PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AC	,	•	Location Alau	IANCE G JAIL
Instrument Ser	ial No. <u>008924</u>	109	5. Maple	57
	maintenance procedures for the		,	· ·
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressu degree centigrade	re, or the alcoholic bre	ath simulator thermometer show
2.	Verify instrument displays to	ime and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect brea	ath sample;	N. P.
7.	When "PLEASE BLOW" a	ppears, collect bre	ath sample;	
8.	Print test record;		-	
9.	Verify Diagnostic Program;	and		N.
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being cha hanged every four	anged before expiration months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
	n theday of re performed on the instrument Health and Human Services, a	t indicated above, i	in accordance with cur	
STATE OF		•		
THE COMMUNICATION OF THE CORE	Jan Jan	las B		662
	Si	ignature of Certify	ing Official	Certificate Number

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

ALAMANCE COUTY ALAMANCE CO. JAIL 000

Serial Number: 008924 Test Date: 02/17/2018

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, SIMON S

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: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:52pm
ACCY CHK	.08	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm

Reported/AC:

.00 g/21

Court CVR

ALAMANCE COUTY ALAMANCE CO. JAIL 000

Serial Number: 008924

Test Record Number: 1358

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

Temperature Tests

Status	Time
Pass	3:59pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:00pm

Preventive Maintenance Status: Pass

Pass

4:00pm

CAL

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

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

Signature of Certifying Official

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008881 Test Date: 02/06/2018

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: 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: AG710701 Exp Date: 04/17/2019

rest	g/2101	lime
DIAG	Pass	9:11am
AIR BLK	.00	9:12am
ACCY CHK	.07	9:12am
AIR BLK	.00	9:13am
SUB TEST	.00	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
AIR BLK	.00	9:18am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008881

Gerial Number: 008881 Test Record Number: 659
Test Date: 02/06/2018 Test Time: 9:19am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:20am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔΤΡ	Dacc	0.203

Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:20am

Preventive Maintenance Status: Pass

Pass

9:20am

CAL

Analyst

INTOXIMETERS, MODEL INTOX EC/IR II				
County	Instrument Location Alexander Canty SD			
Instrument Serial No. 008694 91 Commercial Park Ave., Taylors 1)				
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	n the			
THE STATE OF THE S				
	Signature of Certifying Official Certificate Number			

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

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008694 Test Date: 02/15/2018

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: 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: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	8:50am
AIR BLK	.00	8:51am
ACCY CHK	.07	8:51am
AIR BLK	.00	8:52am
SUB TEST	.00	8:53am
AIR BLK	.00	8:54am
SUB TEST		8:55am
AIRABLK	.00	8:56am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008694 Test Record Number: 1325 Test Date: 02/15/2018 Test Time: 8:58am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:58am
FLO	Pass	8:58am
FC	Pass	8:59am

Temperature Tests

Status	Time
Pass Pass	8:59am 8:59am
Pass	8:59am
Pass	8:59am
Pass	8:59am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	8:59am
ATK	Pass	o:ɔˈaiii

Printer Tests

Test	Status	Time
PRNT	Pass	8:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:59am

Preventive Maintenance Status: Pass

Pass

8:59am

CAL

Analyst

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

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

Signature of Certifying Official

ANSON COUNTY ANSON COUNTY SQ. 030

Serial Number: 008597 Test Date: 02/06/2018

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: 7682E
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

Test	g/210L	Time
DIAG	Pass	6:09pm
AIR BLK	.00	6:10pm
ACCY CHK	.07	6:11pm
AIR BLK	.00	6:12pm
SUB TEST	.00	6:13pm
AIR BLK	.00	6:13pm
SUB TEST	.00	6:15pm
AIR BLK	.00	6:16pm

Reported AC:

,08/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

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 02/06/2018 Test Record Number: 1666
Test Time: 6:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:19pm 6:19pm
FC	Pass	6:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:19pm
SRC	Pass	6:19pm
DET	Pass	6:19pm
BAR	Pass	6:19pm
BT	Pass	6:19pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	6 • 1 9 m

Printer Tests

rest	Status	Time
PRNT	Pass	6:19pm

CRC Tests

Test	Status	Time
COMP	Pass	6:20pm
CAL	Pass	6:20pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 4	MSON Co. Instrument Location AVSON Co. Shee: H Office
Instrument Se	erial No. <u>N. 8739</u> Wadesbore
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 of procedures we Department of	the forgoing preventive maintenance per 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 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

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 02/06/2018

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: 7682E
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	Pass .00 .07	6:11pm 6:12pm 6:13pm
AIR BLK	.00	6:14pm
SUB TEST	.00	6:14pm
AIR BLK	.00	6:15pm
SUB TEST	.00	6:17pm
AIR BLK	.00	6:18pm

Reported AG:

9/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739

Test Record Number: 257
Test Time: 6:19pm EST

Test Date: 02/06/2018 Test Time: 6:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	6:19pm 6:19pm
FC	Pass	6:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:19pm
SRC	Pass	6:19pm
DET	Pass	6:19pm
BAR	Pass	6:19pm
BT	Pass	6:19pm

Blank Tests

Test	Status	Time
AIR	Pass	6:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:20pm
,	CRC Tests	

Test	Status	Time
COMP	Pass	6:20pm
CAL	Pass	6:20pm

Preventive Maintenance

Status: Pass

(nalvst)

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Rec	Instrument Location Bolhaven P.D.
Instrument Seri	ial No. 008928 Bolhaven, N.C.
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 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.
	the <u>21 day of February</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.
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.

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 02/21/2018

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	Pass	10:39am
AIR BLK	.00	10:40am
ACCY CHK	.08	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

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 BELHAVEN PD 060

Serial Number: 008928 Test Date: 02/21/2018

Test Record Number: 336

Test Time: 10:47am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time AIR Pass 10:48am

Printer Tests

Status

PRNT Pass 10:48am

CRC Tests

Test Status Time COMP

Pass 10:48am CAL Pass 10:48am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Re</u>	Instrument Location Bertie Co. 5.0.
Instrument Se	erial No. 008897 222 County Farm Rd., Windson, M.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of Fabruary, 20 6 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
O'NE STATE	Signature of Certifying Official Certificate Number

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: 02/20/2018

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 ACCY CHK AIR BLK	Pass .00 .08	10:10am 10:11am 10:12am 10:13am
SUB TEST	.00	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
ATR BLK	.00	10:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 02/20/2018

Test Record Number: 1106 Test Time: 10:18am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:18am 10:18am 10:18am 10:18am
\mathtt{BT}	Pass	10:18am

Blank Tests

Test	Status	Time
AIR	Pass	10:19am

Printer Tests

Test	Status	Time
PRNT	Pass	10:19am
•	CRC Tests	
Test	Status	Time

Pass Preventive Maintenance Status: Pass

Pass

10:19am 10:19am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXINETERS, WIDDEL INTO	
Instrument S	Serial No. <u>008697</u>	Sheville, NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox E are:	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the al 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample	;
7.	When "PLEASE BLOW" appears, collect breath sample	;
8.	Print test record;	
9.	Verify Diagnostic Program; and	ar en
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	whichever occurs first.	
procedures	t on the <u>S</u> day of <u>February</u> , 20 were performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functionic	ce with current regulations of the N.C.
THE STAN 20.	TE OF NO.	
NA PARAMETER NA PA		
ARILIZ.	TO A A WINDOW AND A STATE OF THE A S	

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

Signature of Certifying Official

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 02/28/2018

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: 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: AG716202 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	1:04pm 1:05pm
ACCY CHK	.08	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 3326 Test Date: 02/28/2018 Test Time: 1:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
\mathtt{BT}	Pass	1:18pm

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	in Toxime Texts, Model in Toxi 2011		: 1
County_/_	Uncombe Instrument Location 15 uncom	16e Co. Ja.	
Instrument S	erial No. <u>OO 8631</u> <u>Ashevil</u>	1c NC	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermomete	r show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		8.1
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;	• •	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9,	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic bucholic Breath Simulate	reath or tests,
I certify that procedures v Department	on the <u>28</u> day of <u>February</u> , 20 <u>18</u> the fowere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintent regulations of the N.C	tenance C.
STATE THE STATE OF	TE OF NORTH CARD		
AFRIL 12.	Signature of Certifying Official	649 Certificate Numl	——— ber

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 02/28/2018

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: 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: AG716202 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	12:31pm 12:32pm
ACCY CHK AIR BLK	.07 .00	12:33pm 12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 4966 Test Date: 02/28/2018 Test Time: 12:39pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:39pm 12:39pm 12:39pm 12:39pm 12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

Printer Tests

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

12:40pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	, INTOXIMETERS, MODEL INTOX EC/IR II
County	atauba Instrument Location Catawin County St
Instrument So	erial No. 008821 100 B Shinner B) Vd., Newton
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAIL	656
	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.

