE DEPT
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 of
STATE OF STA	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 09/11/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:08pm 4:09pm
ACCY CHK	.07	4:10pm
AIR BLK SUB TEST	.00 .00	4:10pm 4:11pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:13pm
AIR BLK	.00	4:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alen Ra Bons
Analyst

### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 2601 Test Date: 09/11/2019 Test Time: 4:15pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IŘ	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:16pm
SRC	Pass	4:16pm
DET	Pass	4:16pm
BAR	Pass	4:16pm
$\mathtt{BT}$	Pass	4:16pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:17pm 4:17pm

Preventive Maintenance Status: Pass

Analyst

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

County Ne	EW HAMOUER Instrument Location CA	ROLINA BEACH PU
Instrument S	Serial No008613	
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	As a second of the second of t
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after I whichever occurs first.	
	t on the <u>30</u> day of <u>SEPTEMBEK</u> , 20 <u>19</u> , the were performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning p	th current regulations of the N.C.
SIAN STATE OF THE	E O NORTH CAROLINA CA	
ARA IZ, IT	Signature of Certifying Official	Gartificate Number
	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (11/07)

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008613 Test Date: 09/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:43pm
ACCY CHK	.08	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu R Bang

### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008613 Test Record Number: 1068
Test Date: 09/30/2019 Test Time: 1:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
$\mathtt{BT}$	Pass	1:50pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:51pm

CAL

Clu Ry Bare Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	W HANOVER Instrument Location NEW HANOVER CO.
Instrument Seria	WHANOVER Instrument Location NEW HANDUER CO.  NO. 008721 DETENTION CEN
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008721 Test Date: 09/10/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:46am 11:47am
ACCY CHK	.07	11:48am
AIR BLK SUB TEST	.00 .00	11:48am 11:49am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celu Rg 13-

### NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008721 Test Record Number: 1188
Test Date: 09/10/2019 Test Time: 11:53am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:53am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

### Blank Tests

Test	Status	Time
AIR	Pass	11:54am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:54am 11:54am

Preventive Maintenance Status: Pass

Analyst

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

County_	NEW HANOVER Instrument Location NEW HANOVER COURT
Instrume	nt Serial No. <u>608617</u> DETENTION CENTE
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every aths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the day of <u>JEPTEMBER</u> , 20 19, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
THE COLON SET OF	STATE of VIDE STATE OF CONTROL OF

### NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Date: 09/10/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:36am 11:37am
ACCY CHK	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colon Roy Band

### NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 3123 Test Date: 09/10/2019 Test Time: 11:43am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

### Blank Tests

Test	Status	Time
ATR	Pass	11:44am

### Printer Tests

		-
Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:45am

Preventive Maintenance Status: Pass

Pass

11:45am

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Celen Za Banalyst

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

County NE	EW HANOVER Instrument Location WILMINGTON POLICE
Instrument Se	rial No. <u>008863</u>
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofENTEMBER_, 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.
STATE OF STA	SONOR MECHANISMS
ASSE OF ANY ANY	Signature of Certifying Official Certificate Number
	Signature of Collinging Official Collineate Number

### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008863 Test Date: 09/11/2019

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:22pm
ACCY CHK	.08	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

Celu Rg Ban Analyst

### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008863

Test Record Number: 629

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
	CRC Tests	
PRNT	Pass	1:30pm
rest	Status	rime

1050	bcacus	1 11116
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

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

County NEW	·
Instrument Serial	NO. 008667 POLICE DEPT
The preventive m four months are:	aintenance 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
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	heday of JEPTEMBER, 20, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
TOTAL STATE OF NO.	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 09/10/2019

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: 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	1:35pm
AIR BLK	.00	1:35pm
ACCY CHK	.07	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1920 Test Date: 09/10/2019 Test Time: 1:42pm EDT

System Check: Passed

### Baseline Tests

42pm
42pm 42pm

### Temperature Tests

Status	Time
Pass	1:42pm
	Pass Pass Pass Pass

### 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 Pass	1:43pm 1:43pm

Preventive Maintenance Status: Pass

Analyst

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

County_	ONSLOW	Instrument Location_	JACKBONVILLE P
Instrumer	nt Serial No. <u>008930</u>		:
The preve		ntoximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	• •
8.	Print test record;		,
9.	Verify Diagnostic Program; and	i	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedure	hat on the day ofday of es were performed on the instrument in ent of Health and Human Services, and	dicated above, in accordan	
SE S	TATE OF NORTH	Ra Bane	648
	Sign	ature of Certifying Officia	

### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 09/09/2019

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, 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	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.08	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2065 Test Date: 09/09/2019 Test Time: 10:40am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
Bur B		
IR.	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:40am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	/// Pass	10:40am
BAR	Pass	10:40am
BT &	$_{ m 30}$ Pass $_{ m color}$	10:40am
	014 Test	

### Blank Tests

Teat	1.0	Status .	Time
TCDC		platus .	

