PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	HEGWANIA
Instrument S	
	Sparta N
The preventi four months	Ve maintenance procedures for the
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,
I certify that on procedures were Department of	theday of <u>lecember</u> , 20, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF NEW YORK OF THE STATE OF NEW YORK OF THE STATE OF NEW YORK OF THE STATE OF THE STAT	ale tax
	Signature of Certifying Official Certificate Number
A signed original	of the preventive maintenance record shall be kept on file for at least three years

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG	Pass	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	0.7	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:48pm
AIR BLK	00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/17/2018

Test Record Number: 740
Test Time: 2:35pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	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	Pass	2:37pm
CAL	Pass	2:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	7 INTOXIMETERS, WODEL INTOX EC/IR II
County /	150N Co. Instrument Location Australia Sheriff off
Instrument Ser	rial No. <u>008739</u> Wades lands
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 3/day of 20/8/the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	(654
	Signature of Certifying Official Certificate Number

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

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008739 Test Date: 12/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008739

Test Record Number: 359

Test Date: 12/31/2018

Test Time: 10:10am EST

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
DET BAR	Pass Pass	10:10am 10:10am

Blank Tests

Test	Status	Time	

AIR Pass 10:11am

Printer Tests

rest	Status	Time
	_	

PRNT Pass 10:11am

CRC Tests

Test	Status	Time
COMP	Pass	10:11am

CAL Pass 10:11am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	CONTINUE LEAS, MODEL INTOX EC/IR II
County /	1501/6 Instrument Location Auton Co. Sheriff's Office
Instrument Ser	ial No. 008597 Wadesbored, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 3/ day of December, 20/8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO. 1775	Signature of Certifying Official Certificate Number

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

Certificate Number

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008597 Test Date: 12/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG716201

Exp Date: 06/11/2019

Exp Date: 06/11/2019

Test	g/210L	Time
------	--------	------

DIAG	Pass	10:02am
AIR BLK	.00	10:02am
ACCY CHK	.07	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

Reported AC: .0

.00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008597 Test Date: 12/31/2018

Test Record Number: 1716
Test Time: 10:08am EST

System Check: Passed

Baseline Tests

Test	Status	Time
FLO I	Pass Pass Pass	10:09am 10:09am 10:09am

Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
\mathtt{BT}	Pass	10:09am

Blank Tests

Test	Status	Time
AIR	Pass	10:09am

Printer Tests

Test	Status	Time
PRNT	Pass	10:09am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

	I REVENTIVE MAINTENANCE RECORD
A	INTOXIMETERS, MODEL INTOX EC/IR II
County	She motioned location Ashe (hunty (/a
<u> </u>	rial No. 00 8849 Deflerson 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	n the day of <u>lecember</u> , 20 lb, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE PART OF TH	Ble Farley 655
	Signature of Certifying Official Certificate Number
A signed origin	al of the preventive maintenance record shall be kept on file for at least three years.

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:29pm
AIR BLK	.00	4:29pm
ACCY CHK	.07	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:34pm
ATR BIK	. 0.0	$4 \cdot 35 \text{rpm}$

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

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/17/2018

Test Record Number: 1202 Test Time: 4:37pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
1		
IR	Pass	4:37pm
FLO	Pass	4:37pm
FC	Pass	4:37pm

Temperature Tests

Status	Time
Pass	4:37pm
	Pass Pass Pass Pass

Blank Tests

Test Status Time

AIR Pass 4:38pm

Printer Tests

Test Status Time

PRNT Pass 4:38pm

CRC Tests

Test Status Time

COMP Pass 4:38pm CAL Pass 4:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	eaufort	Instrument Location	ALC/IR II	27
	erial No. 00 8928	Belhauen	NC	,
The preventive four months a	e maintenance procedures for the I	ntoximeters, Model Intox EC/I	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 clock		
2.	Verify instrument displays time			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear			
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 expected every four months or after	piration date, or the 125 Alcoholic Brea	alcoholic breath
I certify that on procedures were Department of I	theday ofday ofde performed on the instrument indicates the desired the	ated above, in accordance with instrument is functioning pro	the forgoing prevent current regulation perly.	entive maintenance s of the N.C.
OT THE STATE OF A STAT	OCH CAROLINA			
	- Kel)	人人	10	43
	Signati	re of Certifying Official	Certifi	cate Number

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 12/04/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test

	3.	
DIAG	Pass	9:51am
AIR BLK	.00	9:53am
ACCY CHK	.08	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

g/210L

Time

AIR BLK .00 9:56am **SUB TEST .00 9:57am** AIR BLK .00 9:58am

Reported AC: .00 g/2104

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 12/04/2018

Test Record Number: 359
Test Time: 9:59am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:00am
SRC	Pass	10:00am
DET	Pass	10:00am
BAR	Pass	10:00am
BT	Pass	10:00am

Blank Tests

Test	Status	Time
* *		
AIR	Pass	10:01am

Printer Tests

Test	Status	Time
PRNT	Pass	10:01am
	CRC Tests	
Test	Status	Time
and the second s		

Preventive Maintenance Status: Pass

Pass

Pass

10:01am

10:01am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

=		THOMETERS, MODEL INTOX EC/IR II	=
	County Be	and to Instrument Location Beaufort (o. Courthou	<u>_</u>
	Instrument Seria	al No. DD 8909 1026. 2nd St., Washington, N.C	
	The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	-
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	3
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before 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 B day of December, 20/8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.	-
	STATE OF NO. 27. THE STATE OF		

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

Signature of Certifying Official

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 12/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:07am 10:07am
ACCY CHK	.08	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:12am
ATR BLK	0.0	10 · 13 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 12/18/2018

Test Record Number: 3175
Test Time: 10:14am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:15am 10:15am 10:15am 10:15am 10:15am

Blank Tests

Test	Status	Time
AIR	Pass	10:15am

Printer Tests

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

COMP	Pass	10:16am
CAL	Pass	10:16am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

_		INTOXIMETERS, MODEL INTOX EC/IR II
	County Bec	instrument Location Beaufurt (c. Conthe
-	Instrument Seria	INO. 008586 1026.2" St., Washington, M.
	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 18 day of Docember, 20/2 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.	The second of th

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 12/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

06/01/2017-06/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:18am 10:19am 10:20am 10:21am 10:21am
SUB TEST AIR BLK	.00	10:24am 10:25am
		10.23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Record Number: 1442

Test Date: 12/18/2018

Test Time: 10:26am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
\mathtt{BT}	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

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

Pass

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR H

County	Perhie	Instrument Location_	artielo.	5.0.
Instrument S	erial No. <u>00</u> 8897	222 County	Farm Ro	1. Windo
The preventi	ve maintenance procedures for the I are:	ntoximeters, Model Intox EC/	IR II to be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcohegree centigrade;	nolic breath simulator t	hermometer 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.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before en nged every four months or afte	xpiration date, or the a or 125 Alcoholic Breath	lcoholic breath n Simulator tests,
I certify that of procedures we Department of	on the 19 day of Do(ere performed on the instrument ind of Health and Human Services, and t	licated above, in accordance whe instrument is functioning p	ith current regulations	tive maintenance of the N.C.
CREAT STATE OF THE	O NO PLANT CAROL			

Signature of Certifying Official

Certificate Number

61/3

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 12/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:58am 11:59am
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

¹Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 12/19/2018 Test Record Number: 1174
Test Time: 12:07pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bu	1 Combe Instrument Location Byt Mobile Unit 2
Instrument Seri	ial No. 008973
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
OF STATE OF A STATE OF	Signature of Certifying Official Certificate Number

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

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973

Test Date: 01/03/2019 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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time
DIAG Pass 9:32pm
AIR BLK .00 9:32pm
ACCY CHK .08 9:33pm
AIR BLK .00 9:34pm

AIR BLK .00 9:34pm **SUB TEST .00 9:34pm** AIR BLK .00 9:35pm

SUB TEST .00 9:37pm AIR BLK .00 9:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Record Number: 600 Test Date: 01/03/2019 Test Time: 9:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
${\tt IR}$	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	mq68:6

Temperature Tests

Test	Status	Time
FC1	Pass	9:39pm
SRC	Pass	9:39pm
DET	Pass	9:39pm
BAR	Pass	9:39pm
BT	Pass	9:39pm

Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm

CRC Tests

Test	Status	Time
COMP	Pass	9:40pm
CAL	Pass	9:40pm

Preventive Maintenance Status: Pass

M U DE Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ald well	Instrument Location Caldwell Co Jail
Instrument S	Gerial No. <u>00 880 3</u>	Lenoir NC
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer show egree centigrade;
2.	Verify instrument displays tim	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	i;
5.	Verify instrument accuracy;	:
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; ar	ad
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on theday of vere performed on the instrument inc of Health and Human Services, and	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
CARLATE STATES	S NOSHI CAROLINI	
+ COE OTTOM AL	Sign	nature of Certifying Official Certificate Number

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 12/04/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408

Exp Date: 08/12/2019

Test g/210L Time

DIAG	Pass	11:49am
AIR BLK	.00	11:50am
ACCY CHK	.07	.11;50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
ATR BLK	. 0.0	11:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 12/04/2018 Test Record Number: 519
Test Time: 11:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 11:59am

Printer Tests

PRNT Pass 11:59am

CRC Tests

Test	Status	Time
COMP	Pass	11:59am

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Coı	inty	aldwell	Instrument Location (aldw	// Co Jail
Inst	rument Se	erial No. <u>008719</u>	Legon	1, NC
The four	preventive months	ve maintenance procedures for the I	ntoximeters, Model Intox EC/IR II to be	followed at least once every
	1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
	2.	Verify instrument displays tim	e and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted	;	
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" app	ears, collect breath sample;	
* *	7.	When "PLEASE BLOW" app	ears, collect breath sample;	
	8.	Print test record;		
	9.	Verify Diagnostic Program; an	d	
	10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiration d nged every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I cei proc Dep	rtify that o edures we artment o	on the day of ere performed on the instrument inc f Health and Human Services, and t	the forglicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
	CTATE			
E GREAT SEL		CAROLL		
WE.	AFRA 12. 076 * ESSE QUAM VID	Sign	nature of Certifying Official	649 Certificate Number