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 02/21/2018

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: AG621403 Exp Date: 08/01/2018

Test

·	9/2101	1 11110
DIAG	Pass	3:46pm
AIR BLK	.00	3:47pm
ACCY CHK	.07	3:48pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:52pm
ATR BLK	.00	3:53pm

 $\alpha/210L$

Time

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1872
Test Date: 02/21/2018 Test Time: 3:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

Temperature Tests

SRC Pass 3:54pm DET Pass 3:54pm	Test	Status	Time
D1 1000 0.04Dm	SRC DET BAR	Pass Pass Pass	3:54pm 3:54pm 3:54pm 3:54pm
			~ L

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:55pm 3:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

√3 .	INTOXIMETERS, MODEL INTOX EC/IR II
County //4	than Co. Instrument Location Siler City Police Dept.
Instrument Seri	al No. 008811 Silon City, 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 procedures wer Department of	the
THE STATE OF THE PROPERTY OF T	Signature of Certifying Official Certificate Number

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

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 02/14/2018

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: 7682E
Effective:
12/01/2017-12/01/2019

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

Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	4:42pm 4:43pm
ACCY CHK	.07	4:44pm
AIR BLK	.00	4:45pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 1279
Test Date: 02/14/2018 Test Time: 4:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:50pm
FLO	Pass	4:50pm
FC	Pass	4:50pm

Temperature Tests

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

Blank Tests

Test	Status	Time
	e e	
AIR	Pass	4:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:51pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN Instrument Location BAT MOBILE UNIT
Instrument :	CRAVEN Instrument Location BAT MOBILE UNIT I Serial No. 008600 HAVELOCK, NC
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 10 day of FEBRUARY, 2018 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STA STA	To log Land Care Care Care Care Care Care Care Care
APRIL 12.	Signature of Certifying Official Certificate Number

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

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008600 Test Date: 02/10/2018

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: 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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:14pm 11:15pm 11:15pm 11:16pm 11:17pm 11:18pm 11:19pm
AIR BLK	.00	11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colunda Banos
Analyst

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008600 Test Record Number: 1789
Test Date: 02/10/2018 Test Time: 11:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

Printer Tests

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

COMP Pass 11:23pm CAL Pass 11:23pm

Preventive Maintenance Status: Pass

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location Curiotuck Co. S. D.
Instrument S	Serial No. 008947 407-A MAPLE Rd., MAPLE, N.C.
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures w	on theday of
STATION OF THE STATE OF THE STA	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 2153
Test Date: 02/27/2018 Test Time: 10:54am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:54am 10:54am 10:54am 10:54am 10:54am

Blank Tests

Test	Status	Time
ATR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:56am 10:56am

Preventive Maintenance Status: Pass

IndA. Reed Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 02/27/2018

Citation Number: M0000000-0 Subject's Name:

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

Subject's Date of Birth: 11/11/191 Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DÍAG	Pass	10:58am
AÎR BLK	.00	10:59am
ACCY CHK	.07	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	WIDSON Instrument Location DAVIDSON (D. JA 1)
Instrument Ser	rial No. 008845 Lexing 76N, NC.
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.
	on the 27 day of February, 20/8, the foregoing preventive maintenance
I certify that o	
	ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
AFER 12, 17th	Signature of Certifying Official Certificate Number
	S.B. W. J. S.

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 02/27/2018

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: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

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	2:01pm 2:02pm
ACCY CHK	.08	2:02pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:04pm
AIR BLK	00	2:05pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 2736
Test Date: 02/27/2018 Test Time: 2:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:11pm
FLO	Pass	2:11pm
FC	Pass	2:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:11pm
SRC	Pass	2:11pm
DET	Pass	2:11pm
BAR	Pass	2:11pm
\mathtt{BT}	Pass	2:11pm

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:12pm 2:12pm

Preventive Maintenance Status: Pass *

Analyst

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

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

Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 02/12/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

-- /0101

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

Reported AC:

00 g/210I

Signature of Chemical

Analyst

Court CVR

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2157

Test Date: 02/12/2018 Test Time: 11:29am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

TESC	Scacus	TTIIIE
PRNT	Pass	11:30am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ed	seconte Instrument Location Edge conte Co. Magistre
Instrument Se	erial No. 008663 Office, 3005. Anaconda Pd., Tarbo
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 33 day of February, 20/8 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
	Signature of Certifying Official Contificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663 Test Date: 02/23/2018

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	Pass	9:41am
AIR BLK	.00	9:42am
ACCY CHK	.08	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:45am
AIR BLK	.00	9:45am
SUB TEST	.00	9:47am
ATR BLK	0.0	9 · 48am

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 02/23/2018 Test Record Number: 2836

Test Time: 9:54am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:55am
FLO	Pass	9:55am
FC	Pass	9:55am

Temperature Tests

Status	Time
Pass	9:55am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:56am

Printer Tests

Test	Status	Time
PRNT	Pass	9:56am
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass Pass	9:56am 9:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ounty E	instrument Location Edge combe Co. Magistrat erial No. 008603 Office, 3005. Anaconda Rd., Tarboro,
strument Se	rial No. 008603 Office, 3005. Anaconda Rd., Tarboro,
e preventivar 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.
ertify that o ocedures we partment o	on the <u>93'd</u> day of <u>Fohrua v</u> , 20 18 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
The state of the s	
STATE STATE	A CAROLINA C
AND IS. THE	

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 02/23/2018

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: AG702402 Exp Date: 01/24/2019

Test

Tesc	9/2101	TIME
DIAG	Pass	9:19am
AIR BLK	.00	9:20am
ACCY CHK	.08	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
		~ · ~ · · · · · · · · · · · · · · · · ·

 $\alpha/210T_{\rm t}$

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 02/23/2018 Test Record Number: 1652

Test Time: 9:34am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:34am
SRC	Pass	9:34am
DET	Pass	9:34am
BAR	Pass	9:34am
BT	Pass	9:34am

Blank Tests

Test	Status	Time
AIR	Pass	9:35am

Printer Tests

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

1050	Deacab	1 1.1110
COMP	Pass	9:35am
CAL	Pass	9:35am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

<u> </u>	INTOXIMETERS, MODEL INTOX ECIK II	1
County FORS	Instrument Location KERNERS VILLE PO	1100
Instrument Serial	al No. 008650 Department	
The preventive m 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 thermomet 34 degrees, plus or minus .2 degree centigrade;	ter 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 besimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	theday of	itenance C.
TOTAL BY THE STATE OF ICE OF I	Signature of Certifying Official Certificate Num	lber

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/06/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
TCDC	9/21011	11111

DIAG	Pass	3:33pm
AIR BLK	.00	3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm

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

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/06/2018 Test Record Number: 1395

Test Time: 3:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
${ t BT}$	Pass	3:41pm

Blank Tests

Test	Status	Time
7. TT	Do	7 - 41 mm
AIR	Pass	3:41pm

Printer Tests

Test	÷	Status	Time
PRNT		Pass	3:42pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 02/06/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

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	4:27pm 4:28pm 4:28pm 4:30pm
AIR BLK SUB TEST	.00	4:31pm
AIR BLK SUB TEST	.00 .00	4:32pm 4:34pm
AIR BLK	.00	4:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 02/06/2018

Test Record Number: 2093

Test Time: 4:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:36pm
SRC	Pass	4:36pm
DET	Pass	4:36pm
BAR	Pass	4:36pm
BT	Pass	4:36pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	4 · 37pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:37pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

4:37pm

4:37pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

יי <u>יי</u>	INTOXIMETERS, MODEL INTOX EC/IR II
County /	1851/16 Instrument Location FORSIMA QUARTY Deharfis
Instrument S	erial No. 008583 Winston Sakm, N.C.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	on the day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 02/06/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

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		4:26pm
AIR BLK	.00	4:27pm
ACCY CHK	.08	4:27pm
AIR BLK	.00	4:29pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm

Reported AC: .