AIR Passes 10:41am

### Printer Tests

Test	100	Status	Time

PRNT Pass 10:41am

### ... CRC. Tests

Test	Status	Time	
COMP	Pass	10:41am	ļ
CAL	Pass	10:41am	1

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

3000

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

County	ONSLOW	Instrument Location <u> </u>	
Instrument	t Serial No. <u>00 8931</u>	SHER1	IFF'S OFFI
The prever		toximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath ree 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration da ged every four months or after 125 Alcol	
		PTEMBE, 20_17_, the foregoilicated above, in accordance with current the instrument is functioning properly.	
THE CREAT OF THE COLOR OF THE CREAT OF THE C	CAROL	2.13.	648
	Signa	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)

#### ONSLOW COUNTY SHERIFF'S OFFICE 660

Serial Number: 008931 Test Date: 09/09/2019

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: BARNES, ALVIN R
Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:32am 11:33am
ACCY CHK	.07	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ONSLOW COUNTY SHERIFF'S OFFICE 660

Serial Number: 008931 Test Record Number: 3153
Test Date: 09/09/2019 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	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41am

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:41am

CAL

Analyst

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

County	6N3KOW	Instrument Location_	ONSLOW	COUNTY
Instrumen	t Serial No. <u>608932</u>		SHERIFF	3 OFFICE
The prever	ntive maintenance procedures for the Ir	toximeters, Model Intox	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		lcoholic breath simul	ator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	·	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	,	
8.	Print test record;		্ব	
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas canisismulator solution is being charwhichever occurs first.			
	nat on theday of s were performed on the instrument in ent of Health and Human Services, and		nce with current regu	eventive maintenance lations of the N.C.
STEEN	ATE OF A COLUMN TO SERVICE AND			
GREA				
* ESSE QU	anymous Ra	ature of Certifying Officia		648
	Sign	ature of Certifying Officia	al C	Certificate Number

ONSLOW COUNTY SHERIFF'S OFFICE 660

Serial Number: 008932 Test Date: 09/09/2019

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: 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 .08	11:30am 11:31am 11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clarky Barres

## ONSLOW COUNTY SHERIFF'S OFFICE 660

Serial Number: 008932 Test Record Number: 5216 Test Date: 09/09/2019 Test Time: 11:38am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:38am 11:38am
FC	rass Pass	11:38am

## Temperature Tests

Status	Time
Pass	11:39am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	11·39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	11:39am 11:39am

Preventive Maintenance Status: Pass

alu Rg Bang Analyst

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

County Ok 1	ANGE Instrument Location Hills borough PD		
Instrument Seria	INO. 008873 127 N. Ch. to St. Hillsborogl,		
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
	the 30 day of 50 dember, 20/9 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.		
STATE OF THE STATE	Signature of Certifying Official  Certificate Number		

### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Date: 09/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

## ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Record Number: 1759
Test Date: 09/30/2019 Test Time: 1:29pm 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

County ORV	ANGE Instrument Location Chapel Hill PD
Instrument Seria	al No. 008839 828 MAdr. Little King Jr Bluck Chapel HII NC
	Chape HII NC
The preventive to four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures were Department of H	the <u>SO</u> day of <u>Squite mbs</u> , 20 <u>19</u> 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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 09/30/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:02pm 12:03pm
ACCY CHK	.08	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC:

0<del>0~</del>α/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 2040 

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

## Printer Tests

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

Preventive Maintenance Status: Pass

12:10pm

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

- 211	WE Charles Di
County ORA	
Instrument Seri	al No. 008856 828 Martin Little King Jr Black
	Chapel Hill, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 30 day of September, 20/9 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.
OTHE STATE OF THE	Heles Lacos 662
	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 09/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:04pm 12:04pm 12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2569
Test Date: 09/30/2019 Test Time: 12:10pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

## Printer Tests

Test

	Dododo	# <b>±</b> 1110
PRNT	Pass	12:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:12pm 12:12pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Ersuimans Instrument Location Perguinans Co, 5.
Instrument S	Gerial No. 008921 10 Church ST. Herrford, N.C.
The prevents four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of
O'THE STAT	E ON NO



Signature of Certifying Official

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 09/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, 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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:53pm 12:54pm 12:54pm 12:55pm 12:56pm 12:57pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tinde A