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 12/04/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:48am 11:49am 11:49am 11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 12/04/2018 Test Record Number: 2447
Test Time: 11:57am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
\mathtt{BT}	Pass.	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

CRC Tests

Test	Status	Time
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_CV	Instrument Location / SHT MOSDE UNDG
Instrument Se	rial No. OO 8584 (MALAU) ISLE
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
STATE OF A	STORE CAROLLE

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008584 Test Date: 12/22/2018 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:38pm
AIR BLK	.00	10:39pm
ACCY CHK	.07	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:43pm
ATR BLK	.00	10:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008584 Test Record Number: 2241
Test Date: 12/22/2018 Test Time: 10:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:47pm
FLO	Pass	10:47pm
FC	Pass	10:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:47pm
SRC	Pass	10:47pm
DET	Pass	10:47pm
BAR	Pass	10:47pm
BT	Pass	10:47pm

Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:48pm

CRC Tests

Test	Status	Time
COMP	Pass	10:48pm
CAL	Pass	10:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

			
County	CHATHAM	Instrument Location CHA7	THAM COUNTY
Instrument S	Gerial No. <u>00 859 L</u>	DE TE	NTIW CENTER
111301 41110111		PITT	NTIW CENTER
The prevent four months	•	Intoximeters, Model Intox EC/IR II to	•
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ar	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirat hanged every four months or after 125	
	were performed on the instrument	ECEMBEL, 20 18, the formula indicated above, in accordance with cond the instrument is functioning prop	urrent regulations of the N.C.
Of THE STA	E OF NOR		
CAREA			
APRIL 12.	Willes A	Ra Banes	648
	<u> </u>	ignature of Certifying Official	Certificate Number

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

DHHS 4080 (11/07)

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 12/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591

Test Record Number: 2083

Test Date: 12/05/2018

Test Time: 11:44am EST

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	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
BT	Pass	11:45am

Blank Tests

Test	Status	Time
AIR	Pass	11:45am

Printer Tests

Test	Status	Time
PRNT	Pass	11:45am

CRC Tests

Test	Status	Time
COMP	Pass	11:45am
CAL	Pass	11:45am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County C	HATHAM Instrument Location 51LER	CITY POLICE
Instrument Se	orial No. <u>008811</u> <u>SILER CI</u>	TYNC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foure:	ilowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	,
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
I certify that procedures v Department	on theday ofDECEMBER_, 2018_, the foregoing were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance regulations of the N.C.
TATE STATE OF THE	CAROLL STATE OF THE STATE OF TH	
APRILIZATION IN CONTRACTOR OF THE PRINCIPLE OF THE PRINCI	Cilu Kay Danes	648
	Signature of Certifying Official	Certificate Number

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 12/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:20pm 2:21pm 2:22pm 2:23pm
SUB TEST AIR BLK	.00 .00	2:23pm 2:24pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 12/05/2018

Test Record Number: 1327

Test Time: 2:28pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET .	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time
ATR	Pass	2 • 29mm

Printer Tests

rest	Status	rime
PRNT	Pass	2:29pm

CRC Tests

Test	Status	Time
COMP	Pass	2:29pm
CAL	Pass	2:29pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, HITOMITETERS) HODEL HITOMECHALI
County C	rokee Instrument Location Cherokee Co. Jail
Instrument Serial	1No. 008711 Murphy, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. • •	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10:	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
OTHE STATE OF A STATE	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 12/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG716202 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	.07	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Te Test Date: 12/18/2018 T

Test Record Number: 957
Test Time: 12:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:42pm 12:42pm
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
ATR	Pass	12·43pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

CRC Tests

Test	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS MODEL INTOX EC/IR H

/	INTOXIMETERS, MODEL INTOX EC/IR II
County (/)	Instrument Location (Nevolces (5. 19.1
Instrument Serie	al No. 008622 Murphy NL
· · ·	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures wer Department of	the <u>/</u> day of <u>/</u> ecember , 20/8 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.
TAME OF THE STATE	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 12/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E

Effective:

09/01/2017-09/01/2019

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	12:23pm 12:24pm
ACCY CHK	.07	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 12/18/2018 Test Record Number: 1071 Test Time: 12:31pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	12.32pm

Printer Tests

Test

CAL

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

Status

Time

12:32pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR I

County	INTOXIMETERS, MODEL INTOX ECTR II	
Instrument S	Serial No. <u>00 8708</u> <u>PW10</u>	
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ev are:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.	ith ests,
I certify that procedures v Department	t on the	iance
STAIS OF THE CREAT	654	
	Signature of Certifying Official Certificate Number	_ _
A signed or	riginal of the preventive maintenance record shall be kept on file for at least three years.	

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Date: 12/11/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:50pm 12:51pm 12:51pm 12:53pm 12:53pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908

Test Record Number: 1691

Test Date: 12/11/2018

Test Time: 12:58pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
	•		

AIR Pass 12:59pm

Printer Tests

PRNT Pass 12:59pm

CRC Tests

Test	Status	Time
IESL	Status	T TIME

COMP Pass 1:00pm CAL Pass 1:00pm

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II	
County 60	wheeland Co Instrument Location For BRACS	
Instrument Se	rial No. <u>008903</u> <u>PMO</u>	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	ith ests,
I certify that procedures w Department of	on the	ance
THE STATI	Signature of Certifying Official Certificate Number	r

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903 Test Date: 12/11/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:53pm 12:53pm 12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BALK	.00	12:59pm

Reported AC:

 $.00 \cdot 9/210L$

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903

Test Record Number: 2285

Test Date: 12/11/2018

Test Time: 1:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
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	1:01pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	K9, WUUI	THITON EC	/11\ 11	
County Falce	OM DE	Instrument_	ocation Edge C	ombe 10. M	a513 247
Instrument Serial No	. 008663	Office,	SOD S. ANA	CONda Pl.	TARBOI N.C.
The preventive main four months are:	tenance procedures for the I	ntoximeters, Mo	del Intox EC/IR II to	be followed at least	once every
1. Ve 34	erify the ethanol gas canister degrees, plus or minus .2 de	displays pressuegree centigrade	re, or the alcoholic b	reath simulator therm	ometer shows
2. Ve	erify instrument displays tim	e and date;			
3. In	itiate breath test sequence;				
4. Ei	nter information as prompted	l;			
5. V	erify instrument accuracy;				
6. W	hen "PLEASE BLOW" app	ears, collect bre	ath sample;		
7. W	hen "PLEASE BLOW" app	ears, collect bre	ath sample;		
8. P	rint test record;				•
9. V	erify Diagnostic Program; a	nd		•	
si	erify that the ethanol gas can mulator solution is being cha chichever occurs first.	nister is being ch anged every fou	anged before expirate months or after 125	ion date, or the alcoh Alcoholic Breath Sir	olic breath nulator tests,
	114 6)	.01	•	
I certify that on the procedures were per Department of Hea	rformed on the instrument in lth and Human Services, and	idicated above, i	n accordance with cu	e forgoing preventive arrent regulations of t ly.	maintenance he N.C.
OT ME STATE OF NO POPULATION OF STATE OF S	CAROLI Si	gnature of Certi	ying Official	Certificate	111 Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 12/11/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 2997

Test Date: 12/11/2018 Test T.

Test Time: 1:01pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:01pm 1:01pm 1:01pm 1:01pm
\mathtt{BT}	Pass	1:01pm

Blank Tests

Test	Status	Time	
AT R	Pass	1 : 02pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	1:02pm

Preventive Maintenance Status: Pass

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A Company of the Comp	INTOXIMETERS, MODEL INTOX ECTR II
County	Seconse Instrument Location Edge combe Co. Masistva
Instrument Seria	Instrument Location Case Combe Co. Masistra 1 No. 008603 Office, 300 S. ANGCONDARA, TANGO N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of <u>lecember</u> , 20 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF MENT ST	CAROLLE CAROLL

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 12/11/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:52pm
AIR BLK	.00	12:53pm
ACCY CHK	.08	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Index. Less Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 1731

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
\mathtt{DET}	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

Blank Tests

Test	Status	Time
	•	
AIR	Pass	1:01pm

Printer Tests

rest	Status	TIME
PRNT	Pass	1:01pm
		- · <u>1</u> - · · ·

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	DLE COMPE Instrument Location DAT MONDE UND Ce
Instrument S	erial No. OOV 637 PLUETOPS
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures :	t on theday of, 20/V, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STAI STAI STAI STAI STAI STAI STAI STAI	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008637 Test Date: 12/27/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	7:32pm 7:33pm 7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008637 Test Date: 12/27/2018 Test Record Number: 2964

Test Time: 7:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:41pm
FLO	Pass	7:41pm
FC	Pass	7:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

Blank Tests

Test	Status	Time
AIR	Pass	7:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:42pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

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

Certificate Number

Signature of Certifying Official

FORSYTH BAT MOBILE UNIT 3 330

Serial Number: 008972

Serial Number: 008972 Test Record Number: 307 Test Date: 12/14/2018 Test Time: 8:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:26pm
${ t FLO}$	Pass	8:26pm
FC	Pass	8:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:27pm
SRC	Pass	8:27pm
DET	Pass	8:27pm
BAR	Pass	8:27pm
BT	Pass	8:27pm