.00 q/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 7069

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:34pm
FLO	Pass	4:34pm
FC	Pass	4:34pm

Temperature Tests

Status	Time
Pass	4:34pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:35pm
	CRC Tests	

COMP Pas	<u> </u>

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	INTOXIMETERS, WIODEL INTOX ECTR II RSyth County Detention
Instrument S	erial No. 008659 Winston Salem, NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample,
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 02/06/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:25pm 4:26pm 4:26pm 4:27pm
SUB TEST	.00	4:28pm 4:29pm
AIR BLK SUB TEST	.00 .00	4:31pm
AIR BLK	.00	4:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 4653
Test Date: 02/06/2018 Test Time: 4:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:33pm
FC	Pass	4:33pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:33pm 4:33pm
DET	Pass	4:33pm
BAR BT	Pass Pass	4:33pm 4:33pm
T) T	TOOD	J D III

Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:34pm 4:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Gastov Instrument Location But mobile Unit 1		
Instrumer	nt Serial No. <u>DD8778</u>		
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify to procedur Departm	that on the		
GREAT OF STATE OF STA	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)

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008970 Test Date: 02/03/2018

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: 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: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
ATR BLK	.00	9 · 20nm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Ph V De

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008970 Test Date: 02/03/2018 Test Record Number: 433 Test Time: 9:21pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

Printer Tests

Status

Test

Time

PRNT	Pass	9:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Guston	Instrument Location_	BAT Mobile Unit 11	
Instrument Se	erial No. <u>00897)</u>			
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 d		alcoholic breath simulator thermometer show	
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
	on the	indicated abóve, in accorda	78, the foregoing preventive maintenance ance with current regulations of the N.C. oning properly.	
THE STATE OF THE S	Ch.	ルンのん Y gnature of Certifying Offic	ial Certificate Number	

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008973 Test Date: 02/03/2018

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: 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: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	9:13pm 9:14pm
ACCY CHK	.08	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:16pm
AIR BLK SUB TEST	.00 .00	9:18pm 9:19pm
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008973 Test Record Number: 454
Test Date: 02/03/2018 Test Time: 9:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:21pm 9:21pm
FC	Pass	9:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:21pm
SRC	Pass	9:21pm
DET	Pass	9:21pm
BAR	Pass	9:21pm
BT	Pass	9:21pm

Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:22pm 9:22pm

Preventive Maintenance Status: Pass

Analyst

Lu VDo

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ga	tes Instrument Location Gates Co. S.O.
Instrument Seri	al No. 008884 200 Court St., Gatesuille, A
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the day of day of 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.
TAME STATE OF A	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 02/22/2018

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: 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 AIR BLK	Pass .00 .07	1:04pm 1:05pm 1:06pm
SUB TEST	.00 .00	1:07pm 1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 842
Test Date: 02/22/2018 Test Time: 1:12pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008896 Test Date: 02/05/2018

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: DEAN, L K
Permit Number: 11598E
Effective:

04/01/2017-04/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008896 Test Record Number: 1062
Test Date: 02/05/2018 Test Time: 12:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

Status

Printer Tests

Test

CAL

PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:05pm

Time

12:05pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location GREENS boro PD
Instrument S	Gerial No. 008725 100 Police PlAGE Grandway, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 02/26/2018

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: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

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

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:09pm
ACCY CHK	.08	3:10pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4114
Test Date: 02/26/2018 Test Time: 3:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
FC	Pass	3:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

Blank Tests

Test	Status	Time
AIR	Pass	3:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:19pm

Preventive Maintenance Status: Pass

Pass

3:19pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	instrument Location UNC - Green DOTO
Instrument Ser	mo(n) D :
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	the day of February, 20/8, the foregoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 02/26/2018

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: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

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

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:23am 11:24am
AIR BLK	.00	11:25am 11:26am
SUB TEST AIR BLK	.00	11:27am 11:28am
SUB TEST		11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Kunt Olen Analyst

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1607

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:35am

Temperature Tests

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

Blank Tests

rest	Status	Time
AIR	Pass	11:35am

Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	wrett	Instrument Location_	BAT Mabile	<i>いいナ</i> 12
Instrument Se	rial No. <u>608600</u>	Don P	0	
The preventive four months a	e maintenance procedures for the In	ntoximeters, Model Intox I	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the al	lcoholic breath simu	lator 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;	i	
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed befor aged every four months or	e expiration date, or after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
I certify that o procedures we Department of	n the day of the performed on the instrument ind Health and Human Services, and the services is the services of t	icated above, in accordanc	e with current regula	preventive maintenance ations of the N.C.
STATE OF THE STATE	A CAROLLI			
ARR. 12. 178			> /	160
	Sign	ature of Certifying Official		Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 12 420

Serial Number: 008600 Test Date: 02/16/2018

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, JASON R
Permit Number: 19145E
Effective:
03/01/2016-03/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:14pm 10:15pm 10:16pm 10:17pm 10:17pm 10:18pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
	+	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 12 420

Serial Number: 008600 Test Date: 02/16/2018

Test Record Number: 1793 Test Time: 10:23pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:24pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	10:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	ARREIT Co. Instrument Location HARNett Co. Det. Cente
Instrument Serie	al No. 008430 L. //inghul, NC
The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 28 day of February, 20 18 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.
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 02/28/2018

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
12/01/2017-12/01/2019

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

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

rest	g/210L	Time
DIAG AIR BLK	Pass	9:24am 9:25am
ACCY CHK AIR BLK	.07	9:26am 9:27am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am

Reported AC:

.00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 2922 Test Date: 02/28/2018 Test Time: 9:32am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:33am
SRC	Pass	9:33am
DET	Pass	9:33am
BAR	Pass	9:33am
BT	Pass	9:33am

Blank Tests

Test	Status	Time
AIR	Pass	9:33am

Printer Tests

Test	Status	Time
PRNT	Pass	9:33am
	•	

CRC Tests

rest	Status	Time
i i	;	
COMP	Pass	9:34 a m
CAL	Pass	9:34am

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County // Ay	ent H Co. Instrument Location HARNett Co. Det. Center
Instrument Se	rial No. 008729 Lillington, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
.1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 28 day of Folder, 20 8 the forgoing preventive maintenance are performed on the instrument indicated above in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	
	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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 02/28/2018

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
12/01/2017-12/01/2019

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

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	9:20am
AIR BLK	.00	9:21am
ACCY CHK	.08	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:23am
AIR BLK	.00	9:25am
SUB TEST	.00	9:26am
AIR BLK	.00	9:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2224
Test Date: 02/28/2018 Test Time: 9:28am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:28am
FLO	Pass	9:28am
FC .	Pass	9:28am

Temperature Tests

Test	Status	Time
FC1	Pass	9:28am
SRC	Pass	9:28am
DET	Pass	9:28am
BAR	Pass	9:28am
BT	Pass	9:28am

Blank Tests

Test	Status	Time
AIR	Pass	9:29am

Printer Tests

TCDC	Blatus	TTIIIC
PRNT	Pass	9:29am
	and meeter	

CRC Tests

Test	Status	Time
COMP	Pass	9:29am
CAL	Pass	9:29am

Preventive Maintenance

// Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAR	Instrument Location Dunial Police Dept
Instrument Seri	al No. 008644 Dunn, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF A PARTY O	\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 02/28/2018

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: KEESLER, GRAYHAM C Permit Number: 7682E Effective: 12/01/2017-12/01/2019

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

Lot Number: AG621403 Exp Date: 08/01/2018

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

Reported Act

.00 🚀/210L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 1286
Test Date: 02/28/2018 Test Time: 10:17am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:17am 10:17am 10:17am 10:17am 10:17am
	Labb	TO:T/Gill

Blank Tests

Test	Status	Time
AIR	Pass	10:18am

Printer Tests

Test	Status	Time
PRNT	Pass	10:18am
	CRC Tests	

Test	Status	Time
100		
COMP	Pass	10:18am
CAL	Pass	10:18am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	enderson	Instrument Location Hendere	son Co Detention
Instrument S	Gerial No. <u>008822</u>	Hencless	onvillance
The prevent four months	ve maintenance procedures for the Into are:	ximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic brea	th simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration and every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v Department	on the day of	the for the dabove, in accordance with currer instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
TANZ SUN OF THE STANZ S	CAROLINA		
William II		re of Certifying Official	649
	Signatu	are of Certifying Official	Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 02/01/2018

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

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L. N.

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: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:08pm 3:09pm 3:10pm 3:11pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2178
Test Date: 02/01/2018 Test Time: 3:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	

Test	Status	lime
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	III OMINIE I EL	O, MODEL INTOX	EC/IR II
County He	Hord	Instrument Location Muy	Freesbow PD.
Instrument Se	erial No. <u>()() </u>	115 E. Broads	F., MirrGeosboro, A
The preventive four months a	ve maintenance procedures for the Int are:	oximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic ree centigrade;	c breath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		D.
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 caniston simulator solution is being chang whichever occurs first.	er is being changed before expir ed every four months or after 12	ation date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the day of Febrere performed on the instrument indicates the Health and Human Services, and the	ated above, in accordance with a instrument is functioning prope	he forgoing preventive maintenance current regulations of the N.C. erly.
OTHE STATE OF THE	CAROLLI CAROLL		
	Signati	ure of Certifying Official	Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 02/22/2018

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: 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: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:46am 11:47am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 654

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

Blank Tests

rest	Status	Time
AIR	Pass	11:56am

Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
·	CRC Tests	

Test	Status	Time
COMP	Pass	11:56am
CAL	Pass	11:56am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. COS927 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date: 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 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 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.