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 884
Test Date: 09/19/2019 Test Time: 1:02pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County_	andolph Instrument Location AtVAdale
Instrument Se	rial No. 008791 Police Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of
STATE CHEAT OF THE STATE OF THE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 09/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:48pm 12:49pm 12:49pm 12:50pm 12:52pm 12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signaturé 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

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1336 Test Date: 09/11/2019 Test Time: 1:00pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

## Printer Tests

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

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services

Rev. 12/2007

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

County K	and oph	Instrument Location	BAT Mobile Unit!
Instrument S	erial No. <u>00886</u> 9	Asheboro	PD
The prevention four months	· · · · · · · · · · · · · · · · · · ·	e Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		coholic 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 sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of STATE	on theday of were performed on the instrument of Health and Human Services, an	indicated above, in accordance the instrument is functioning	f the forgoing preventive maintenance with current regulations of the N.C. g properly.
A WIND 1814	Sarour Augustin Augus	Signature of Certifying Officia	Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 1 750

Serial Number: 008869 Test Date: 09/14/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, 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	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.08	10:19pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY BAT MOBILE UNIT 1 750

Serial Number: 008869

Test Record Number: 1031

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:26pm 10:26pm
FC	Pass	10:26pm

## Temperature Tests

Status	Time
Pass	10:26pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	10:27pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:27pm
CAL	Pass	10:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Andolph Co.	Instrument Location And less	
Instrument S	erial No. <u>008734</u>	RANGLEMAN,	NC
The preventi	ve maintenance procedures for the Intare:	oximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic brea ree 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" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ırs, 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 Al	
I certify that procedures w Department	on theday ofon theday ofday of	cated above, in accordance with curre	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	and Variation of	ture of Certifying Official	Certificate Number

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 09/30/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:27pm 12:28pm
ACCY CHK	.08	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

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

## RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 1123
Test Date: 09/30/2019 Test Time: 12:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
${ t FLO}$	Pass	12:34pm
FC	Pass	12:34pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass	12:34pm
DET	Pass Pass	12:34pm 12:34pm
BAR	Pass	12:34pm
$\mathtt{BT}$	Pass	12:34pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

Analyst

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

	dolph Co. Instrument Location Liberaty Police Dept.
Instrument Seria	INO. 008830 Liberty, MC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 30 day of Septembers, 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 09/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:23am
AIR BLK	.00	11:24am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:29am
AIR BLK	.00	11:29am

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

#### RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 642 Test Date: 09/30/2019 Test Time: 11:31am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:31am 11:31am
FC	Pass	11:31am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

## Blank Tests

Test	Status	Time
AIR	Pass	11:32an

#### Printer Tests

Test

CAL

PRNT	Pass	11:32am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:32am

Status

Time

11:32am

Preventive Maintenance Status: Pass

Pass

Analyst"

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R,	ichnical Co. Instrument Location Richmond Co. Magistate of Fic
Instrument S	erial No. 008840 Rockington, 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 23 day of Soften bee, 20 17 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATI	Signature of Certifying Official Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

> Serial Number: 008840 Test Date: 09/23/2019

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: 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	2:27pm 2:27pm
ACCY CHK	. 0.7	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Chemical Analyst Signature of

Court CVR

#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840

Test Record Number: 2335

Test Date: 09/23/2019

Test Time: 2:34pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	2:34pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Richmand Co. Instrument Location Richmand Co. Magistate's office
Instrume	nt Serial No. 008701 Rocking ham NC
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the <u>33</u> day of <u>September</u> , 20 <u>12</u> the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT SE	Signature of Certifying Official Certificate Number

## RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 09/23/2019

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: 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	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC .00/1/210L

Signature of Chemical Analyst

Court CVR

#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1196

Test Date: 09/23/2019 Test Time: 2:36pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
BT	Pass	2:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	
Test	Status	Time

COMP 2:37pm Pass CAL Pass 2:37pm

Preventive Maintenance

Status: Pass

**Analyst** 

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

County K	ich mond Instrument Location BA	T Mobile Unit
Instrument Se	erial No. 008575 Hunke	t, nc
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic l 34 degrees, plus or minus .2 degree centigrade;	preath 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 expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,
I certify tha	t on the 20 day of September, 2019, the f	oregoing preventive maintenance
procedures v Department	were performed on the instrument indicated above, in accordance with t of Health and Human Services, and the instrument is functioning pro	current regulations of the N C
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THE STAT	TE OF A	
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•	Signature of Certifying Official	Certificate Number