Blank Tests

Test	Status	Time	
ΔTR	Pagg	8 • 27pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:27pm

CRC Tests

Test	Status	Time
COMP	Pass	8:27pm
CAL	Pass	8:27pm

Preventive Maintenance

Status: Pass

Analyst

FORSYTH BAT MOBILE UNIT 3 330

Serial Number: 008972 Test Date: 12/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	8:30pm 8:31pm 8:31pm
SUB TEST	.00	8:32pm 8:33pm
AIR BLK SUB TEST	.00 .00	8:34pm 8:35pm
AIR BLK	,00 ,00	8:35pm

Reported AC:

00/a/2.10T

Signature of Chemical Analyst

Court CVA

Analyşt

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FR	ANKLIN Instrument Location FRANKLINTUN PI)
Instrument Se	rial No. 008815 #7 W. MASON ST. FRANKLINTON, 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.
I certify that of procedures we Department of	on the 19 day of DECEMISER, 2018 the forgoing preventive maintenance of the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
JOI THE STATE	TO A CONTROL OF THE PARTY OF TH
COREAT SE	
+ SEC QUANT	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 12/19/2018

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: SMITH, BRIAN D Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	*	11:07am 11:08am 11:08am 11:09am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:14am

Reported AC: ./00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 12/19/2018 Test Record Number: 1174
Test Time: 11:15am EST

System Check: Passed

Baseline Tests

Test	Status		Time
IR	Pass	٠.	11:15am
FLO:	Pass		11:15am
FC	Pass		11:15am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	Instrument Location Gasta County SO
Instrument Seri	al No. 008910 425 N. Marietta St., Gradinia
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of STATE of the STATE of th	day of
A SEC GOLDAN VO	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.

GASTON GASTON COUNTY SO 350

Serial Number: 008910 Test Date: 12/28/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:30pm 1:30pm 1:31pm
ACCY CHR AIR BLK	.08	1:32pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST ATR BLK	.00	1:35pm 1:35pm
		エ・マンレル

.00 g/210L Reported AC:

of Chemical Analyst

Court CVR

GASTON GASTON COUNTY SO 350

Serial Number: 008910 Test Date: 12/28/2018

Test Record Number: 728
Test Time: 1:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:38rpm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	Instrument Location GATES Co. S.O.
Instrument Serial	INO. 008950 202 Court ST., States Wille, No.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of day of 20 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.
OF THE STATE OF TH	CARDINATION OF THE PROPERTY OF
APRIL 12, 17%	

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

Signature of Certifying Official

Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008950 Test Date: 12/10/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	2:13pm
AIR BLK	.00	2:14pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
ATR BLK	. 00	2:19pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Fine A. Claude
Analyst

GATES COUNTY GATES CO SO 360

Serial Number: 008950

Test Record Number: 1665

Test Date: 12/10/2018 Test Time: 2:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm

CRC Tests

Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass	2:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTOX EC/IR II
County	ATES Instrument Location GMTe5 Co. S.O.
Instrument Seria	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the day of lecember, 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.
CAST OF THE STATE OF NO. 1775 OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008847 Test Date: 12/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:15am 11:16am 11:17am 11:18am 11:19am
AIR BLK	.00	11:19 a m
SUB TEST	.00	11:21am
ATD DIV	ለሰ	11.22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fires Keesl
Analyst

GATES COUNTY GATES CO SO 360

Serial Number: 008847

Test Record Number: 672

Test Date: 12/18/2018

Test Time: 11:23am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:24am 11:24am
FC	Pass	11:24am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:24am 11:24am 11:24am 11:24am
BT	Pass	11:24am

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

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

COMP	Pass	11:25am
CAL	Pass	11:25am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GRANILLE Instrument Location CIRCLE PD
Instrument Serial No. 008641 111 MASOMIC ST Credmoor NC
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 sho 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
Verify that the ethanol gas canister 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/ day of December, 20/8, 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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 12/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:23am 10:24am 10:24am 10:25am 10:25am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am

Chemical Analyst

Court CVR

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 1087

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:30am 10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
\mathtt{BT}	Pass	10:30am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

Test	Status	Time
PRNT	Pass	10:30am

CRC Tests

Test	Status	Time
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6/2A	NUILLE Instrument Location CARDMOOK PD
Instrument Seria	INO. 008924 III MASONIC ST CREEDMOUR NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	theday 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)

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008924 Test Date: 12/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test q/210L Time

DIAG	Pass	10:30pm
AIR BLK	.00	10:31pm
ACCY CHK	.08	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
ATR BLK	.00	10:36pm

Reported AC:

.00 q/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008924

Test Record Number: 1393 Test Date: 12/14/2018 Test Time: $10:37pm\ EST$

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 10:38pm

Printer Tests

FT 1	~ · · ·	1
Test	Status	Time

PRNT Pass 10:39pm

CRC Tests

Test Status Time

COMP Pass 10:39pm CAL

Pass 10:39pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, WODEL INTOX EC/IR II	
County_	rilford Instrument Location Bat Mobile Unit	
Instrument Seria	INOCO8615 SHP-Guilford	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on the day of		
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

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

GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008615 Test Date: 12/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008615

Test Record Number: 5574

Test Date: 12/07/2018

Test Time: 11:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16pm
FLO	Pass	11:16pm
FC	Pass	11:17pm

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 11:17pm

Printer Tests

Test Status Time

PRNT Pass 11:17pm

CRC Tests

Time Test Status

COMP 11:17pm Pass CAL Pass 11:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	nilford Instrument Location Box Mobile Unit
Instrument Ser	ial No 89aa SHP-Guilford
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
STATE ON TO THE STATE OF THE ST	
With the same of t	Signature of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008929 Test Date: 12/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:24pm 11:26pm 11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENSBORO BAT MOBILE UNIT 4 400

Serial Number: 008929 Test Date: 12/07/2018

Test Record Number: 1029
Test Time: 11:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:36pm
FLO	Pass	11:36pm
FC	Pass	11:37pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:37pm 11:37pm
DET	Pass	11:37pm
BAR BT	Pass Pass	11:37pm 11:37pm

Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:37pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR H

County_	Henches J Instrument Location_	
Instrumer	nent Serial No. 008970 WC5 HJ	
	eventive maintenance procedures for the Intoximeters, Model Intox onths are:	EC/IR II to be followed at least once every
1.	 Verify the ethanol gas canister displays pressure, or the same same same same same same same sam	alcoholic breath simulator thermometer shows
2.	 Verify instrument displays time and date; 	
3.	3. Initiate breath test sequence;	
4.	4. Enter information as prompted;	
5.	 Verify instrument accuracy; 	
6.	6. When "PLEASE BLOW" appears, collect breath sample	e;
7.	7. When "PLEASE BLOW" appears, collect breath sample	e;
8.	8. Print test record;	
9.	9. Verify Diagnostic Program; and	
10.	 Verify that the ethanol gas canister is being changed bef simulator solution is being changed every four months of whichever occurs first. 	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedu	ify that on the	ance with current regulations of the N.C.
STATE CREAT SEL	Signature of Certifying Office	ial Certificate Number

HENDERSON BAT MOBILE UNIT 02 440

Serial Number: 008970 Test Date: 12/15/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

DIAG	Pass	7:00pm
AIR BLK	.00	7:01pm
ACCY CHK	.07	7:02pm
AIR BLK	.00	7:02pm
SUB TEST	.00	7:03pm
AIR BLK	.00	7:04pm
SUB TEST	.00	7:05pm
AIR BLK	.00	7:06pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON BAT MOBILE UNIT 02 440

Serial Number: 008970

Test Record Number: 550

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:08pm
FLO	Pass	7:08pm
FC	Pass	7:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:08pm
SRC	Pass	7:08pm
DET	Pass	7:08pm
BAR	Pass	7:08pm
BT	Pass	7:08pm

Blank Tests

Test	Status	Time
AIR	Pass	7:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:08pm

CRC Tests

Test	Status	Time
COMP	Pass	7:09pm
CAL	Pass	7:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location BAt Mobile Unit 2
Instrument Se	rial No. 008973 NCSHP
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATION OF STATE OF S	

HENDERSON BAT MOBILE UNIT 02 440

Serial Number: 008973 Test Date: 12/15/2018 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2017-06/01/2019

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	6:59pm
AIR BLK	.00	7:00pm
ACCY CHK	.08	7:01pm
AIR BLK	.00	7:02pm
SUB TEST	.00	7:02pm
AIR BLK	.00	7:03pm
SUB TEST	.00	7:05pm
ATR BLK	. 00	7:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M V DO X

HENDERSON BAT MOBILE UNIT 02 440

Serial Number: 008973 Test Record Number: 593

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:07pm
FLO	Pass	7:07pm
FC	Pass	7:0700m

Temperature Tests

Test	Status	Time
FC1	Pass	7:07pm
SRC	Pass	7:07pm
DET	Pass	7:07pm
BAR	Pass	7:07pm
BT	Pass	7:07pm

Blank Tests

Test	Status	Time
AIR	Pass	7:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:08pm

CRC Tests

Test	Status	Time
COMP	Pass	7:08pm
CAL	Pass	7:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

	INTOAINETERS, MODEL INTOX EC/IR II
County	Instrument Location // //// / / Sold of the strument Location
Instrument Ser	ial No. 008906 115E. Broad ST. Murfrersburg, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	10-46 0
I certify that on procedures were Department of	theday of
STATE OF THE STATE	WOOD TO SEE THE CANADA TO SEE
* ESTE QUAM VIDER	Lines Cuel 647
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 12/10/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK	.00	12:38pm
ACCY CHK	.08	12:38pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
ATR BLK	. 00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 12/10/2018

Test Record Number: 684
Test Time: 12:45pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	12:45pm 12:45pm
BAR	Pass	12:45pm 12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time	