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008927 Test Date: 02/05/2018

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: 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: AG710701 Exp Date: 04/17/2019

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Test	g/210L	Time
DIAG AIR BLK	Pass	3:52pm 3:52pm
ACCY CHK	.07	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008927 Test Date: 02/05/2018 Test Record Number: 525

Test Time: 3:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	3:59pm
FC	Pass Pass	3:59pm 3:59pm
	I GOO	J.J/Piii

Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT .	Pass	3:59pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

CRC Tests

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 7	Ohnson Co. Instrument Location Solma Police Dept
Instrument Se	erial No. OO8595 Selva, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
STATE OF THE STATE	(34)
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY SELMA: PD 500

Serial Number: 008595 Test Date: 02/26/2018

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: 7682E 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	Pass .00	10:51am 10:52am 10:52am
AIR BLK	.00	10:54am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
ATR BLK	. 00	10:58am

Reported AC: / .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 1225

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:01am 11:01am
FC	Pass	11:01am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

Test	Status	Time
PRNT	Pass	11:02am

CRC Tests

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VO	hnson Co. Instrument Location Benson Police Dept
Instrument Seria	INO. 008885 BENSON, HC
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.
•	the day of the Dance, 20/8 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.
OTHE STATE OF NOTICE OF NO	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 02/28/2018

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: KEESLER, GRAYHAM C Permit Number: 7682E Effective:

12/01/2017-12/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	10:49am
AIR BLK	.00	10:50am
ACCY CHK	.07	10:50am
AIR BLK	.00	10:52am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC:

100 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

Analyst

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 512 Test Date: 02/28/2018 Test Time: 10:56am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
FC	Pass	- 10:57am

Temperature Tests

FC1 Pass 10:57am	st	Status	Time
DET Pass 10:57am BAR Pass 10:57am	C T LR	Pass Pass Pass	10:57am 10:57am 10:57am 10:57am 10:57am

Blank Tests

Test	Status	Time
		•
AIR	Pass	10:57am

Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
grand and a		

CRC Tests

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance Status: Pass

Knalvsť

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUAIMETERS, MODEL INTOX EC/IR II
County/	Lee (o. Instrument Location Lee (o. VAI)
Instrument S	Gerial No. 008863 SAN FORD, NC
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.
I certify that procedures w Department of	on the day of day of , 20 /8 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
O' THE STATE OF TH	
•	Signature of Certifying Official Cortiforto Number

LEE COUNTY LEE LEC 520

Serial Number: 008863 Test Date: 02/02/2018

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: 7682E
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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:05pm 4:05pm 4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:10pm

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE LEC 520

Serial Number: 008863 Test Record Number: 486

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:59pm 3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

CRC Tests

Test	Status	Time
COMP	T	4 00
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Lee Co. Instrument Location Lee Co. TAil
Instrument Se	erial No. 008645 SAN RORD, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE STATE STATE OF THE STA	654
	Signature of Certifying Official Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 02/15/2018

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: KEESLER, GRAYHAM C
Permit Number: 7682E
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

Test g/210L Time

	•	·
DIAG	Pass	3:57pm
AIR BLK	.00	3:57pm
ACCY CHK	.07	3:58pm
AIR BLK	.00	3:59pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm

Reported AC, .00 9/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1812

Test Date: 02/15/2018

Test Time: 4:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:04pm
FLO	Pass	4:04pm
FC	Pass	4:04pm

Temperature Tests

Test	Status	Time
FC1	Pass .	4:04pm
SRC DET	Pass Pass	4:04pm 4:04pm
BAR	Pass	4:04pm
	Pass	4:04pm

Blank Tests

Test	Status	Time
AIR	Pass	4:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:05pm

CRC Tests

Test	Status	Time
COMP	Pass	4:05pm
CAL	Pass	4:05pm

Preventive Maintenance Status: Pass

/ . .

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Lee Co. Instrument Location Sour formal Police Dept.
Instrument	Serial No. 008867 SAN ford, NC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 Department	at on the
COREATION OF STATE OF	TE CONTROL OF THE CON

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

Signature of Certifying Official

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 02/15/2018

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: 7682E
Effective:
12/01/2017-12/01/2019

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

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	7:56am
ACCY CHK	.00	7:57am 7:57am
AIR BLK	.00	7:58am
SUB TEST	.00	7:59am
AIR BLK	.00	7:59am
SUB TEST	.00	8:01am
AIR BLK	.00	8:02am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 02/15/2018 Test Record Number: 1034

Test Time: 8:03am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	8 • 04 am

Printer Tests

Test	Status	Time
PRNT	Pass	8:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:05am

Preventive Maintenance Status: Pass

Pass

8:05am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County [incoln Instrument Location Lincoln County Courthouse
Instrument S	Gerial No. 008823 #1 Courthouse Square, Lincolnton
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	on the GHM day of February, 20 8 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
COREATE	E C TO PARTIE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION
APRIL 12.	Signature of Certifying Official Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 02/09/2018

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: HUTCHINSON, JOSEPH Permit Number: 19951E Effective: 08/01/2017-08/01/2019

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

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

Test	g/210L Time
DIAG	Pass 1:10pm
AIR BLK	.00 1:11pm
ACCY CHK	.08 1:11pm
AIR BLK	.00 1:12pm
SUB TEST	.00 1:13pm
AIR BLK	.00 1:14pm
SUB TEST	.00 1:15pm
AIR BLK	.00 1:16pm

Reported AC:

Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1390 Test Time: 1:17pm EST Test Date: 02/09/2018

System Check: Passed

Baseline Tests

Status

IR Pass 1:18pm FLO. Pass 1:18pm Pass 1:18pm

Temperature Tests

Test Status Time

1:18pm Pass, 1:18pm Pass 1:18pm DÉT Pass Pass 1:18pm Pass 1:18pm

Blank Tests

Status Time

Printer Tests

Test Status Time

Pass 1:19pm

CRC Tests

Test Status Time

COMP Pass 1:19pm Pass 1:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Instrument Location Martin (a S.O.
1	ial No. 008912 305 E Main St., Williamston,
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 20 day of February, 20 18 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.
O'NE STATE OF THE	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 02/20/2018

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: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:59am 10:59am 11:00am 11:01am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Test Record Number: 1340 Serial Number: 008912 Test Date: 02/20/2018 Test Time: 11:08am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:09am 11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
BT	Pass	11:09am

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mo	Instrument Location Mentgemeny Co. TA:
Instrument Seria	1 No. 008709 TRCY, NC
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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, coilect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of h	the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 02/14/2018

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: KEESLER, GRAYHAM C
Permit Number: 7682E
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: 12/10/2019

Test	g/210L	ттше
DIAG	Pass	6:16pm
AIR BLK	.00	6:17pm
ACCY CHK	.08	6:18pm
AIR BLK	.00	6:19pm
SUB TEST	.00	6:20pm
AIR BLK	.00	6:21pm
SUB TEST	.00	6:22pm
AIR BACK	.00	6:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Record Number: 1036 Test Date: 02/14/2018 Test Time: 6:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:24pm
FLO	Pass	6:24pm
FC	Pass	6:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:24pm
SRC	Pass	6:24pm
DET	Pass	6:24pm
BAR	Pass	6:24pm
BT	Pass	6:24pm

Blank Tests

Test	Status	Time
AIR	Pass	6:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:25pm 6:25pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Toxtgomery Co. Instrument Location Wortgomery Co. VAIL
Instrument Se	rial No. 008651 TROY 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. (4)	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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	n the
STATE OF STA	

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

Signature of Certifying Official

Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 02/14/2018

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: KEESLER, GRAYHAM C

Permit Number: 7682E

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:15pm 6:16pm
ACCY CHK	.07	6:17pm
AIR BLK SUB TEST	.00 .00	6:18pm 6:19pm
AIR BLK	.00	6:19pm
SUB TEST	.00	6:21pm
AIR BLK	.00	6:22pm

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Record Number: 1507
Test Date: 02/14/2018 Test Time: 6:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:23pm
FLO	Pass	6:23pm
FC	Pass	6:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:23pm
SRC	Pass	6:23pm
DET	Pass	6:23pm
BAR	Pass	6:23pm
\mathtt{BT}	Pass	6:23pm

Blank Tests

Test	Status	Time
AIR	Pass	6:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:24pm
	CDC Toata	

CRC Tests

Test	Status	Time
COMP	Pass	6:24pm
CAL	Pass	6:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	OSRE Co. Instrument Location Southern Pines P.D.
Instrument Seri	ial No. 008720 Southern Pines, MC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the day of February, 20 /8 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 02/07/2018

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
12/01/2017-12/01/2019

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

Lot Number: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	7:39pm
AIR BLK	.00	7:39pm
ACCY CHK	.07	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm

Reported AG: .00 g/2101

Signature of Chemical Analyst

Court CVR

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 1014
Test Date: 02/07/2018 Test Time: 7:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:47pm
FLO	Pass	7:47pm
FC	Pass	7:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:47pm
SRC	Pass	7:47pm
DET	Pass	7:47pm
BAR	Pass	7:47pm
BT	Pass	7:47pm