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

County	Rich mond	Instrument Location_	BATI	Mobile	Unity
Instrumen	t Serial No. <u>(70 ) 157 6 4</u>	- the	allot.	pric.	
The preve	ntive maintenance procedures for the ns are:	Intoximeters, Model Intox	EC/IR II to be fo	llowed at leas	t once every
. 1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		ilcoholic breath s	imulator thern	nometer sho
2.	Verify instrument displays ti	me and date;			
3.	Initiate breath test sequence;			. <del>.</del>	
4.	Enter information as prompte	ed;			
5.	Verify instrument accuracy;				
6,	When "PLEASE BLOW" ap	ppears, collect breath sample	<b>)</b> ;		
7.	When "PLEASE BLOW" ar	ppears, collect breath sample	<b>)</b> ;		
8.	Print test record;		÷		
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	mister is being changed before anged every four months of	эге expiration date r after 125 Alcoho	e, or the alcoholic Breath Sir	olic breath nulator tests
	windlevel occurs that.				e gestell
procedure	hat on the <u>JO</u> day of <u></u> es were performed on the instrument ent of Health and Human Services, a		ince with current	g preventive n regulations of	naintenance the N.C.
OF WAR	ATE OF NO.				
SE CREAT	a. T. AA VIOTAT		arma,	C 1	
	S	grature of Certifying Offici	al -	Certificate	Number

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County De	intoximeter	Instrument Location	07//0/
Instrument Serial	No. <u>008836</u>	humbea	etor, NC
The preventive m four months are:	aintenance procedures for the In	toximeters, Model Intox EC/IR I	to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		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;	
<b>7.</b> [2]	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			ation date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
7		1 3364	Santa Sa
I certify that on to procedures were	performed on the instrument indi	cated above, in accordance with ne instrument is functioning prop	he forgoing preventive maintenance current regulations of the N.C.
Department of 11	sain and Human Scrvices, and ti	ie manument la functioning prop	ary.
OTHE STATE OF NO.	ALL CAR		
TAGE QUAM VIDER T		Land the second	654
and the state of t	Sign	ature of Certifying Official	Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 09/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:24pm
AIR BLK	.00	2:24pm
ACCY CHK	.07	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC.

-00 - 4/2101

Signature of Chemical Analyst

Court CVR

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

Ánalyst

# ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 5280 Test Date: 09/16/2019 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

#### Blank Tests

Test	Status	Time
ATR	Pass	2 · 32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	* * * * * * * * * * * * * * * * * * *
Test	Status	Time
COMP	Pass	2:32pm

Preventive Maintenance

Status: Pass

Pass

2:32pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (a)	DESON CO.	Instrument Location kokes	o Dill	PATE
Instrument Seri	al No. <u>208805</u>	Lumberte	on MC	
The preventive four months are		the Intoximeters, Model Intox EC/IR II	to be followed at least once	every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic s.2 degree centigrade;	breath simulator thermomet	ter shows
2.	Verify instrument display	s time and date;		
3.	Initiate breath test sequen	nce;		
4. 🐇	Enter information as pror	mpted;		
5.	Verify instrument accurac	су;		
6.	When "PLEASE BLOW'	" appears, collect breath sample;	a.e.	
7.	When "PLEASE BLOW'	appears, collect breath sample;		· Jan San San San San San San San San San S
8.	Print test record;			
9.	Verify Diagnostic Progra	m; and		
10.	Verify that the ethanol gasimulator solution is bein whichever occurs first.	as canister is being changed before expiring changed every four months or after 12	ation date, or the alcoholic to S Alcoholic Breath Simulat	oreath or tests,
I certify that on procedures wer Department of	e performed on the instrume	nt indicated above, in accordance with a not the instrument is functioning property.	he forgoing preventive mair current regulations of the N. erly.	
THE STATE OF THE S	SOLIN CAROLINA		654	
	\$ more and a second	Signature of Certifying Official	Certificate Num	ther

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 09/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:06pm
AIR BLK	.00	2:07pm
ACCY CHK	.08	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

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

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 4455 Test Date: 09/16/2019 Test Time: 2:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

#### Printer Tests

#### CRC Tests

Test	Status	Time
COMP	Pass	2:14pm
CAL	Pass	2:14pm

Preventive Maintenance
Status: Pass

// 1/

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Kobeson Co. Instrument Location Lumber for Kolice Dep
Instrume	ent Serial No. 008629 Lumberton, NC
The prev	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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of
S S S S S S S S S S S S S S S S S S S	STATE ON TO THE CARD OF THE CA

#### ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 09/16/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 07682E Effective:

12/01/2017-12/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:03pm 1:04pm
ACCY CHK	.07	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST		1:09pm
AIR BLK	7.00	1:10pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

# ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 791 Test Date: 09/16/2019 Test Time: 1:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:12pm 1:12pm
FC	Pass	1:12pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1 : 13 mm

Preventive Maintenance Status: Pass

Pass

1:13pm

CAL

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# PREVENTIVE MAINTENANCE RECORD

· įwani	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Tyrrell Co. S.O.
Instrument S	erial No. 008902 4/13 MAIN ST., Columbia, N.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the Standard day of Standard, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CREAT SECTION OF SECTI	

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

Signature of Certifying Official

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 09/18/2019

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: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
ATR BLK	. 0.0	11:43am

Reported AC: \_ .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Test Record Number: 846 Serial Number: 008902

Test Date: 09/18/2019 Test Time: 11:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass Pass	11:44am 11:44am 11:44am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:45am 11:45am 11:45am 11:45am
BT	Pass	11: <b>4</b> 5am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	
Test	Status	Time

rest	Status	TIME
COMP	Pass	11:45am
CAL	Pass	11:45am

Preventive Maintenance Status: Pass

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 09/03/2019

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: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:03am 11:04am 11:04am 11:06am 11:07am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
ATR BLK	0.0	11 · 10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 09/03/2019 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:12am 11:12am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cour	<u> </u>	Union t Serial No. 00866	Instrument Location Union County SC 3344 Presson Rd., Monroe	<u>)                                    </u>
		ntive maintenance procedures for the	e Intoximeters, Model Intox EC/IR II to be followed at least once every	<u></u>
	1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	ter displays pressure, or the alcoholic breath simulator thermometer sho degree centigrade;	ows
F., Spillerin	2.	Verify instrument displays ti	ime and date,	
	3.	Initiate breath test sequence;	<b>;</b>	
	4.	Enter information as prompte	ted;	
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
•4,	7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
	8.	Print test record;	· •	
	9.	Verify Diagnostic Program; a	and and	a. eg
	10.		anister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator test	
proc	edure		t indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.	<b>B</b>
Á	SEE ST	ATE OF A LA		



Signature of Certifying Official

Certificate Number

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 09/03/2019

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: AG904301 Exp Date: 02/12/2021

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:49am 10:50am
ACCY CHK	. 07	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
ATR BLK	. 00	10.55am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 3368
Test Date: 09/03/2019 Test Time: 11:04am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:04am

#### Temperature Tests

Status	Time
Pass	11:05am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05am 11:05am

Preventive Maintenance Status: Pass

Analyst

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

County W	+ Ke Instrument Location Aprel PD 57471CM 4
Instrument Ser	ial No. 008621 1615 E. Williams ST Apox, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 09/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:35pm 12:36pm 12:37pm 12:38pm 12:38pm 12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Court CVR

#### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2686 Test Date: 09/06/2019 Test Time: 12:42pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:42pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

CAL

Pass

12:43pm

12:43pm

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

County_Wr	ounty WAKE Instrument Location CAAY PD	
Instrument Ser	ial No. 0085-87 120 Wilkerson Aue. CARY, NC	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 were Department of	the day of square , 20 / 9 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	
STATE OF THE STATE	Signature of Certifying Official Certificate Number	

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 09/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK	.00	11:14am
ACCY CHK	.07	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
ATR BIK	0.0	11.20am

Reported AC: 09 g/21

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Record Number: 4095

Test Date: 09/06/2019

Test Time: 11:20am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
${f BT}$	Pass	11:20am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:21am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:21am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:21am
CAL	Pass	11:21am

Preventive Maintenance Status: Pass

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

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11001001
County NA	Instrument Location WA He County Defending Co
Instrument Seria	11 No. 2085-77 3301 Hammun D Ro Raloish, NC
The preventive if 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	the
procedures were	performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
TO THE STATE OF A STAT	Signature of Certificial Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 09/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS -

Test Type: Breath Test

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

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

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: 008577 Test Record Number: 4580 Test Date: 09/06/2019 Test Time: 10:11am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:11am
FLO	Pass	10:11am
FC ,	Pass	10:12am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:12am
SRC	Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:12am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:12am

Preventive Maintenance Status: Pass

Pass

10:12am

CAL

Analyst

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

County 4	lale	Instrumen	t Location WA	le Coni	ty Detention	<u>C</u>
Instrument Se	erial No. <i>00861</i> 2		Hammans		Raleigh, n	X
<u> </u>						
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, M	fodel Intox EC/IR	II to be fol	lowed at least once ever	ry
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o			ic breath si	mulator thermometer sh	iows
2.	Verify instrument displays tir	me and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	ed;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collect br	eath sample;			-
7.	When "PLEASE BLOW" ap	pears, collect br	eath sample;		<i>;</i>	
8.	Print test record;					
9.	Verify Diagnostic Program; a	and				
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.					
	,	1 (				
I certify that of	on the day of ere performed on the instrument in	Mem ber_ ndicated above,	, 20 <u>/5</u> in accordance with	the forgoir	ng preventive maintenar gulations of the N.C.	nce
	of Health and Human Services, and				•	
THE STATE OF THE S	CARO	£ 10	or and the		662	
	Si	gnature of Certif	fying Official		Certificate Number	_