AIR Pass 12:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm

CRC Tests

Test	Status	Time
COMP	Pass	12:46pm
CAL	Pass	12:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	<u>ERS, MODEL INTOX EC</u>	/IR II
County He	itford	Instrument Location Allo Sk	ie PD.
Instrument Se	erial No. <u>008948</u>	705 W. Main St.	Ahoslie, NC
The preventive four months a		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bro degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		unister is being changed before expiration anged every four months or after 125 A	
	ere performed on the instrument i	ndicated above, in accordance with current distributioning properly	rent regulations of the N.C.
STATE STATE OF STATE	CONTROL CARGONIA	/	
* ESSE QUAM VI	Ket	ilap	643
	. Si	gnature of Certifying Official	Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 12/19/2018

Citation Number: M0000000 0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:29am 10:30am 10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
ATR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1379 Test Date: 12/19/2018 Test Time: 10:36am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ho	Ke Co. Instrument Location Hoke Co. Detantion Center
Instrument Seria	11 No. 008855 Ractord, N.C.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:42am 11:43am
ACCY CHK	.07	11:44am
AIR B L K	.00	11:45am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:48am
AIR BLK _	.00	11:49am

Reported AC;

10 q/210I

Signature of Chemical Analyst

Court CVR

Analysi

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855

Test Record Number: 1448

Test Date: 12/17/2018

Test Time: 11:49am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:50am 11:50am 11:50am 11:50am
<i></i>	1000	

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

Printer Tests

Test Stat	tus Time
-----------	----------

PRNT Pass 11:51am

CRC Tests

Test	Status	Time
COMP	Pass	11:51am
CAL	Pass	11:51am

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 Ha	ke Co. Instrument Location Hoke Co. Detention Center
Instrument Seria	al No. 008852 RAE FORD, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. •	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass .00 .08	11:40am 11:41am 11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
ATR RIK	0.0	11:47am

Reported AC; .00 g7/210L

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 893 Test Date: 12/17/2018 Test Time: 11:47am EST

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 Pass 11:49am CAL Pass 11:49am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County Jac	kson Instrument Location Jackson Co. Jail
Instrument Serial	1No. 008722 Sylva, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF STA	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E

Effective:

09/01/2017-09/01/2019

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	12:26pm 12:27pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
ATR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722

Test Record Number: 1046

Test Date: 12/17/2018 Test Time: 12:34pm EST

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

12:35pm

Preventive Maintenance Status: Pass

Pass

CAL

The substitution of the substitution of

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II Instrument Serial No. 008708 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9: Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the ______ day of ______ day of _______ , 20_____ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 1419

Test Date: 12/17/2018

Test Time: 12:34pm EST

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	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OHNSTOM Instrument Location	JOHNSTON COUNTY	
County	, , , , , , , , , , , , , , , , , , ,		
Instrument Ser	rial No. <u>0088/0</u>	DETENTION CENTER	
		DETENTION CENTER DMITHFIELD, NC	
The preventive	e maintenance procedures for the Intoximeters, Model Into	EC/IR II to be followed at least once every	
four months a			
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath samp	ole;	
7.	When "PLEASE BLOW" appears, collect breath samp	ole;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,	
I certify that on theday ofday of			
ONE STATI	Signature of Certifying Of	Lo 48 ficial Certificate Number	

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 12/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810

Test Record Number: 3453

Test Date: 12/07/2018

Test Time: 9:18am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:18am

Temperature Tests

Test	Status	Time
FC1	Pass	9:18am
SRC	Pass	9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
BT	Pass	9:18am

Blank Tests

Test	Status	Time
AIR	Pass	9:19am

Printer Tests

Test

Status

Time

PRNT	Pass	9:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:19am 9:19am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Lo	cation_JOHNSTON COUNTY
Instrument Se	rial No. <u>60 8846</u>	DETENTION CENTE SMITHFIELD, NC
		SMITHFIELD, NC
The preventiv	e maintenance procedures for the Intoximeters, Modere:	el Intox EC/IR II to be followed at least once every
41.	Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breat	h sample;
7.	When "PLEASE BLOW" appears, collect breat	h sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being char simulator solution is being changed every four n whichever occurs first.	nged before expiration date, or the alcoholic breath nonths or after 125 Alcoholic Breath Simulator tests,
nrocedures v	on theday ofDECEMBE were performed on the instrument indicated above, ir of Health and Human Services, and the instrument	n accordance with current regulations of the 14.C.
PEAN SERVICE S	E ON COLLEGE CONTROL OF THE CARE	
A CATE QUAN	Signature of Certifyi	ing Official Certificate Number
A signed or	Signature of Certifying Signature of Certifying Signal of the preventive maintenance record shall be k	

DHHS 4080 (11/07)

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 12/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: *Male*

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:30am 9:30am 9:31am 9:32am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846

Test Record Number: 4450

Test Date: 12/07/2018

Test Time: 9:36am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:38am

Printer Tests

lest	Scacus	TIME
PRNT	Pass	9:38am

CRC Tests

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE		Instrument Location_	JANFORD	POLICE I
Instrument Ser	rial No	008728		GANFO	120, x1C
			<u> </u>		<u> </u>
The preventive four months ar	e mainten	ance procedures for the In	toximeters, Model Intox E	EC/IR II to be followed	at least once every
1.	Verify 34 de	the ethanol gas canister of the grees, plus or minus .2 de	displays pressure, or the al gree centigrade;	coholic breath simulate	or thermometer shows
2.	Verify	y instrument displays time	and date;		
3.	Initiat	e breath test sequence;			
4.	Enter	information as prompted;			
5.	Verif	y instrument accuracy;			
6.	Wher	"PLEASE BLOW" appo	ears, collect breath sample	;	
7.	Wher	n "PLEASE BLOW" app	ears, collect breath sample	,	
8.	Print	test record;			
9.	Verif	y Diagnostic Program; an	d		
10.	simu	y that the ethanol gas can lator solution is being cha hever occurs first.	ister is being changed befo nged every four months or	ore expiration date, or the after 125 Alcoholic Br	ne alcoholic breath reath Simulator tests,
I certify that procedures w Department	zere perfo	rmed on the instrument in	CEMBER, 20 18 ndicated above, in accorda I the instrument is function	nce with current regula	entive maintenance tions of the N.C.
· .				•	
OT THE STATE	NOP.				
VANDO 355	ROUN	Cl	Re Bus		648
		Sig	nature of Certifying Offici	ial Ce	ertificate Number
A signed orig	ginal of th	e preventive maintenance	record shall be kept on fil	e for at least three year	s.

LEE COUNTY SANFORD PD 520

Serial Number: 008728 Test Date: 12/04/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD PD 520

Serial Number: 008728 Test Date: 12/04/2018 Test Record Number: 337
Test Time: 11:42am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT ,	Pass .	11:42am

Blank Tests

Test	Status	Time
		and the second s

AIR Pass 11:43am

Printer Tests

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

PRNT Pass 11:43am

CRC Tests

Test Status Time

COMP Pass 11:43am CAL Pass 11:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

			188	-
County	LEE	Instrument Location	7000	<u> </u>
Instrument Se	orial No. <u>008645</u>	D	ETENTI	ON CENTER
111011 WILLIAM 2		5.	ANFORE	NC
The mucromtic	ve maintenance procedures for the In			
four months a				
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alogree centigrade;	coholic breath si	mulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;		+ 2	
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; ar	ad		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed befor inged every four months or	re expiration data after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
	4	CEMBER, 20 18		• • • • • • • • • • • • • • • • • • • •
I certify that	t on theday of were performed on the instrument i	ndicated above, in accorda	, the foregonation in the contract of the co	regulations of the N.C.
Department	t of Health and Human Services, an	d the instrument is function	ning properly.	
	X			
THE STAT	TE OF AL	See .		
	Q mili			
THE VALUE OF THE V				
		4 .		
* ESSE QUAM	THOUSE THE PARTY OF THE PARTY O	- R B	-	648
	Sig	gnature of Certifying Offici	al	Certificate Number
		•		

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 12/04/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	9/2101	TTIIIC
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.07	1:05pm
AIR BLK		1:05pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

~/210T Timo

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 12/04/2018

Test Record Number: 1900
Test Time: 1:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 1:12pm

Printer Tests

Test Status Time

PRNT Pass 1:12pm

CRC Tests

Test Status Time

COMP Pass 1:12pm CAL Pass 1:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	——IXIVAIVIE IED	12, 141 THE TAXABLE TO THE TAXABLE T	-
County Mac		Instrument Location Macon Co	. Magistrate
Instrument Serial	No. <u>008795</u>	Highlands, Ne	
The preventive months are:	naintenance procedures for the Int	eoximeters, Model Intox EC/IR II to be followed	owed at least once every
	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath siree centigrade;	nulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ster is being changed before expiration date aged every four months or after 125 Alcoho	e, or the alcoholic breath blic Breath Simulator tests,
I certify that on procedures were Department of I	the day of e performed on the instrument ind Health and Human Services, and t	the forgoi licated above, in accordance with current re the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
STATE OF THE STATE	CAROLINI W		
A SEE CITY AND A	Sign	nature of Certifying Official	635 Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 12/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test		g/210L Time	1
			.,

	The second of the second	
DIAG	Pass	1:39pm
AIR BLK	.00:	1:40pm
ACCY CHK	.07	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
ATR BLK	0.0	1:46pm

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

MACON COUNTY MACON CO MAGISTRATE 550 -

Serial Number: 008795 Test Record Number: 459 Test Date: 12/03/2018

Test Time: 1:47pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

									1		
	''''	Q	†		٠.	St.	atı	នេ ្		me -	
0			•	Carrier and		ب ب	α \sim \sim				
		- 1	200	18.		Section 19 Section		2, 455, 1940,	10.0	P 1	
				21.0		11.1		1000	1.1		