Blank Tests

Test	Status	T'ime
AIR	Pass	7:48pm

Printer Tests

Status

Time

PRNT	Pass	7:48pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:48pm 7:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ORF	Instrument Location Hillsborough PD
	al No.008873 127 N. Chutm ST Hillsborough, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

THESE BOVER TO BUD JEST TEST

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Date: 02/17/2018

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 State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.08	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
ATR BIK	0.0	10 · 23am

Reported AC: _00 g/210L

Signature of Chemical Analyst

COLLEGE COLE

Analyst

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definition of the property of the contract of

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Record Number: 1490
Test Date: 02/17/2018 Test Time: 10:26am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	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	
BUMMONI	.∞Pas s ⊯,,,,,	+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 CAL Pass 10:27am

Preventive Maintenance

Status Pass Occionis

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTO	OX EC/IR II
County A.	SQUOTANK Instrument Location A	SQUOTANKCO. Public Safe:
Instrument S	Serial No. 008950 Bldg., 200E.	Colonial ST., ElRADATA
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC	
1.	Verify the ethanol gas canister displays pressure, or the alcompany 34 degrees, plus or minus 2 degree centigrade;	pholic 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;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	
I certify that procedures v Department	t on the day of EBruary, 20/0 were performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
STATE OT A 7		
OF THE STAT	LE OF NO.	



Signature of Certifying Official

Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 02/21/2018

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 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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
ATR RIK	0.0	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find D. Rees C.

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1605
Test Date: 02/21/2018 Test Time: 10:38am 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	Pass Pass	10:39am 10:39am
DET	Pass	10:39am
BAR	Pass	10:39am
BT .	Pass	10:39am

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ass	quomalk.	Instrument Location <u>Llicase</u>	4 City P.A.
Instrument Se	erial No. 008 941	305 E. MAIN ST., El.	readed City.
The preventive four months a		Intoximeters, Model Intox EC/IR II to be i	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	•
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
procedures w	on the day of health and Human Services, and	the forg ndicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
TATE STATI STATE STATI STATE S	S VORTH CAROLINIA		garage and a second

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 02/21/2018

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 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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:56am 10:57am 10:58am 10:59am 10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1270 Test Date: 02/21/2018 Test Time: 11:10am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:12am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County PER	Instrument Location PERSON CO. LEC
Instrument Ser	ial No. 008880 120 COURT ST. ROXBORD, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the Ob day of FERRUARY, 20/8 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 02/06/2018

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: SMITH, BRIAN Permit Number: 8937E Effective: 08/01/2017-08/01/2019

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

> Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	3:48pm
AIR BLK	.00	3:49pm
ACCY CHK	.08	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	00	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:54pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1259
Test Date: 02/06/2018 Test Time: 3:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Daga	2 . E 6 mm
FLO	Pass Pass	3:56pm 3:56pm
FC	Pass	3:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:56pm
SRC	Pass	3:56pm
DET	Pass	3:56pm
BAR	Pass	3:56pm
BT	Pass	3:56pm

Blank Tests

Test Status Time
AIR Pass 3:56pm

Printer Tests

Test Status Time

PRNT Pass 3:57pm

CRC Tests

Test Status Time

COMP Pass 3:57pm CAL Pass 3:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County PE	RSON	Instrument Lo	ocation P_{i}	ERSON (Co	LEC	in the second
Instrument Se	erial No. <u>008693</u>	170 Cours	٠.	ROXBO		NC	
					/		
The preventive four months a	ve maintenance procedures for are:	the Intoximeters, Mod	el Intox EC	C/IR II to be fo	llowed	at least once	every
1.	Verify the ethanol gas ca 34 degrees, plus or minus		, or the alco	oholic breath s	imulato	r thermome	ter show
2.	Verify instrument display	ys time and date;					
3.	Initiate breath test sequer	ice;					
4.	Enter information as pro	mpted;					
5.	Verify instrument accura	cy;					
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 Progra	nm; and					
10.	Verify that the ethanol gas simulator solution is bein whichever occurs first.	as canister is being char ng changed every four n	nged before nonths or a	expiration da fter 125 Alcoh	te, or th solic Bro	e alcoholic l eath Simulat	oreath or tests,
procedures w	on the <u>06</u> day of <u>7</u> vere performed on the instrum of Health and Human Services	ent indicated above, in	accordance	with current r	oing pre egulation	ventive main	ntenance .C.
an anna	Mire.						
OF THE STATE	OF NORTH	e e					
TOTE QUAM V	Zi	- D Amit	<u>l</u>			637	
		Signature of Certifying	ng Official		Cer	tificate Nun	iber

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 02/06/2018

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: SMITH, BRIAN
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG702302 Exp Date: 01/23/2019

rest.	9/2101	ATTIME
DIAG	Pass	3:47pm
AÍR BL		3:48pm
ACCY C		3:48pm
AIR BL		3:49pm
SUB TE	ST .00	3:50pm
AIR BL		3:51pm
SUB TE	ST .00	3:52pm
AIR BL	к .00	3:53pm

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1427
Test Date: 02/06/2018 Test Time: 3:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

Temperature Tests

Ţes	$t_{\mathbb{R}_{p_0}}$	Sta	itus	Ti	me
		ta garage		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	era A
FC1	i de Persiph	Pas	s .	3 :	55°pm
SRC	(Balana) Carabanasa	Pas		3:	55 p m
DET	1	Pas			55pm
BAR	e i i	Pas	201 40		55 pm
BT		Pas	ALCOHOL: NO		55pm
9. 1	Ph. 1	1,15	的复数 医红色		

Blank Tests

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் எ	'oct		30,000	医二甲基基	T 🗗 🦠 (6.)	Time
	CO.L.	and the way				T T 111
		11 16 16 1	Z211 18 18 18 18	Sec. 206.2	1.17	网络人名托拉斯 化

·	AIR.		7	12 122	÷,	P	as	S "	166		3	: 56	mg
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Printer Tests

		不能ない (特別のよう)		e 11 2	200	1100	5.00
Test.		St:	4 4 - 4 - 1	~ `	٠	Тiп	``
	(12)					1 1 1	

PRNT	1,000	34	Da.	a a o		γ.	56	71	m
7 T. T. T. A. **	100	1.34	74 17		450	, •		ъ.	rrie

CRC Tests

	-	- 41 a 1	4.00	The second secon	
٠	Tes	5 1 77		Stati	ıs Time
	T) L	200		

COMP	Pass	3:5	6pm
CAL	Pass		6pm
	Pass	ikir Iki	ngan Serie

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIMET	ERS, MODEL INTO	A EC/IK II	
County K	andolph	Instrument Location	At Mobile	· Unit
Instrument Se	rial No. <u>008788</u>	Randulph	(050)	
The preventiv four months a	e maintenance procedures for the re:	: Intoximeters, Model Intox EC/	IR II to be followed at le	east once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoh degree centigrade;	nolic breath simulator th	ermometer shows
2.	Verify instrument displays tin	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	•	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before e nanged every four months or afte	expiration date, or the ale er 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that o procedures we Department of	on theday of ere performed on the instrument in f Health and Human Services, and	bruary, 20 18 ndicated above, in accordance w d the instrument is functioning p	the forgoing prevent rith current regulations or operly.	ive maintenance of the N.C.
OF THE STATE OF		•		



Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 12 750

Serial Number: 008788 Test Date: 02/24/2018

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
Permit Number: 13651E
Effective:

08/01/2017-08/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:21pm 11:22pm 11:23pm 11:24pm 11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skynn

RANDOLPH COUNTY BAT MOBILE UNIT 12 750

Serial Number: 008788 Test Record Number: 1326 Test Date: 02/24/2018 Test Time: 11:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:30pm
FLO	Pass	11:30pm
FC	Pass	11:30pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:31pm 11:31pm
DET	Pass	11:31pm
BAR	Pass	11:31pm
${f BT}$	Pass	11:31pm

Blank Tests

Test	Status	Time

AIR Pass 11:31pm

Printer Tests

Test	Stati	ıs	Time

PRNT Pass 11:31pm

CRC Tests

Test	Status	Time
COMP	Pass	11:31pm
CAL	Pass	11:31pm

Preventive Maintenance Status: Pass

Mg B Skinn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	INTOAIMETERS, MODEL INTOX EC/IR II
County RO	ndolph Instrument Location Bot Mobile Unit
Instrument Ser	ial No.008698 Randolph COSO
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
· · 10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Donya B Stimes 644
	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 12 750

Serial Number: 008698 Test Date: 02/25/2018

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
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	12:21am 12:22am
ACCY CHK	.07	12:22am
AIR BLK SUB TEST	.00 .00	12:23am
AIR BLK	.00	12:25am 12:26am
SUB TEST	.00	12:27am
AIR BLK	.00	12:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Properties Maintenance procedure.