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 09/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:05am
AIR BLK ACCY CHK	.00	10:06am 10:06am
AIR BLK	.00	10:00am
SUB TEST	•	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:10am
ATR RIK	በበ	10.11am

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612

Test Record Number: 4295

Test Date: 09/06/2019

Test Time: 10:11am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR.	Pass	10:12am
FLO	Pass	10:12am
FC	Pass	<b>10:</b> 12am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:12am
SRC	Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13an

#### Printer Tests

Test	Status	Time
PRNT	Pass	<b>10:1</b> 3am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:13am 10:13am

Preventive Maintenance Status: Pass

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

County	Vale	_ Instrume	ent Location_(	Wake	County	Dotati	ian Lin
Instrument S	VALE erial No. <u>008778</u>	3301	Hymnu	10 20	Rala	ush,	الما
The preventi	ve maintenance procedures for the are:	Intoximeters,	Model Intox E	EC/IR II to	be followed	at least onc	e every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c			coholic bre	eath simulate	or thermome	eter show
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 l	oreath sample;		•		
<b>7.</b>	When "PLEASE BLOW" ap	pears, collect l	oreath sample;	ı			
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.						
	on the day of vere performed on the instrument in of Health and Human Services, and					ventive mai	ntenance .C.
OF STATE OF	Sie Sie	gnature of Cert	ifying Officia	<u> </u>		€ 2_	nber

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 4339
Test Date: 09/06/2019 Test Time: 10:10am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11am

#### Printer Tests

Test	Status	Time	
PRNT	Pass	10:11am	
	CRC Tests		
Test	Status	Time	
COMP	Pass	10:12am	

Preventive Maintenance Status: Pass

Pass

10:12am

CAL

) - XVII

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 09/06/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

-- /OIOT

Test	g/210F	Time
DIAG AIR BLK	Pass	10:04am 10:04am
ACCY CHK	.08	10:05am
AIR BLK	.00	10:06am
SUB TEST	00	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am

Reparted AC:

m ~ ~ L

 $00_{g}/210L$ 

m-1 --- -

Signature of Chemical Analyst

Court CVR

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

County WA	Ke Instrument Location WAKe County Dolen From C	-70
Instrument Seria	al No. 008760 3301 Hammun RD Raleigh, NC	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	,
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	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.	3,
	the	e
TO THE STATE OF A THE	Signature of Certifying Official Certificate Number	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 09/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:03am 10:03am 10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am

Reported AC:

00 g/210L

Signature of Chemical Analy

Court CVR

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 3548
Test Date: 09/06/2019 Test Time: 10:10am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

10:11am

10:11am

COMP

CAL

Analyst

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

County	WAKE	Instrument Location RALEICH F	D NURTHEAST D
Instrumen	it Serial No. <u>DO 86 23</u>	5228 GREENS DAIRY F	O. RALEIGH, NC
The preve	<del>-</del>	Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath s degree centigrade;	imulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompts	ed;	
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;	and	
10.		nister is being changed before expiration dat nanged every four months or after 125 Alcoh	
procedure	s were performed on the instrument i	ndicated above, in accordance with current red the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
CARATE CARATE		gnature of Certifying Official	637 Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 09/12/2019

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:52pm 2:53pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AC: م00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623

Test Record Number: 3872

Test Date: 09/12/2019 Test Time: 3:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:04pm 3:04pm
FC	Pass	3:04pm

#### Temperature Tests

Status	Time
Pass	3:04pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance Status: Pass

Analyst

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

County W	Instrument Location MAKE FOREST PD	
Instrument Ser	rial No. DOBTOO 2255. TAYZUR ST. WAKE FUREST, N	1 <u>~</u>
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	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 to whichever occurs first.	
procedures wer	In the	ance
OF THE STATE OF TH	Be Down 677	
	Signature of Certifying Official Certificate Number	

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 09/12/2019

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

Ellective:

07/09/2019-07/09/2021

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

pe of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
		1 7 (74 (20)

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 1594
Test Date: 09/12/2019 Test Time: 1:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:14pm
FLO		1:14pm
FC	Pass	1:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:15pm 1:15pm