AIR Pass 1:49pm

Printer Tests

Tesc	1000 1000	Status	TITILE
1 A 1994 Hillian	- 1 1		그런데 하는 본토를 다고
$\mathbb{R}^{d} \subseteq \mathbb{C}^{d}$			饰 海翅 1
PRNT		Pass	1:49pm

CRC Tests

Test	Status	1	Time
	and the second second second		and the second

		international formation in the
COMP	Pass	1:49pm
COMP	rass	エ・キックル
CAL	Pass	1:49pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, HODEL INTOX EC/IR II
County /	Instrument Location Mars Hill PD
Instrument S	Gerial No. 008582 Mays Hill NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months	are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of
THE STATE OF THE S	CAROLLI CAROLL
	Signature of Cartificial Company 649
	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 12/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:01pm 2:02pm 2:02pm
AIR BLK SUB TEST	.00 .00	2:03pm 2:04pm
AIR BLK SUB TEST	.00	2:05pm 2:06pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 12/06/2018

Test Record Number: 1130
Test Time: 2:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
		and the second
IR	Pass	2:09pm
FLO	Pass	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 · 09mm

Printer Tests

rest	Status	Time
PRNT	Pass	2:09pm

CRC Tests

~~-	:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<u> </u>			
County//a	disan	Instrument Location Madison Ca	. Sa. 1
Instrument Ser	ial No. <u>008599</u>	- Marshall, NC	
The preventive four months are	maintenance procedures for the Interest.	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	isplays pressure, or the alcoholic breath simulato ree centigrade;	r thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration date, or the ed every four months or after 125 Alcoholic Breat	alcoholic breath ath Simulator tests,
Lineamine word	portornica on the manuficili maic	, 20/8 the forgoing prevented above, in accordance with current regulation instrument is functioning properly.	entive maintenance as of the N.C.
O'NE STATE O'N South Carolina Caroli			
COLOM VIDER			,

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

Signature of Certifying Official

Certificate Number

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 12/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/01/2020

Test g/210L Time

DIAG	Pass	1:27pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 12/31/2018

Test Record Number: 990 Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	I ECKLENIOUKG	Instrument Location	MC	MOBILE	
Instrument Se	rial No. <u>008968</u>	<u> </u>)		
The preventive four months a	e maintenance procedures for the Ir	ntoximeters, Model Intox EC	C/IR II to be	followed at least o	nce every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcogree centigrade;	oholic breati	n simulator thermo	meter show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ears, collect breath sample;			
7.	When "PLEASE BLOW" appe	ars, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and	·			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months or af	expiration of ter 125 Alco	late, or the alcohol pholic Breath Simu	ic breath ılator tests,
I certify that of procedures we Department of	on theday of ere performed on the instrument in if Health and Human Services, and	dicated above, in accordance the instrument is functioning	e with curre	ing preventive maint regulations of th	ntenance ne N.C.
STATE STATE OF THE		ature of Certifying Official		Certificate N	59

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968 Test Date: 12/19/2018

Citation Number: M0000000-0

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

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

Analyst's Name: INGLE, LARRY W
Permit Number: 07281E
Effective:
02/01/2018-02/01/2020

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:20pm 8:21pm 8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:23pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8 26pm

Reported AC:

A/210⊺

Signature of Chemical Analyst

Court ovr

Analyst

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968 Test Date: 12/19/2018

Test Record Number: 261
Test Time: 8:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:28pm
FLO	Pass	8:28pm
FC	Pass	8:28pm

Temperature Tests

Status	Time
Pass	8:28pm
	Pass Pass Pass Pass

Blank Tests

Test Status Time
AIR Pass 8:29pm

Printer Tests

Test Status Time
PRNT Pass 8:29pm

CRC Tests

Test Status Time

COMP Pass 8:29pm
CAL Pass 8:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	White the second
County / 1/2	Chimburg Instrument Location ///eck/inducy County SU
Instrument Ser	rial No. 008680 801E4+5St., Charlotte
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.
	28 1
I certify that o	re performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of	f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
TESE OLIM VIDER	11 (u) 11 kgg 656
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 12/28/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 15924E

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:14am 10:15am 10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	- 0.0	10.21am

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 12/28/2018

Test Record Number: 6115
Test Time: 10:23am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:23am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:23am 10:23am 10:23am 10:23am 10:23am

Blank Tests

Test	Status	Time
ATR	Pagg	10.24am

Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
	CRC Tests	

rest	Status	Time
COMP	Pass	10:24am
CAL	Pass	10:24am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Cocklenbuly Instrument Location Micklinbury Canty SU
Instrument Ser	ial No. 008665 801 E, 411 St. Charlotte
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 procedures wer Department of	theday of, 20, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Date: 12/28/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:16am 10:17am
ACCY CHK	.08	10:18am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:22am
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665

Test Record Number: 4638

Test Date: 12/28/2018 Test Time: 10:24am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:24am 10:24am 10:24am 10:24am
ÐΙ	Pass	10:24am

Blank Tests

Test	Status	Time
AIR	Pass	10:25am

Printer Tests

Status

Time

1000	bcacus	TTITIE
PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:25am 10:25am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Techlenburg Instrument Location CMPD-LEC
Instrument S	erial No. 008594 601 E. Trade St., Charlotte
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday oflcccwb lf, 20, the foregoing preventive maintenance rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
GREAT STATE OF THE	CARD AA

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 12/28/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.07	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
ATR BLK	. 00	11 · 10am

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594

Test Record Number: 4261

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:14am

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time

1000	beacus	TIME
COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location FINE HUNCS Instrument Serial No. OO87/O The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect 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 Alcoholic whichever occurs first. certify that on the	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follower months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect 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 Alcoholic whichever occurs first.	of POLIC
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	<u> </u>
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	e e e
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	wed at least once
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. certify that on the	
 Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. 	ulator thermomete
 Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. 	
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. certify that on the	
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. 	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. certify that on the	
 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. certify that on the	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. certify that on the	
10. Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. certify that on the	
simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. certify that on the day of E =	
rocedures were performed on the instrument indicated above, in accordance with current reg	or the alcoholic broc Breath Simulator
rocedures were performed on the instrument indicated above, in accordance with current reg	
Department of Health and Human Services, and the instrument is functioning properly.	reventive mainten
STATE OF THE STATE	gulations of the N.
OF THE STATE OF TO	
STATE ON ORDER TO STATE OF THE	
Clerks 15cm	648
Signature of Certifying Official	Certificate Number

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 12/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 12/06/2018

Test Record Number: 1565 Test Time: 12:14pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:14pm 12:14pm 12:14pm 12:14pm 12:14pm
	1 455	75.14DIII

Blank Tests

Test	Status	Time
ATR	Pagg	12.15pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:15pm

CAL

alu Ry Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	TOORE	Instrument Location	5007	HERN	NES F
. ·	rial No. 008720			PINES,	NC
e La Caracteria			· · · · · · · · · · · · · · · · · · ·		
The preventive four months a	e maintenance procedures for the Interest	ntoximeters, Model Intox E	EC/IR II to b	e followed at leas	t once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the al gree centigrade;	coholic b rea	th simulator therr	nometer 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.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed befor aged every four months or a	e expiration after 125 Al	date, or the alcoholic Breath Si	olic breath mulator tests,
	/ 1		,	J	
I certify that or procedures we Department or	on the day of ere performed on the instrument in f Health and Human Services, and	dicated above, in accordanthe instrument is function	ce with curr	ent regulations of	naintenance the N.C.
OF THE STATE OF					
					· · .
AFER IS. THE	_ alu	Ry Ban	~	6	48
	Sign	ature of Certifying Official		Certificate	Number

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 12/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG805802

Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	10:32am
AIR BLK	.00	10:32am
ACCY CHK	.07	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Uluky 3

10:38am

Analyst

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720

Test Record Number: 1089 Test Date: 12/06/2018 Test Time: 10:39am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Sta	atu	.S	Ti	me

AIR Pass 10:40am

Printer Tests

Test	Status	Time

PRNT Pass 10:40am

CRC Tests

Test	 Status	Time

COMP Pass 10:40am CAL Pass 10:40am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	PODRE	Instrument Location	MOORE	COUNTY
	-1			
Instrument Seria	al No. <u>008735</u>		DETEN	TION CENTER
 			CARTA	IRGE, MC
The preventive four months are	maintenance procedures for the Into	eximeters, Model Intox E	C/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alc ee centigrade;	oholic breath si	mulator thermometer show
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	·		
10.	Verify that the ethanol gas canisted simulator solution is being change whichever occurs first.	er is being changed before ed every four months or a	expiration date fter 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify that on procedures were Department of l	the <u>()</u> day of <u>DEC</u> performed on the instrument indi Health and Human Services, and th	EMBER, 20 18 cated above, in accordance instrument is functioni	e with current r	preventive maintenance egulations of the N.C.
CHESTATE ON NO.	CAROLINA # 1			
A CARE OF LAND AND AND AND AND AND AND AND AND AND		Jare of Certifying Official		Certificate Number

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 12/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:14pm 2:15pm
ACCY CHK	.08	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735

Test Record Number: 2183

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:23pi

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:23pm
CAL	Pass	2:23pm

Preventive Maintenance Status: Pass

2:23pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / 42	Gustank Instrument Location PASGUSTANK Co. Public
Instrument Seri	al No. 008950 Safety oldg. Doo E. Colonial ST Elizabeth PITY.
	Elizabeth PITY.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	· · · · · · · · · · · · · · · · · · ·
I certify that on	the 8 day of December, 20 18 the forgoing preventive maintenance
	the <u>/ 8 day of //(em Be-</u> , 20 / 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of I	Health and Human Services, and the instrument is functioning properly.
STATE OF WAR 12 TO THE STATE OF	
QUAM VIDE	Jinas. Keel 647
a a	Signature of Certifying Official Contificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 12/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:53pm 12:54pm 12:55pm 12:56pm 12:58pm 12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:00pm 1:01pm
HIK DUV	.00	т:отрш