RANDOLPH COUNTY BAT MOBILE UNIT 12 750

Serial Number: 008698
Test Date: 02/25/2018

Test Record Number: 1328
Test Time: 12:30am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	12:31am

Printer Tests

Test	Status	Time
PRNT	Pass	12:31am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:31am 12:31am

Preventive Maintenance Status: Pass

Analyst

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

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

RANDOLPH COUNTY ARCHDALE PD 750

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Serial Number: 008791 Test Date: 02/27/2018

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: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	11:13am 11:13am
ACCY CHK	.08	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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1241

Test Date: 02/27/2018

Test Time: 11:22am EST

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Parties A Parties

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO.	Pass	11:22am
FC	Pass	11:23am

Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

Blank Tests

Test	Status	Time
100		
AIR	Pass	11:23am

Printer Tests

Test	Status	Time
PRNT	Pass	11:23am

CRC Tests

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

Preventive Maintenance Status: Pass

L'Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS	\mathbf{s} , MODEL INTOX	EC/IR II	
County_	ockingham	Instrument Location	ladison fo	tice
Instrument So	orial No. 008802	D	epartment	1
The preventive four months a	ve maintenance procedures for the Intox ure:	cimeters, Model Intox EC/IR	. II to be followed at	least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		lic breath simulator t	hermometer show
2.	Verify instrument displays time an	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	, collect breath sample;		
7.	When "PLEASE BLOW" appears	, collect breath sample;		\$ 100 miles
8.	Print test record;		e	:
9.	Verify Diagnostic Program; and			
	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first. on the day of day of for the day of	d every four months or after (1901), 20, the stated above, in accordance wi	125 Alcoholic Breat he foregoing prevent ith current regulation	h Simulator tests,
THE STATE OF THE S	(unte	re of Certifying Official	Certifi	Sate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 02/08/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

resc	д/210г	Time
DIAG	Pass	4:13pm
AIR BLK	.00	4:14pm
ACCY CHK	.08	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm
SUB TEST	ି. ୦୦	4:19pm
AIR BLK	.007	4:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 760 Test Date: 02/08/2018 Test Time: 4:21pm EST

System Check: Passed

Baseline Tests

- Gala Might Ships

Test	Status	Time
IR	Pass	4:22pm
FLO	Pass	4:22pm
FC	Pass	4:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:22pm
SRC	Pass	4:22pm
DET	Pass	4:22pm
BAR	Pass	4:22pm
BT	Pass	4:22pm

Blank Tests

Test	Status	Time
AIR	Pass	4:23pm

Printer Tests

1000	beacas	TTIME
PRNT	Pass	4:23pm
	ODO Harta	

Statue

	CK	٠.	Ŧ	CS	CE

Teat

rest	Status	Time
COMP	Pass	4:23pm
CAL	Pass	4:23pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 02/20/2018

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: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.07	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:45pm
ATD DIK	0.0	12.46pm

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1956
Test Date: 02/20/2018 Test Time: 12:48pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	HANCE Co. Instrument Location LAURIN BURG Police Dept.
Instrument Seria	INO. 008834 LAURINDURG P.D.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on oprocedures were Department of H	the
OT WE STATE ON THE TOTAL PROPERTY OF THE PROPE	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 02/07/2018

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: KEESLER, GRAYHAM C Permit Number: 7682E

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	6:36pm 6:37pm 6:37pm 6:38pm
SUB TEST	.00	6:39pm
AIR BLK SUB TEST	.00	6:40pm 6:42pm
AIR BLK	.00	6:43pm

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 833 Test Date: 02/07/2018 Test Time: 6:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:43pm
FLO	Pass	6:43pm
FC	Pass	6:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:43pm
SRC	Pass	6:43pm
DET	Pass	6:43pm
BAR	Pass	6:43pm
BT	Pass	6:43pm

Blank Tests

Test	Status	Time
7\ *** **>	_	
AIR	Pass	6:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:44pm

CRC Tests

Test	Status	Time
COMP	Pass	6:44pm
CAL	Pass	6:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Sco	INTOXIMETERS, MODEL INTOX EC/IR II STAND CO. Instrument Location Scotland Co. TA.
Instrument Seria	
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 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.
	heday of
OTHE STATE OF ME S	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 02/07/2018

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

12/01/2017-12/01/2019

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		6:03pm 6:04pm
ACCY CHK	.07	6:04pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	.00	6:08pm
AIR BLĶ	.00	6:09pm

Chemical Analyst Signature of

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

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1377
Test Date: 02/07/2018 Test Time: 6:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:10pm
FLO	Pass	6:10pm
FC	Pass	6:10pm

Temperature Tests

Status	Time
Pass	6:10pm
	Pass Pass Pass Pass

Blank Tests

iest	Status	Trine
AIR	Pass	6:11pm

Printer Tests

Test	Status	Time
$x_{i}(t) = (x_{i}(t), x_{i}(t))$		
PRNT	Pass	6:11pm

CRC Tests

rest	Status	Time
COMP CAL	Pass Pass	6:11pm 6:11pm

Preventive Maintenance Status: Pass

Analyšt

PREVENTIVE MAINTENANCE RECORD

County_	tokes Instrument Location Stokes County Jai
Instrument S	228591
	//
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10. I certify that	
procedures w Department	vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE CLAMVE	

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

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 02/08/2018

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: BENFIELD II, KENNETH R Permit Number: 22067E Effective: 07/01/2016-07/01/2018

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

> > Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	5:08pm
AIR BLK	.00	5:09pm
ACCY CHK	.08	5:09pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00,	5:13pm
AIR BLK	.00	5:14pm

Chemical Analyst Signature of

Court CVR

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

Rev. 12/2007

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 984
Test Date: 02/08/2018 Test Time: 5:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:16pm
FLO	Pass	5:16pm
FC	Pass	5:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	5 ; 16 pm
SRC	Pass	5:16pm
DET	Pass	5:16pm
BAR	Pass	5:16pm
BT	Pass	5:16pm

Blank Tests

rest	. 1	Status	rime
- EF-4.12			A THE WAY OF A STATE
ari salidi ba	13		
AIR		Pass	5:17pm

Printer Tests

Test	1	11/2	Stat	us	Time.
3 (17)		41	1.1) ;	 1. 人名马肯克

PRNT	 13	Pass	- 1	14	5:1	7 om
	1	4			. 7	

CRC Tests

Test	Status	Time
<u> Ç</u> ФМР	Pass	5:17pm
ÇAL	Pass	5:17pm

Preventive Maintenance Status: Pass

Analys /

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IT

County	Stokes Instrument Location King Police
Instrument S	erial No. 0086/0 Department
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
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
THE STATE OF THE S	

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 02/09/2018

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: BENFIELD II, KENNETH R
Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	4:57pm
AIR BLK	.00	4:57pm
ACCY CHK	.07	4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	0.00	5:03pm

Reported AC:

.00 AP210L

Signature of Chemikal Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 02/09/2018

Test Record Number: 1922 Test Time: 5:04pm EST

System Check: Passed

Baseline Tests

Test	Status Time
IR	Pass 5:05pm
FLO	Pass 5:05pm
FC	Pass 5:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:05pm
SRC	Pass	5:05pm
DET	Pass	5:05pm
BAR	Pass	5:05pm
BT	Pass	5:05pm

Blank Tests

Test	Status	Time
		•
AIR	Pass	5:05pm

Printer Tests

rest	Status	Time
		•
PRNT	Pass	5:05pm

CRC Tests

Test	Status	Time
COMP	Pass	5:06pm
CAL	Pass	5:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II OUTTY Instrument Location Elkin Police
Instrument So	erial No. 008926 Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 02/12/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734102

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	8:37am
AIR BLK	.00	8:38am
ACCY CHK	.08	8:39am
AIR BLK	.00	8:40am
SUB TEST	.00	8:41am
AIR BLK	0.0	8:42am
SUB TEST	.00	8:43am

8:44am

AIR BLK .00

Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 02/12/2018

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Test Record Number: 786
Test Time: 8:45am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:45am
SRC	Pass	8:45am
DET	Pass	8:45am
BAR	Pass	8:45am
BT	Pass	8:45am