Preventive Maintenance Status: Pass

Analyst

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

County WAK	E Instrument Location KNIGHTDALE PD
Instrument Seria	INO. 008838 979 STEEPLE SOUME CT. KNICHTDALE, N
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.
procedures were	the
THE STATE OF AN INCIDENCE OF AND INCIDENCE OF AN INCIDENCE OF AN INCIDENCE OF AN INCIDENCE OF	Signature of Certifying Official Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 09/11/2019

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: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:39pm
ACCY CHK	.07	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:43pm
ATR BLK	. 00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1899

Test Date: 09/11/2019

Test Time: 2:45pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass Pass	2:46pm 2:46pm
Pass	2:46pm
Pass	2:46pm
Pass	2:46pm
	Pass Pass Pass Pass

#### 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 Status: Pass

Analyst

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

County <u>\(\beta\)</u>	VARRON	Instrument Location JAT MC	NDE UND 6
Instrument S	Serial No. <u>60 Y 77 9</u>	LAKE CASTON	
The preventi	ive maintenance procedures for the Into	eximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic bree ee centigrade;	ath simulator thermometer sho
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	e e e e e e e e e e e e e e e e e e e	
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration and every four months or after 125 Al	n date, or the alcoholic breath coholic Breath Simulator tests
I certify that procedures v Department	on the day of	cated above, in accordance with curse instrument is functioning properly	ent regulations of the N.C.
THE STATE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OF THE OWNER OWN			//7
	Signatu	re of Certifying Official	Certificate Number

WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008779 Test Date: 09/01/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:49pm
AIR BLK	.00	4:50pm
ACCY CHK	.07	4:51pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:52pm
AIR BLK	.00	4:53pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008779 Test Date: 09/01/2019

Test Record Number: 3582 Test Time: 4:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:57pm
FLO	Pass	4:57pm
FC	Pass	4:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:57pm
SRC	Pass	4:57pm
DET	Pass	4:57pm
BAR	Pass	4:57pm
BT	Pass	4:57pm

#### Blank Tests

Test	Status	Time
		and the second
AIR	Pass	4:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:58pm
CAL	Pass	4:58pm

Preventive Maintenance Status: Pass

Analyst

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

County VAR	(b)	Instrument Location SAT	MONDE UNIT 6
	11 No. 009574	LAICE LASTON	
Matrament Serie	11 NO		
The preventive i	maintenance procedures for the	Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic blegree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
<b>6.</b>	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;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expira nanged every four months or after 12	tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that o procedures we Department o	re nerformed on the instrument	SCOPEMAN, 20 19, the indicated above, in accordance with nd the instrument is functioning pro	foregoing preventive maintenance current regulations of the N.C. perly.
and a second			
OF WATE OF THE		•	
COLONA ALON	BU		443
	S	ignature of Certifying Official	Certificate Number

WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008584 Test Date: 09/01/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/14/2019-08/14/2021

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:50pm
AIR BLK	.00	4:51pm
ACCY CHK	.07	4:52pm
AIR BLK	.00	4:53pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008584 Test Date: 09/01/2019

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:50pm
AIR BLK	.00	4:51pm
ACCY CHK	.07	4:52pm
AIR BLK	00	4:53pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:56pm
ATR BLK	0.0	4:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

	naintenance procedures for Verify the ethanol gas of 34 degrees, plus or minimal Verify instrument display. Initiate breath test seque Enter information as pro-	canister displus .2 degree	lays pressure centigrade;				
1. 2. 3. 4. 5.	Verify the ethanol gas of 34 degrees, plus or min Verify instrument display. Initiate breath test seque	canister displus .2 degree	lays pressure centigrade;				
2. 3. 4. 5.	Verify instrument displacement breath test seque	as .2 degree	centigrade;	e, or the alco	holic breath	simulator the	mometer show
3. 4. 5. 6.	Initiate breath test seque		date;				
4. 5. 6.	•	ence;					
5. 6.	Enter information as pro						-
6.	_	ompted;					· · · · · ·
	Verify instrument accur	acy;					
7.	When "PLEASE BLOW	V" appears,	collect breat	h sample:			
	When "PLEASE BLOW			- ·			
8.	Print test record;						
9.	Verify Diagnostic Progr	am; and					
	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister in ng changed o	s being chan every four m	ged before e onths or afte	xpiration dat r 125 Alcoh	e, or the alcololic Breath Si	nolic breath mulator tests,
certify that on th	day of	SEPTEM	nen.	20.79	+b	g preventive r	
procedures were p Department of H	erformed on the instrumenth and Human Service	nent indicate	ed above, in			g preventive r regulations of	f the N.C.
				•			
STATE OF NO.						•	
3 9							
TOTE OLD WINDS		1	2				
The state of the s	2	1			•	663	

### WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008580 Test Date: 09/01/2019

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:51pm
AIR BLK	.00	4:52pm
ACCY CHK	.07	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4 · 58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008580 Test Date: 09/01/2019

Test Record Number: 2515 Test Time: 4:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:59pm
FLO FC	Pass Pass	4:59pm 4:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:00pm
SRC	Pass	5:00pm
DET	Pass	5:00pm
BAR	Pass	5:00pm
BT	Pass	5:00pm

#### Blank Tests

AIR Pass 5:00r	3	Time	ıtus	Sta	 Ξ	Tes	
AIR Pass 5.00				- 1 - 1			٠.
	mor (	5:00	s	Pas		AIR	

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:00pm
CAL	Pass	5:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EC/IR II
County /	LAShing Town Instrument Location Washing TON CO. S.O.
Instrument Se	rial No. 008829 Adams ST., Plymov +4, N.C.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 09/18/2019

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 AIR BLK	Pass	10:30am 10:31am
ACCY CHK AIR BLK	.07 .00	10:32am 10:33am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
ATD BIK	በበ	10.36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Keesl

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 926

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:38am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
•	CRC Tests	
Test	Status	Time
COMP	Pass	10:39am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County_	Watausa Instrument Location Brut Mobile Unit 2
Instrumer	nt Serial No. <u>00 8973</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the day of , 20, 20, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT SE	Signature of Certifying Official Certificate Number

WATAUGA BAT MOBILE UNIT 02

Serial Number: 008973 Test Date: 09/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	10:51pm
AIR BLK	.00	10:52pm
ACCY CHK	.08	10:53pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC:

.00 g/210L

Chemical/Analyst Signature of

Court CVR

WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008973 Test Record Number: 705
Test Date: 09/06/2019 Test Time: 10:58pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:59pm
SRC	Pass	10:59pm
DET	Pass	10:59pm
BAR	Pass	10:59pm
$\mathtt{BT}$	Pass	10:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance Status: Pass

Analyst

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

County	Watausa Instrument Location BAL MOS. le Un. + 2		
Instrument	Serial No. <u>008773</u>		
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	at on theday of, 20, 20, the foregoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008973 Test Date: 09/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	10:51pm
AIR BLK	.00	10:52pm
ACCY CHK	.08	10:53pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC:

00 a/210T.

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008973 Test Record Number: 705
Test Date: 09/06/2019 Test Time: 10:58pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance Status: Pass

Analyst

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

County W	Instrument Location BAJ Mobile Unit 2
Instrument Ser	rial No. 008976
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 the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008970 Test Date: 09/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:03pm 9:04pm 9:04pm
AIR BLK	.00	9:05pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9 : 0 9 pm

Reported AC: \_00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA BAT MOBILE UNIT 02 940

Serial Number: 008970

Test Record Number: 653

Test Date: 09/06/2019

Test Time: 9:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:10pm
FLO	Pass	9:10pm
FC	Pass	9:11pm

#### Temperature Tests

Status	Time
Pass	9:11pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:11pm
CAL	Pass	9:11pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County W	1501 Instrument Location Wilson Co. Me tention &
Instrument Seri	ial No. 008652 100 E. Greene St., Wilson, 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.
procedures wer	the Sot day of September, 20 19 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 09/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.08	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652

Test Record Number: 3339

Test Date: 09/30/2019

Test Time: 3:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

#### Blank Tests

Test	Status	Time
ATR	Pass	3 · 1 0 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

#### CRC Tests

Status	Time
Pass Pass	3:11pm 3:11pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

,		RS, MODEL INTOX EC/	
County 4	lilson	Instrument Location 4/1/50 A	Co. Vetention
Instrument S	erial No. <u>008637</u>	Instrument Location Wilson	ST., W. ISON, A
The prevention four months	•	ntoximeters, Model Intox EC/IR II to t	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breagree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
procedures w	ere performed on the instrument ind	the following properly.	ent regulations of the N.C.
STATE STATE OF THE	S NOTE OF THE PARTY OF THE PART	l.A. Lees Comme	647
	/ / Sign	ature of Certifying Official	Certificate Number

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 09/30/2019

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

Fin LA. Kuse
Analyst

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627

Test Record Number: 2420

Test Date: 09/30/2019

Test Time: 3:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:09pm 3:09pm
FC	Pass	3:09pm

#### 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	3:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:10pm 3:10pm

Preventive Maintenance Status: Pass

Analyst