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 12/18/2018 Test Record Number: 1668
Test Time: 1:02pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:02pm 1:02pm 1:02pm 1:02pm 1:02pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm

CRC Tests

rest	Status	TTIME
COMP	Pass	1:03pm
CAT.	Pass	1:03pm

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

5.	LL DICTORNIETERS, NIODEL INTOX ECIR II
County f	Instrument Location (THE CO. PETRATION (4
Instrument Se	erial No. 008668 124 Detention Dr., Greenville,
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	of the David I
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 12/17/2018

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: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:57am
ACCY CHK	.07	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 3136

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:04am
FLO	Pass	10:04am
FC	Pass	10:05am

Temperature Tests

Test	Status	Time
FC1	Pass	10:05am
SRC	Pass	10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
BT	Pass	10:05am

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Test	Status	Time
PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:05am
CAL	Pass	10:05am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	11	Instrument Location P. H. (o Detention (ex
Instrument S	erial No. <u>008646</u> 1	24 Detention	Dr., Greenville, v
The preventi- four months	ve maintenance procedures for the Intoxi are:	meters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree	ays pressure, or the alcoholic le	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;	- 1	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.	every four months or after 125	Alcoholic Breath Simulator tests,
I certify that or procedures we Department or	on theday oforen performed on the instrument indicated f Health and Human Services, and the instrument in t	l above. In accordance with cir	e forgoing preventive maintenance rrent regulations of the N.C. ly.
THE STATE OF THE S	CANOLIN CANOLI		
STE QUAM VIDE	The L		643
	Signature	of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:13am 10:14am 10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
ATR BLK	0.0	10.20=m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 3763 Test Date: 12/17/2018

Test Time: 10:22am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:22am
FLO	Pass	10:22am
FC	Pass	10:22am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:22am 10:22am 10:22am 10:22am
BT	Pass	10:22am

Blank Tests

Test	Status	Time	
3 TD	Th	# 6 ¹ 6 5	
AIR	Pass	10:23am	

Printer Tests

Test	Status	Time	
PRNT'	Pass	10:23am	

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	10:23am

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 \mathcal{P}_{t}	#	Instrument Location PH (. Dotention G
Instrument So	erial No. <u>(20 8662 1</u>	24 Detention I	or Greenville, N.
The preventive	ve maintenance procedures for the Into	ximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic brease centigrade;	ath 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" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed before expiration d every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that o procedures we Department of	on theday ofday of	, 20/8 the fo ted above, in accordance with curre instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
TATE STATE OF THE CONTROL OF THE CON	Signatur	re of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:28am 10:28am 10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 1094

Test Date: 12/17/2018

Test Time: 10:35am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

Test	Status	Time
AIR	Pass	10:36am

Printer Tests

Teat

1686	Status	TIME
PRNT	Pass	10:36am

CRC Tests

Test	Status	Time
COMP	Pass	10:36am
CAL	Pass	10:36am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location 1014 CONTY LLC
Instrument S	erial No. 008832 880 E. NC 108, Columbus
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday oflocally of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAFTS OF THE STAFF OF THE STAF	May 656
	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 12/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:30am 10:32am 10:32am 10:35am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported &C: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1523

Test Date: 12/07/2018 Test Time: 10:40am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am

CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOATMET	ERS, MODEL INTO	JA EC/IR II	
County	RANDOL PH	Instrument Location_	LIBERTY	POLICE
Instrument Se	rial No. <u>008830</u>	LIBE	RTY, MC	
The preventive four months a	e maintenance procedures for the re:	Intoximeters, Model Intox E	C/IR II to be followed at lea	st once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		coholic breath simulator the	mometer show
2.	Verify instrument displays tin	ne and date;		e e e e e e e e e e e e e e e e e e e
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		: .
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
procedures w	on theday of <u>De</u> ere performed on the instrument of Health and Human Services, ar		ce with current regulations	
GREAT COREAT CONTROL OF THE CORE OF THE	2 AO CAROLIN			
ARREE, 177 COTE CULANVE	Sig	gnature of Certifying Official	Certificat	48 te Number

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 12/17/2018

Citation Number: M0000000 0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu-Rg 13 - S Analyst

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 12/17/2018 Test Record Number: 605 Test Time: 10:29am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

	Time
FC1 Pass SRC Pass DET Pass BAR Pass	10:29am 10:29am 10:29am 10:29am
BT Pass	10:29am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

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

Preventive Maintenance Status: Pass

al Ra Bers

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIMETE	RS, MODEL INTOX EC/II	KII /
County_K	ANDOLPH	Instrument Location KANOL	EMAN POLICE
Instrument So	erial No. <u>008737</u>	RANDLEN	IAN, NC
The preventive four months a		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	n simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	} ·	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed before expiration danged every four months or after 125 Alco	late, or the alcoholic breath pholic Breath Simulator tests,
I certify that procedures w Department o	ere performed on the instrument in	CEMBER, 20_18, the forego dicated above, in accordance with currer the instrument is functioning properly.	ing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	S TO STATE OF THE		
STATE QUAMVIO		Kg Buns	648
	Sign	ature of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 12/17/2018

<u> Citation Number: M0000000-0</u>

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

07/01/2017-07/01/2019

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 1067

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ki	chrionel Co. Instrument Location Richmonel Co. Magistrate office
Instrument Se	rial No. 008840 Rocking ham, Mc
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the, 20, 20
THE STATE OF THE S	Signature of Certifying Official Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 12/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass	11:13am 11:14am
ACCY CHK	.07	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11: 17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

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

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840

Test Record Number: 2216

Test Date: 12/31/2018

Test Time: 11:20am EST

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
BT	Pass	11:20am

Blank Tests

Test	Status	Time	

Printer Tests

AIR Pass 11:21am

Test	Status	T'ıme	

PRNT Pass 11:21am

CRC Tests

Test	Status	Time
COMP	Pass Pass	11:21am

Preventive Maintenance Status: Pass

Ańalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	ich works (o. Instrument Location Lich minder (a. Magistrate of
Instrument Se	erial No. 008701 Rockingham, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the 3/day of <u>December</u> , 20/8 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.
The STATE OF THE S	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 12/31/2018

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

Subject'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	Pass	11:11am 11:12am
ACCY CHK	.08	11:12am
AIR BLK SUB TEST	.00 .00	11:14am 11:14am
AIR BLK	.00	11:14am
SUB TEST	.00	11:17am
AIR BLK/	.00	11:17am

Reported AC: .00/g/210L

ignature of Chemical Analyst

Court CVR

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 1176
Test Date: 12/31/2018 Test Time: 11:18am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
${ t BT}$	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	11:19am 11:19am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II-	
County Robe	0 01 0	Jail
Instrument Ser	rial No. 008805 Lumberton, No	N
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followre:	ed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulated degrees, plus or minus .2 degree centigrade;	ator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
	n the	preventive maintenance ations of the N.C.
THE STATE OF THE S		654 Certificate Number

ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008805 Test Date: 12/10/2018

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: 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	Pass	1:21pm
AIR BLK	.00	1:21pm
ACCY CHK	.08	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
ATR BLK	. 0.0	1:27pm

Reported AC:

 $.00/\sigma/210L$

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 LEC 770

Serial Number: 008805

Test Record Number: 4272

Test Date: 12/10/2018

Test Time: 1:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\overline{}$	
County Ko	Instrument Location Kubeson Co. NAI
Instrument Ser	rial No. 008636 Lumberton, MC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
THE STATE OF THE OWNER OWNER OF THE OWNER OW	654
	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008836 Test Date: 12/10/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 ACCY CHK AIR BLK	Pass .00 .07	1:31pm 1:32pm 1:32pm 1:33pm
SUB TEST	.00	1:34pm
אדם פדע	$\cap \cap$	1 • 35 mm

AIR BLK .00 1:35pm **SUB TEST .00 1:36pm** AIR BLK .00 1:37pm

Reported AC:

.00/g/210Lj

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 LEC 770

Serial Number: 008836

Test Record Number: 4983

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:40pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	
County	Amy Son Instrument Location BAT Mobile Unit
Instrument Ser	ial No. 0086/6 tast man 5t. Chukuya
* <u>* * * * * * * * * * * * * * * * * * </u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2,	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
* . 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF NAME OF STATE OF	
	Signature of Certifying Official Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008616 Test Date: 12/21/2018

<u> Citation Number: M0000000-0</u>

Subject's Name: NONE, NONE

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

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

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

07/27/2018-07/01/2020

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:56pm
AIR BLK ACCY CHK	.00 .07	4:57pm 4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008616 Test Date: 12/21/2018 Test Record Number: 2435
Test Time: 5:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:08pm
FC	Pass Pass	5:08pm

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	5:08pm 5:08pm 5:08pm
BAR	Pass	5:08pm
BT	Pass	5:08pm

Blank Tests

Test	Status	Time
AIR	Pass	5:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:09pm 5:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Amyon Instrument Location BAT Mohile Unit#
Instrument Seria	INO. 008926 East Main 3t.
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.
procedures were	he day of
THE STATE OF AN ENTIRE PROPERTY OF ANY COLUMN YOURSELF COMMAND AND ANY COLUMN YOURSELF COMMAND AND ANY COLUMN AND ANY COLUMN AND COL	Signature of Certifying Official Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008826 Test Date: 12/21/2018