Blank Tests

Test	Status	Time
1 - 1 - 1		
AIR	Pass	8:46am

Printer Tests

rest	Status	Time
PRNT	Pass	8:46am
	~~~ .	

#### CRC Tests

rest	Status	Time
		**
COMP	Pass	8:46am
CAL	Pass	8:46am

milion o

Preventive Maintenance Status: Pass

Analyst 2

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXIEC/IR II

	INTOXIMETERS, MODEL INTOXIEC/IR II
County	Jurry Instrument Location <u>Filot Mountain</u>
Instrument S	Gerial No. 008938 Police Department
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.
I certify that	
procedures w	vere 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.
OF THE STATE	TO NOW IN THE RESERVE TO THE RESERVE
S S S S S S S S S S S S S S S S S S S	
Y ESE QUAN V	Land Harles 105
	Signature of Certifying Official Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 02/14/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

«Test	g/210L	Time
DIAG	Pass	3:14pm
AIR BLK	.00	3:15pm
ACCY CHK	.08	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:22pm
AIR BLK	. 00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 597

System Check: Passed

### Baseline Tests

Test	Status	Time
		and great the second
IR	Pass	3:25pm
FLO	Pass	3:25pm
FC	Pass	3:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
BT	Pass	3:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

#### Printer Tests

TEST	Status	111116
PRNT	Pass	3:26pm

#### CRC Tests

rest	Status	rıme
	_	
COMP	Pass	3:26pm
CAL	Pass	3:26pm

Preventive Maintenance Status: Pass

Analyst

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

County Sa	gin	Instrument Location Cherole	ee Tribal De
Instrument Seria	al No. 008782	Instrument Location Cheroke Cherokee, NC	
		·	
The preventive four months are		ntoximeters, Model Intox EC/IR II to be for	ollowed 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 shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
<b>5.</b>	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
<b>8.</b>	Print test record;		
9.	Verify Diagnostic Program; and	<b>i</b>	
10.		ster is being changed before expiration da aged every four months or after 125 Alcoh	
procedures were	performed on the instrument ind	brugry, 20 /8 the forgo icated above, in accordance with current rhe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	OR LANGUAGE		
W QUAM WILL	Sign	ature of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 02/22/2018

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621501 Exp Date: 08/02/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1029 Test Date: 02/22/2018 Test Time: 12:04pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC :	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:05pm CAL Pass 12:05pm

Preventive Maintenance Status: Pass

Analyst

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

County VA	VCE Instrument Location VANCE CO SHERIFF'S OFF
Instrument Seri	ial No. DO8937 156 CHURCH ST. HENDERSON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
O'NI STATE OF	
Tare QUAN VINNE	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 02/05/2018

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: SMITH, BRIAN
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG702402 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:54am 11:55am 11:56am 11:57am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
ATR BLK	. 00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 02/05/2018 Test Record Number: 2426

Test Time: 12:02pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
$\operatorname{DET}$	Pass	12:03pm
·BAR	Pass	12:03pm
BT	Pass	12:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
•	CRC Tests	
Test	Status	Time

COMP Pass 12:04pm 12:04pm CALPass

Preventive Maintenance Status: Pass

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

County VA	NCE Instrument Location VANCE (3.	The second secon
Instrument Ser	ial No. <u>008870 156 CHURCH ST. HEN</u>	DEUZSON, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folle:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	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.	e, or the alcoholic breath blic Breath Simulator tests,
procedures we	n the <u>OS</u> day of <u>FIEBRUARY</u> , 20 <u>18</u> the forgoiste performed on the instrument indicated above, in accordance with current ref Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S		637 Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 02/05/2018

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: SMITH, BRIAN
Permit Number: 8937E
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

g/210L	Time
Pass .00 .07	11:51am 11:52am 11:52am
.00	11:54am
.00	11:55am
.00	11:56am
.00	11:57am
.00	11:58am
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 02/05/2018 Test Record Number: 2167
Test Time: 11:59am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:00pm 12:00pm 12:00pm 12:00pm 12:00pm
		· · · · · p

### Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CD C E	

#### CRC Tests

Test	Status	Time
COMP	Pass	12:00pm
CAL	Pass	12:00pm

Preventive Maintenance Status: Pass

Analyst

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

County W	Instrument Location CARY PD
Instrument Seria	INO. 008587 120 WILKINSON AUE CARY, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 02/01/2018

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, SIMON S

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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Report/ed AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 3676 Test Date: 02/01/2018 Test Time: 2:01pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	2:02pm
Pass	2:02pm
Pass	2:02pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	2;02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass A	2:02pm

#### Blank Tests

rest	Status lime	3
	100	. j j
AIR	Pass 2:02	pm

#### Printer Tests

Tepe	Scacus	T THE
PRNT	Pass	2:02pm
	CRC Tests	

Test	Status	Time
COMP		
COMP	Pass	2:03pm
CAL	Pass	2:03pm

Preventive Maintenance, Status: Pass

Analyst

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

County WA	Instrument Location April PD STATION 4
Instrument Seria	Instrument Location April PD STATION 4  al No. 008621 1615 E. Williams St. April N
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of _FEBRUARY, 20/8, the foregoing preventive maintenance experformed 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 A	
A STE COLLAND TO STE TO STEEL AND STEEL AS STEEL	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)

WAKE COUNTY APEX PD Serial Number: 008621

Test Date: 02/01/2018

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: NNE

Analyst's Name: BARNES, SIMON S

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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: 00 g/2

Signature of Chemical Analyst

Court CVR

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

Analyst

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2387 Test Date: 02/01/2018 Test Time: 11:37am EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
$\mathtt{BT}$	Pass	11:38am

#### Blank Tests

Test	Status		Time
AIR	Pass	٠,	11:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County WAL	Instrument Location KNIGHT DALE P. S.
Instrument Seria	KNIGHTDALE, NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 Ol day of FEBRUARY, 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.
STATE OF THE STATE	But Jan 1637 Signature of Certifying Official Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 02/01/2018

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
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:30pm 3:31pm 3:32pm 3:33pm 3:33pm 3:34pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1621

Test Date: 02/01/2018

Test Time: 3:37pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

#### Blank Tests

Test	Status	Time
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AIR Pass 3:39pm

#### Printer Tests

Test Status Time

PRNT Pass 3:39pm

CRC Tests

Test Status Time

COMP 3:39pm Pass CAL Pass 3:39pm

Preventive Maintenance

Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC	the second secon
County W		The state of the s
Instrument Se	erial No. UD 8651 3301 HAMMOND RD	RALEIGH, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to lare:	oe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer 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 expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that procedures w Department of	on the OA day of FBRUAR , 20 18 the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S		
A STATE OF THE STA	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Date: 02/09/2018

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
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:03pm 1:04pm
ACCY CHK	.07	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

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: 008651 Test Record Number: 1291 Test Date: 02/09/2018 Test Time: 1:12pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	1:12pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	NAKE	Instrum	ent Location W	AKE CO.	DETENTION CEN	TE,
Instrument S	erial No. <u>008739</u>	3301	HAMMOND	RD	RALEIGH, N	;= : <u>:</u>
The preventi four months	ve maintenance procedures for the are:	Intoximeters	, Model Intox EC	/IR II to be	followed at least once eve	ry
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c			holic breath	simulator thermometer sl	nows
2.	Verify instrument displays tin	ne and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	d;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" 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.					
	on the <u>09</u> day of <u>F</u> were performed on the instrument in of Health and Human Services, and	ndicated abov	e, in accordance	with current	oing preventive maintena regulations of the N.C.	nce
OF THE STAT	E or No.					• .
CREAT						
APRILIZATION OF THE STATE OF TH		-0	Snath	<u>.                                    </u>	637	
	Si	gnature of Ce	rtifying Official		Certificate Number	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008738 Test Date: 02/09/2018

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

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:32pm 12:33pm
ACCY CHK	.08	12:33pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:38pm
AIR BLK	00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008738

Test Record Number: 759

Test Date: 02/09/2018

Test Time: 12:40pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
, c	RC Tests	
Test	Status	Time
COMP	Pass	12:41pm

12:41pm

Preventive Maintenance Status: Pass

Pass

CAL

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

County WA	1/2 Instrument Location Wake 6 JAIL
Instrument Seria	11 No. 008577 3301 Hammond Ro RALeigh, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures wer Department of	n theday of, 20, 20, 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.
THE STATE OF THE S	

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

DHHS 4080 (11/07)

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 02/19/2018

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: BARNES, SIMON S 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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	9:39am
AIR BLK	.00	9:40am
ACCY CHK	.07	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
ATR BLK	. 0.0	9:47am

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 3671
Test Date: 02/19/2018 Test Time: 9:51am EST

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:51am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:52am

#### Printer Tests

rest	Scacus	TTIIIE
PRNT	Pass	9:52am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:52am
CAL	Pass	9:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	AHE Instrument Location WAKE GO JAIL
	al No. 0086/2 330/ HAMMOND RD Roleigh, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures we	on the
STATE OF STA	

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 02/19/2018

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: BARNES, SIMON S

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: AG716202 Exp Date: 06/11/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612

Test Record Number: 3850

Test Date: 02/19/2018

Test Time: 10:16am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

#### Temperature Tests

Test	Status	Time
FC1	Pass	<b>10:</b> 16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

#### Blank Tests

Test	Status	'l'ıme
AIR	Pass	10:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:17am

### CRC Tests

Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance Status: Pass

Analyst

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

County	Navne	Instrument Location Sty Move	Johnson A.F.B.
Instrument Se	rial No. 00 (74)	1010 Varmont Garriso	n R.L., Goldsenio,
The preventiv	•	the Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic brea 2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	7 <b>.</b>	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;	•	
9	Verify Diagnostic Program	n; and	
10.		canister is being changed before expiration changed every four months or after 125 A	
I certify that of procedures we Department of	on the OO H day of Pere performed on the instrument of Health and Human Services,	the formation the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
	<u> </u>		
OF THE STATE	A CONTRACTOR OF THE CONTRACTOR	•	
NA PARAMETER STATE OF THE PARAMETER STATE OF	CAROLINA		
APRIL 12, 1778  APRIL 12, 1778  APRIL 12, 1778	m*/	In & A Legle Signature of Certifying Official	Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 02/20/2018

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

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: AG621404 Exp Date: 08/01/2018

g/210L	Time
Pass	1:37pm
.00	1:38pm
.07	1:39pm
.00	1:40pm
.00	1:40pm
.00	1:41pm
.00	1:43pm
.00	1:44pm
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 02/20/2018

Test Record Number: 291
Test Time: 1:45pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass.	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

#### Blank Tests

Test	Status	Time
1.5	1	
AIR	Pass	1:46pm

#### Printer Tests

rest	Status	1'ime
PRNT	Pass	1:46pm

#### CRC Tests

1:46pm 1:46pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 008649 DOTE, Chestur ST., GoldsB210, A
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 201 day of 1870A121 , 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

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 02/22/2018

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: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701

Exp Date: 04/17/2019

Test	g/210L	Time

DIAG	Pass	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 3361

Test Date: 02/22/2018

Test Time: 1:33pm EST

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
$\mathtt{BT}$	Pass	1:33pm

#### Blank Tests

Test	Status	Time
<b>ATR</b>	Pass	1 · 34rom

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County (1)	ay ar	Instrument Location	onWayne Co	· Detention Co
Instrument Ser	rial No. <u>00867</u> /	Instrument Location	C57NUT - 57	T., Galsenso,
The preventive four months as		for the Intoximeters, Model In	tox EC/IR II to be fo	llowed at least once every
1.		canister displays pressure, or t nus .2 degree centigrade;	he alcoholic breath s	imulator thermometer show
2.	Verify instrument disp	lays time and date;		er e seguine
3.	Initiate breath test sequ	uence;		
4.	Enter information as p	rompted;	M ₃	
5.	Verify instrument accu	ıracy;		
6.	When "PLEASE BLO	W" appears, collect breath san	nple:	
7.		W" appears, collect breath san	•	
8.	Print test record;	тррошо, осново основно	··· <b>····</b> ·	
9.		grom: and		
	Verify Diagnostic Pro			
10.	Verify that the ethanol simulator solution is b whichever occurs first	gas canister is being changed leing changed every four month	before expiration dat is or after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
procedures we	ere performed on the instru	ment indicated above, in accordes, and the instrument is function	dance with current re	ing preventive maintenance egulations of the N.C.
	, \$ 			
STATE OF STA	A SA		: 4	
APRIL 22 OFF		FindA. le		647
	• •	Signature of Certifying Of	Ticial	Certificate Number

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

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 02/22/2018

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: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:28pm 1:29pm 1:30pm 1:31pm
SUB TEST AIR BLK	.00	1:31pm 1:32pm
SUB TEST AIR BLK	.00 .00	1:35pm 1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 4530

Test Date: 02/22/2018

Test Time: 1:39pm EST

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 DET	Pass Pass	1:39pm 1:39pm
BAR	Pass	1:39pm
$\mathtt{BT}$	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 1/	tauga Instrument Location Watavaga Co. Jail	
Instrument Se	rial No. 008715 Bone, NC	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	,
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;	W:
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	s,
I certify that procedures w Department	on the 27 day of February , 20/8 the forgoing preventive maintenance 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.	ce
THE STATE OF THE S		
White Same	Signature of Certifying Official Certificate Number	<b>-</b> .

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 02/27/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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	1:36pm 1:37pm
AIR BLK ACCY CHK	.00	1:37pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715

Test Record Number: 2079

Test Date: 02/27/2018

Test Time: 1:44pm EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:46pm
CAL	Pass	1:46pm

Preventive Maintenance Status: Pass

**Analyst** 

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

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

Signature of Certifying Official

Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 02/12/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:51am 9:51am
AIR BLK ACCY CHK	.00	9:51am
ACCI CHK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	00ر	9:56am
ATR RIK .	Z.00	9:57am

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

# WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843

Test Record Number: 2209

Test Date: 02/12/2018

Test Time: 9:57am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

# Blank Tests

	Time
AIR Pass 9	:58am

### Printer Tests

PRNT Pass 9:58am	Test	Status	Time
	PRNT	Pass	9:58am

### CRC Tests

Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance Status: Pass

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

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

Signature of Certifying Official

### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 02/12/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201

Exp Date: 06/11/2019

Test

DIAG	Pass	9:47am
AIR BLK	.00	9:48am
ACCY CHK	.07	9:49am
AIR BLK	.00	9:50am

g/210L

Time -

AIR BLK .00 9:50am SUB TEST .00 9:51am AIR BLK .00 9:52am

SUB TEST .00 9:53am

AIR BLK .00 9:54am

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

# WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 02/12/2018 Test Record Number: 575
Test Time: 9:55am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:56am
FLO	Pass	9:56am
FC	Pass	9:56am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:56am
SRC	Pass	9:56am
DET	Pass	9:56am
BAR	Pass	9:56am
BT	Pass	9:56am

### Blank Tests

Test	Status	Time
AIR	Pass	9:57am

# Printer Tests

rest	Status	ттше
PRNT	Pass	9:57am

### CRC Tests

· · · · · · · · · · · · · · · · · · ·	rest	Status	TTIIIE
		 =	9:57am 9:57am

Preventive Maintenance Status: Pass

Analyst/

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

County Wi	Instrument Location Wilson County Detention		
Instrument Seria	Instrument Location Wilson Canty Detentional No. 008627 100 E. Green St., Wilson, N.C.		
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 13th day of February, 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		

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

55 # Million

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 02/13/2018

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	Pass	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2187

Test Date: 02/13/2018

Test Time: 10:28am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:28am 10:28am
FC	Pass	10:29am

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:29am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Wil	Son Instrument Location Wilson Co. Defention
Instrument Seria	INO. OD8652 100 6. Green St., Wilson, MC.
	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 a procedures were Department of H	the 13 day of February, 20 18 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.
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.

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 02/13/2018

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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	9:53am 9:54am
ACCY CHK	.07	9:54am
AIR BLK	.00	9:56am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:59am
ATR BLK	. 0.0	10.00am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3062 Test Date: 02/13/2018 Test Time: 10:13am EST

System Check: Passed

# Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass	10:14am
DET	Pass Pass	10:14am 10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

### Blank Tests

Test	Status	Time
AIR	Pass	10:14am

### Printer Tests

	and the second s	The second second second
	and the second second	and the second
	CRC Tests	
PRNT	Pass	10:14am
Test	Status	Time

Tepc	. :	Status	Trine
COMP		Pass	10:14am
CAL		Pass	 10:14am

Preventive Maintenance Status: Pass

Analyst

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

Signature of Certifying Official

Certificate Number

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

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 02/07/2018

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: BENFIELD II, KENNETH R Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:38pm 5:38pm 5:39pm
AIR BLK	. 0.0	5:40pm
SUB TEST	.00	5:41pm
AIR BLK	.00	5:42pm
SUB TEST	.00	5:43pm
AIR BLK	200	5:44pm

hemi**é**al Analyst

Court CVR

# YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1473 Test Date: 02/07/2018 Test Time: 5:45pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:46pm
FLO	Pass	5:46pm
FC	Pass	5:46pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:46pm
SRC	Pass	5:46pm
DET	Pass	5:46pm
BAR	Pass	5:46pm
BT	Pass	5:46pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:46pm

### Printer Tests

Test		Status	 Time
PRNT	٠.	Pass	5:46pm

### CRC Tests

1	Status	Time
** *		
	Pass	5:47pm
	Pass	5:47pm
		Pass

Preventive Maintenance Status: Pass

Analyst 6

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

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

Signature of Certifying Official

Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 02/07/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	5:30pm
AIR BLK	.00	5:31pm
ACCY CHK	. 08	5:31pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:36pm
AIR BLK	<b>,</b> 00	5:37pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 464
Test Date: 02/07/2018 Test Time: 5:39pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	5:39pm
FLO	Pass	5:39pm
FC	Pass	5:39pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:39pm 5:39pm
DET	Pass	5:39pm
BAR	Pass	5:39pm
BT	Pass	5:39pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:40pm

### Printer Tests

rest	Status	Time
PRNT	Pass	5:40pm

# CRC Tests

Test	Status	Time
COMP	Pass	5:40pm
CAL	Pass	5:40pm

Preventive Maintenance Status: Pass

Analyst