Citation Number: M0000000-0

Subject's Name: NONE, NONE

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

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

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

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

lest	g/210L	iime
DIAG	Pass	4:51pm
AIR BLK	.00	4:52pm
ACCY CHK	.08	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:57 m

4:58pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Anglyst

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008826 Test Record Number: 8082 Test Date: 12/21/2018 Test Time: 5:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:00pm
FLO	Pass	5:00pm
FC	Pass	5:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Dage	5 • 01 mm

Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm
	CRC Tests	

rest	Status	Time
COMP	Pass	5:01pm
CAL	Pass	5:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Sanpson Instrument Location BATK	Poble unit #
Instrument Seria	INO. 008704 East Main St.	
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol	lowed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	the	ng preventive maintenance gulations of the N.C.
CAR 12 TAN TO AN T	ON THE CASON TO TH	6 Ylayer
	Signature of Certifying Official	Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008704 Test Date: 12/21/2018

Citation Number: M0000000-0 Subject's Name: NONE, NONE

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

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

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

07/27/2018-07/01/2020

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:50pm 4:51pm 4:52pm 4:52pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm

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

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008704 Test Date: 12/21/2018 Test Record Number: 532
Test Time: 4:59pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:59pm
FLO	Pass	4:59pm
FC	Pass	5:00pm

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

Test	Status	Time
AIR	Pass	5:00pm

Printer Tests

rest	Status	1 Tille
PRNT	Pass	5:00pm

CRC Tests

Test	Status	Time
COMP	Pass	5:01pm
CAL	Pass	5:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SAMPLON	Instrument Location	BAT	Mobile Unit #
Instrument Seria	al No <i>OO\$575</i>	East 1	Main	54.
	· .			
The preventive of four months are	maintenance procedures for the Intox	imeters, Model Intox E	C/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alc centigrade;	oholic breath	simulator thermometer shows
2.	Verify instrument displays time and	d date;		
3.	Initiate breath test sequence;		.*	
4.	Enter information as prompted;			•
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	V ,		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before every four months or a	expiration da fter 125 Alcol	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on procedures were Department of F	the day of e performed on the instrument indicate Health and Human Services, and the in	ed above, in accordance	with current	ping preventive maintenance regulations of the N.C.
THE STATE OF A STATE O	CAROLLI STATE OF THE STATE OF T			
FINE QUAM VIDEN		2	and the second spiritual second spiritual second spiritual second second second second second second second se	111
	Signatur	e of Certifying Official	A COMPANY OF THE PROPERTY OF T	Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008575 Test Date: 12/21/2018

Citation Number: M0000000-0 Subject's Name: NONE, NONE

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

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

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

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:53pm
AIR BLK	.00	4:54pm
ACCY CHK	.08	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
ATR BLK	. 0.0	4:59pm

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

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008575 Test Record Number: 1125
Test Date: 12/21/2018 Test Time: 5:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR.	Pass	_5:02pm
FLO	Pass	5:02pm
FC	Pass	5:02pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:03pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAMPSON	Instrument Location	BAT Motile Unit#
Instrument S	Serial No. <u>008707</u>	Eust	Main St.
The prevent four months		Intoximeters, Model Intox F	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		coholic breath simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;	è	
4.	Enter information as prompte	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; a	and	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
		ndicated above, in accordanc	the forgoing preventive maintenance with current regulations of the N.C.
TATE OREAL TO STATE OF THE PARTY OF THE PART	E CAROLINA C	Mago	Con Lath
		gnature of Certifying Officia	Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008707

Test Record Number: 2547
Test Time: 5:07pm EST

Test Date: 12/21/2018 Test Ti

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:07pm 5:07pm
FC	Pass	5:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
\mathtt{BT}	Pass	5:07pm

Blank Tests

Test	Status	Time
лтр	Dagg	E . 00 mm

Printer Tests

1656	blacus	TIME
PRNT	Pass	5:08pm

CRC Tests

Test	Status	Time
COMP	Pass	5:08pm
CAL	Pass	5:08pm

Preventive Maintenance Status: Pass

Analyst

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008707 Test Date: 12/21/2018

Citation Number: M0000000-0

Subject's Name: NONE, NONE

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

Subject's Sex: Male

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

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:55pi

DIAG	Pass	4:55pm
AIR BLK	.00	4:56pm
ACCY CHK	.08	4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:00pm
ATR BLK	0.0	5 · 0.1 rom

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County SALLOSSA	In	strument Location	IA	Mahalinit #
				To the second	f company
	Instrument Serial No. ON	697	Eo, + 1	Man 5 f	Chutown wo
		,	•	•	At
	The preventive maintenance proced four months are:	ures for the Intoxim	eters, Model Intox	EC/IR II to be fo	ollowed at least once every
		gas canister displar r minus .2 degree c		lcoholic breath	simulator thermometer shows
	2. Verify instrument	displays time and c	late;		•
	3. Initiate breath test	sequence;			
	4. Enter information	as prompted;			
	5. Verify instrument	accuracy;			
	6. When "PLEASE I	BLOW" appears, co	ollect breath sample	;	
	7. When "PLEASE E	BLOW" appears, co	ollect breath sample	· ·	÷
•	8. Print test record;				
	9. Verify Diagnostic	Program; and			
	10. Verify that the eth simulator solution whichever occurs	is being changed e	being changed befovery four months or	re expiration da after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
	I certify that on the	nstrument indicated	above, in accordance	e with current r	ing preventive maintenance egulations of the N.C.
	STATE OF NO. 177 SO. 1				
	CA CITIM ADDRA	Market Ma	2		684
	Mary and the state of the state	Signature o	of Certifying Officia		Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008647 Test Date: 12/21/2018

Test Record Number: 2433
Test Time: 5:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:08pm
FLO	Pass	5:08pm
FC	Pass	5:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:08pm
SRC	Pass	5:08pm
DET	Pass	5:08pm
BAR	Pass	5:08pm
BT	Pass	5:08pm

Blank Tests

Test	Status	Time
AIR	Pass	5:08pm

Printer Tests

		•
PRNT	Pass	5:08pm
	CDC Teata	

Status

Time

Test	Status	Time
COMP	Pass	5:09pm
CAL	Pass	5:09pm

Preventive Maintenance Status: Pass

Analyst

SAMPSON COUNTY BAT MOBILE UNIT 5 810

Serial Number: 008647 Test Date: 12/21/2018

Citation Number: M0000000-0

Subject's Name: NONE, NONE

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

Subject's Sex: Male

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

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

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:57pm
AIR BLK	.00	4:58pm
ACCY CHK	.07	4:59pm
AIR BLK	.00	5:00pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:03pm
AIR BLK	.00	5:04pm

Reported AC: .00 q/210L

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Scotland Instrument Location BAT Mobile Unit #
Instrument Seri	al No. 008647 Hay 74 West
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNE	Signature of Certifying Official Certificate Number

SCOTTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008647 Test Date: 12/17/2018

Citation Number: M0000000-0 Subject's Name: NONE, NONE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:32pm
AIR BLK	.00	4:33pm
ACCY CHK	.08	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

is used when performing Preventive Maintenance procedu

SCOTTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008647

Test Record Number: 2431

Test Date: 12/17/2018

Test Time: 4:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:41pm
FLO	Pass	4:41pm
FC	Pass	4:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
BT	Pass	4:41pm

Blank Tests

Test	Status	Time
ATR	Pass	4:42pm

Printer Tests

PRNT Pass 4:42

CRC Tests

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Cotland Instrument Location 13A 1	Mobile wait +
Instrument Seria	11 No. 0086/6 Huy 74 Le.	5 January
The preventive of four months are	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
i.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration data simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify that on procedures were Department of H	the	ng preventive maintenance gulations of the N.C.
CONTROL STATE ON THE STATE OF T	OPERIL CAROL	.1
ARR 12, 178 * GEF QUAM VIDEN *	Signature of Certifying Official	Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008616 Test Date: 12/17/2018

Citation Number: M0000000 0

Subject's Name: NONE, NONE

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

Subject's Sex: Male

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

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:27pm 4:28pm
ACCY CHK	.07	4:28pm
AIR BLK	.00	4:29pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:32pm
ATR BLK	0.0	4 · 33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Test Record Number: 2433 Serial Number: 008616 Test Date: 12/17/2018

Test Time: 4:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:36pm
FLO	Pass	4:36pm
FC	Pass	4:37pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:37pm

CRC Tests

Test	Status	Time
COMP	Pass	4:37pm
CAL	Pass	4:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Cotland Instrument Location 1747 Mobile Unit 45
Instrument Seria	1 No. 00 8826 thy 74 west
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on opposedures were Department of H	the
THE STATE OF NO. 100 PM. AND THE STATE OF NO.	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008826 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name: NONE, NONE

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

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

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK ACCY CHK	.00	3:41pm 3:42pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
ATR BLK	. 00	3:44pm

SUB TEST .00 3:45pm AIR BLK .00 3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008826 Test Date: 12/17/2018 Test Record Number: 8080

Test Time: 3:50pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
\mathtt{BT}	Pass	3:51pm

Blank Tests

Test	Status	Time
3.75		O
ATR	Pagg	3 • 51 mm

Printer Tests

Status

Time

3:51pm

3:51pm

Test

COMP

CAL

PRNT	Pass	3:51pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ocotland Instrument Location 1/10/10 15 H 1 Unit 5
Instrument Serial No. 008704 Huy 74 West
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 sho 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the
THE STATE OF THE S
GG CHANNOON GG CHA
Signature of Certifying Official Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008704 Test Date: 12/17/2018

Citation Number: M0000000-0

Subject's Name: NONE, NONE

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

Subject's Sex: Male

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

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG	Pass	3:39pm
AIR BLK	.00	3:40pm
ACCY CHK	.08	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
ATR BLK	- 00	3:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008704 Test Date: 12/17/2018 Test Record Number: 530 Test Time: 3:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC	Pass	3:50pm
DET	Pass	3:50pm
BAR	Pass	3:50pm
\mathtt{BT}	Pass	3:50pm

Blank Tests

Test	Status	Time	
ATR	Pass	3:51pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Start Carly Co.
County Instrument Ser	rial No. 008842 ISS. Albemarle
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
A signed original	Signature of Certifying Official Certificate Number cinal of the preventive maintenance record shall be kept on file for at least three years.

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 12/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: \ .00 g/210L

Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

Analyst

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2198
Test Date: 12/14/2018 Test Time: 11:16am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:17am
FC	Pass	11:17am

Temperature Tests

m
m
m
m
m

Blank Tests

Test	Status	Time
ΔTR	Pass	11:17ar

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18am

Preventive Maintenance Status: Pass

Pass

11:18am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County_50	Instrument Location Wount Hit
Instrument Ser	ial No. 0108943 Police Departme
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of lecentry, 20 18, 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 US STATE	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.
3.54. 46	

DHHS 4080 (11/07)

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 12/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:37am 10:38am 10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
ATR BLK	.00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 2067
Test Time: 10:45am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:45am
FLO	Pass	10:45am
FC	Pass	10:45am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:45am 10:45am 10:45am 10:45am 10:45am

Blank Tests

Test	Status	Time
AIR	Pass	10:46am

Printer Tests

Test	Status	Time
PRNT	Pass	10:46am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Sh	Instrument Location 1 O + Mountain
Instrument Seria	INO. 008938 Police Departmen
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 18th day of December, 2018, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	gle Farley 655
	Signature of Certifying Official Certificate Number
A signed origin	al of the preventive maintenance record shall be kept on file for at least three years.

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 12/18/2018 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:47pm
AIR BLK	.00	5:48pm
ACCY CHK	.08	5:49pm
AIR BLK	00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm
SUB TEST	.00	5:53pm
AIR BLK	.00	5:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 624
Test Date: 12/18/2018 Test Time: 5:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:55pm
FLO	Pass	5:55pm
FC	Pass	5:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:56pm
SRC	Pass	5:56pm
DET	Pass	5:56pm
BAR	Pass	5:56pm
BT	Pass	5:56pm

Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm

CRC Tests

Test	Status	Time
COMP	Pass	5:57pm
CAL	Pass	5:57pm

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

Department of Health and Human Service Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II		
County	Instrument Location Jarry County Je	
Instrument Ser	rial No. 008934 Dobson, N.C.	
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before 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 oflecture beyond, 20/8, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	
THE COLUMN STATE OF THE CO	Signature of Certifying Official Certificate Number	
A signed orig	ginal of the preventive maintenance record shall be kept on file for at least three years.	

DHHS 4080 (11/07)

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 12/18/2018

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 1976 Test Date: 12/18/2018

Test Time: 2:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

Printer Tests

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

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 Ir	GNSX/VANIG	Instrument Lo	cation Transylva	ania Ca	o. Jail
	• •	Brevo			
Instrument Se	eriai No. <u>// 0 // 0</u>				
The preventive four months a	ve maintenance procedures for thare:	ne Intoximeters, Mode	I Intox EC/IR II to be fo	llowed at least of	once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, 2 degree centigrade;	or the alcoholic breath s	imulator thermo	meter shows
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	; ;			
4.	Enter information as promp	oted;			
5.	Verify instrument accuracy	' ;			
6.	When "PLEASE BLOW"	appears, collect breatl	sample;		
7.	When "PLEASE BLOW"	appears, collect breat	n sample;		
8.	Print test record;				
9.	Verify Diagnostic Program	ı; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being chan changed every four n	ged before expiration da nonths or after 125 Alcoh	te, or the alcoho nolic Breath Sim	olic breath nulator tests,
I certify that procedures v Department	on the 6 day of / were performed on the instrumer of Health and Human Services,	it indicated above, in a	, 20 <u>/</u> the forgon accordance with current functioning properly.	oing preventive regulations of th	maintenance ne N.C.
		*			
JOHNE STAT	TE OF NO.	-			
S S S S S S S S S S S S S S S S S S S	CAROLINIA DE LA CAROLINIA DE L				
+ EGE GIVA	INDEX.	PRG		635	
		Signature of Certifyi	ng Official	Certificate	Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008606 Test Date: 12/06/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E

Effective:

09/01/2017-09/01/2019

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	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.07	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008606

Test Record Number: 334 Test Time: 2:12pm EST

Test Date: 12/06/2018

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/ / / / / / / / / / / / / / / / / / / /	1	1
County Transylvania	Instrument Location / ransy/vahia	Co. Jail
Instrument Serial No. OOR820	Brevard, NC	
The preventive maintenance procedures for the Infour months are:	ntoximeters, Model Intox EC/IR II to be followed	at least once every
1. Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulato egree centigrade;	r thermometer shows
2. Verify instrument displays time	e and date;	
 3. Initiate breath test sequence;		
4. Enter information as prompted	l;	
5. Verify instrument accuracy;		
6. When "PLEASE BLOW" app	pears, collect breath sample;	
7. When "PLEASE BLOW" app	pears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic Program; ar	•	
simulator solution is being cha whichever occurs first.	nister is being changed before expiration date, or the anged every four months or after 125 Alcoholic Br	eath Simulator tests,
I certify that on the day of for the procedures were performed on the instrument in Department of Health and Human Services, and	the forgoing predicated above, in accordance with current regulation the instrument is functioning properly.	eventive maintenance ons of the N.C.
THE STATE OF AND 20. 1775 AND 2		
A COPE CLIAM VIDERALY	R. Cuth	635
Sig	gnature of Certifying Official Ce	rtificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 12/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E

Effective:

09/01/2017-09/01/2019

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	Pass	2:04pm
AIR BLK	.00	2:05pm
ACCY CHK	.07	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:10pm
ATR BLK	.00	2:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lif R. Cuth

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Date: 12/06/2018

Test Record Number: 1217

Test Time: 2:12pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
\mathbf{DET}	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

Blank Tests

Test	Status	Time
ΔTR	Pass	2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:14pm

Preventive Maintenance Status: Pass

Pass

CAL

2:14pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County UA	12/2	Instrument Location WAKE	O DETENTION CTR
Instrument Ser	al No. <u>0086/7</u>	3301 HAMMOND RD	RALFIGH, NC
The preventive four months are		ne Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, or the alcoholic breat 2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program	; and	44
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrumen	the fo t indicated above, in accordance with currenand the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF THE STATE	CAROLINI CAROLINI		
# COST OF THE PARTY AND THE PA	Bu.	Signature of Certifying Official	637 Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 12/19/2018

Citation Number: M0000000-0

Subject'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: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	3:27pm 3:28pm 3:29pm 3:30pm 3:31pm 3:32pm 3:33pm
ATR BLK	. 0.0	3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612

Test Record Number: 4100

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:36pm 3:36pm
FC	Pass	3:36pm

Temperature Tests

Status	Time
Pass	3:36pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:37pm 3:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / A M	Instrument Location WALE O DRIBNITON CTK
Instrument Se	rial No. 008577 3301 HAMMOND RD RALEIGH, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department c	on the
TARES AND STATES AND S	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 12/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:26pm 3:27pm 3:27pm
AIR BLK SUB TEST	.00 .00	3:29pm 3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
ATR BLK	.00	3:32pm

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577

Test Record Number: 4171

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm

CRC Tests

Test	Status	Time
COMP	Pass	3:35pm
CAL	Pass	3:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WAI	Instrument Location WAKE CO DETENTION CTR
County we you	INO. 008778 3301/JAMMONDRD RALEIGH, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 19 day of DECEMBER, 2018 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 12/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:48pm 2:49pm 2:49pm 2:50pm 2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
ATR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 3649

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	3:06pm 3:06pm
FC	Pass Pass	3:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
\mathtt{BT}	Pass	3:06pm

Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:07pm

CRC Tests

rest	Status	TIME
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- //	۸ ۱۸ س	Instrument Location AKE CO	DETENTION STR
County []	4KE	Instrument Location 1994 (C.P. C.P.	/ / [[[]]]]]
Instrument Se	rial No. <u>008760</u>	3301 HAMMOND RD	RALEIGH, N
The preventive four months a	e maintenance procedures for the In	toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed before expiration nged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures we Department of	ere performed on the instrument inc	the following properly.	rgoing preventive maintenance nt regulations of the N.C.
SE STATE STA	E O NOTE THE CARD		
PART 12. TI	Sig	Swill nature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 12/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:47pm 2:48pm
ACCY CHK	.08	2:48pm
AIR BLK SUB TEST	.00 .00	2:49pm 2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:53pm
ATR BLK	. 00	2:54pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 12/19/2018

Test Record Number: 3207
Test Time: 2:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
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	2:56pm

Printer Tests

TESC	Status	ттше
PRNT	Pass	2:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wat	Instrument Location Watauga Co Jail
Instrument Seria	Instrument Location Watauge Co Jail No. 008715 Soone, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 27 day of <u>Jecenher</u> , 20/8 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	WORLAND AND AND AND AND AND AND AND AND AND
ASSE GUAN VOEN	Signature of Certifying Official Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 12/27/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408

Exp Date: 08/12/2019

q/210L Time Test

DIAG	Pass	10:02am
AIR BLK	.00	10:03am
ACCY CHK	.07	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
ATR BLK	. 00	10:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2201 Test Date: 12/27/2018 Test Time: 10:12am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:13am 10:13am 10:13am 10:13am 10:13am
БI	rass	10:13aiii

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst