PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Alexander County SD
Instrument Se	0.0000.0
The preventive	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
•	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	the 10 day of 0000, 20), the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 10/10/2018

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

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

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

Analyst's Name: 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/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	9:44am 9:45am 9:46am 9:47am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1794
Test Date: 10/10/2018 Test Time: 9:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR.	Pass	9:53am
BT	Pass	9:53am

Blank Tests

Test Status Time AIR Pass 9:54am

Printer Tests

Test Status Time PRNT Pass 9:54am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	reau for t	Instrument Location Beaufort Co. Court	ho
Instrument S	Gerial No. 00885/	Instrument Location Beaufort Co. Court 102 E. 2 Nd ST., WAShingTON	<u>, h</u>
The prevention four months	ve maintenance procedures for the Irare:	toximeters, Model Intox EC/IR II to be followed at least once ev	ery
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath simulator thermometer gree centigrade;	shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	•	:
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration date, or the alcoholic breat ged every four months or after 125 Alcoholic Breath Simulator to	th ests,
I certify that or procedures we Department o	on the	the forgoing preventive maintena cated above, in accordance with current regulations of the N.C. the instrument is functioning properly.	ınce
STATE ONE WILLIAM OF THE STATE	O TO THE CAROLI		·

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

Signature of Certifying Official

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008851 Test Date: 10/10/2018

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:14pm 12:15pm 12:15pm 12:16pm 12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	. 0.0	$12 \cdot 20 \text{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008851

Test Record Number: 632

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:22pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:22pm 12:22pm 12:22pm 12:22pm 12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:23pm

Preventive Maintenance Status: Pass

Pass

12:23pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	instrument Location Peaufo	+ Co. Courthous
Instrument S	Gerial No. DU8909 1026. 2nd St.	Jeshington, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	•
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
I certify that procedures we Department	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 whichever occurs first. on the	Alcoholic Breath Simulator tests, forgoing preventive maintenance rent regulations of the N.C.
OTHE STATE	Signature of Certifying Official	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 10/23/2018

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: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	9:34am 9:35am
ACCY CHK	.07	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 3143

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	9:42am
FTO	Pass	9:42am
FC	Pass	9:43am

Temperature Tests

Test	Status	Time
FC1	Pass	9:43am
SRC	Pass	9:43am
DET	Pass	9:43am
BAR	Pass	9:43am
BT	Pass	9:43am

Blank Tests

Test	Status	Time
AIR	Pass	9:43am

Printer Tests

Test	Status	Time
PRNT	Pass	9:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:43am 9:43am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- Taren	INTOXIMETERS, MODEL INTOX EC/IR II
County	Sladen Instrument Location Bladen County
Instrument Ser	ial No. 008894 Sheriff Depart
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 3 day of 20 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.
OF HE STATE OF THE	Signature of Certifying Official Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 10/25/2018

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: RHODES, KENNETH C
Permit Number: 5329E
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 AIR BLK	Pass	11:22am 11:22am
ACCY CHK	.08	11:23am
AIR BLK	.00	11:25am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 1122 Test Date: 10/25/2018 Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time

	•	
COMP	Pass	11:31am
CAL	Pass	11:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
County Daden Instrument Location Barten County
Instrument Serial No. 008818 Sheriff Department
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the day of 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.
STATE OF THE CASE
Signature of Certifying Official Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 10/25/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:19am 11:20am
ACCY CHK	.07	11:21am
AIR BLK SUB TEST	.00 .00	11:22am 11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:27am
ATR BLK	.00	11.28am

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 1434
Test Date: 10/25/2018 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:30am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

rest	Status	Time
PRNT	Pass	11:30am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 10/19/2018

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: RHODES, KENNETH C Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

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	Pass .00	9:29am 9:29am 9:30am
AIR BLK	.00	9:31am
SUB TEST AIR BLK	.00 .00	9:31am 9:32am
SUB TEST	.00	9:34am
AIR HIX	1111	U • 4 h a m

Reported AC: A. 6 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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1584
Test Date: 10/19/2018 Test Time: 9:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR'	Pass	9:39am
FLO	Pass	9:39am
FC	Pass	9:40am

Temperature Tests

Test	Status	Time
FC1	Pass	9:40am
SRC	Pass	9:40am
DET	Pass	9:40am
BAR	Pass	9:40am
BT	Pass	9:40am

Blank Tests

Test	Status	Time
AIR	Pass	9:40am

Printer Tests

Test	Status	Time
	*,	
PRNT	Pass	9:40am

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	9:41am 9:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	3/4/15Wick Instrument Location Brunswick Cour
Instrument S	erial No. OO 8602 Sheriff Depension
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	



Signature of Certifying Official

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 10/19/2018

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: RHODES, KENNETH C
Permit Number: 5329E
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	10:35am
AIR BLK	.00	10:36am
ACCY CHK	.07	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
ATR BIK	. 0.0	10:42am

Reported AC: .80 /2101

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 4160

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

County	INTOXIMETERS, MODEL INTOX EC/IR II Serial No 00 8575 Serial No 00 8575 Short EF Degartment
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.
	on theday ofday of
STAT.	



Signature of Certifying Official

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 10/19/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

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 SUB TEST	Pass .00 .07 .00	10:36am 10:37am 10:37am 10:39am
AIR BLK SUB TEST	.00 . 00	10:40am 10:42am
AIR BLK	.00	10:43am

Reported AC:

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 4165
Test Date: 10/19/2018 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:44am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	·
Test	Status	Time

COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

٣.	INTOXIMETERS, MODEL INTOX EC/IR II
County V	<u>Srunswick</u> Instrument Location, Sunset Beach
Instrument S	erial No. 008874 Palice Depart Mens
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday ofday 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.
OF THE STAT	E OF A O. A.



Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 10/19/2018

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

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

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

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Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:14pm
ACCY CHK	.08	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 647 Test Date: 10/19/2018 Test Time: 1:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:22pm
SRC	Pass	1:22pm
DET	Pass	1:22pm
BAR	Pass	1:22pm
BT	Pass	1:22pm

Blank Tests

Test	Status	Time
		•
ATD	Dage	1 • 22mm

Printer Tests

rest	Status	Time
PRNT	Pass	1:22pm

CRC Tests

rest		Status	Time
<i>-</i>	1.		
COMP		Pass	1:22pm
CAL	÷.	Pass	1:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	Incombe Instrument Location Bunc	
Instrument Se	rial No. <u>Ovo 8916</u> Ashe	Ville, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	
procedures we	on the	current regulations of the N.C.
	No.	
STATE OF THE PROPERTY OF THE P	SALO MARIAN MARI	
SSE QUAM VIDE		≥ 64 <i>q</i>
	Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL

Serial Number: 008916 Test Date: 10/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:15pm 12:16pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008916 Test Date: 10/05/2018 Test Record Number: 1392 Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	\mathtt{Time}
PRNT	Pass	12:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:23pm
CAL	Pass	12:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 15	Uncombe Instrument Location Buncombe Co Jail
Instrument Se	erial No. <u>OO8796</u> <u>Asheville, NC</u>
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 the
STATE STATE OF THE	SAON SAN SAN SAN SAN SAN SAN SAN SAN SAN SA
ANTIBIO .	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 10/05/2018

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

Officer's Name: NONE,

05/01/2017-05/01/2019

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 4495 Test Date: 10/05/2018 Test Time: 11:36am EDT

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 SRC DET BAR	Pass Pass Pass Pass	11:37am 11:37am 11:37am 11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:38am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

11:38am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive mai four months are:	ntenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every erify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 4 degrees, plus or minus .2 degree centigrade;
four months are:	erify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 4 degrees, plus or minus .2 degree centigrade;
	4 degrees, plus or minus .2 degree centigrade;
2. V	erify instrument displays time and date;
3. Ir	nitiate breath test sequence;
4, E	nter information as prompted;
5, V	erify instrument accuracy;
6. V	hen "PLEASE BLOW" appears, collect breath sample;
7. V	/hen "PLEASE BLOW" appears, collect breath sample;
8. P	rint test record;
9. V	erify Diagnostic Program; and
si	erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath mulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, hichever occurs first.
procedures were pe	day of October, 20/8 the forgoing preventive maintenance rformed on the instrument indicated above, in accordance with current regulations of the N.C. th and Human Services, and the instrument is functioning properly.
TO THE STATE OF NO.	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 10/05/2018

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:25am 11:26am 11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Intox EC/IR-II: Test Diagnostics

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 System Date: 10/05/2018 System Time: 11:33am EDT

Flow Baseline: 0
Flow Peak: 0
Blow Time: 0.00
Flow Volume: 0
Ethanol Baseline: 3084
Ethanol Delta: .00
CO2 Baseline: 3110
CO2 Delta: 1497

Fuel Cell Gain: 2 Quick Zero Peak: 175 Cal Factor 1: 3618 Cal Factor 2: 7647

Fuel Cell Baseline: 426
Fuel Cell SB Baseline: 426
Integral: 0

Absolute Peak: 496 Peak 1: 0

Time 1: 0
Peak 2: 0
Time 2: 0
Peak 4: 0
Time 4: 0
FACT Result: .00

Test Status: Success

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bo	neombe Instrument Location BAH Mob, le Unit 2
Instrument Seria	ul No. 758973
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 19 day of OC+Ober, 20 18, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF WAY AND A STATE OF	Signature of Certifying Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Date: 10/19/2018

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: TOWERY, CHAD V Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:16pm 8:17pm
ACCY CHK	.08	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:22pm

Reported AC+ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973

Test Record Number: 561

Test Date: 10/19/2018 Test Time: 8:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:23pm
SRC	Pass	8:23pm
DET	Pass	8:23pm
BAR	Pass	8:23pm
BT	Pass	8:23pm

Blank Tests

Test	Status	Time
ATR	Pass	8 · 24 m

Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:24pm
CAL	Pass	8:24pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Z	The state of the s
Instrument	Serial No. 008831 Marganton, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
OTHER STATE OF THE PROPERTY OF	
Walter Commence	Signature of Certifying Official Certificate Number
	Countrale Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 10/16/2018

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: 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: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	5:06pm 5:07pm
ACCY CHK AIR BLK	.08	5:08pm 5:09pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 2023 Test Date: 10/16/2018 Test Time: 5:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:14pm 5:14pm
FC	Pass	5:14pm

Temperature Tests

Status	Time
Pass	5:15pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:15pm

Printer Tests

Test	Status	T.TWE
PRNT	Pass	5:15pm

CRC Tests

Test	Status	Time
COMP	Pass	5:15pm
CAL	Pass	5:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bur.	The Campin Sulf
Instrument Serial	INO. 008904 Morganton, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properting the procedures were procedured to the procedures of the procedures of the procedures are the procedures.	he day of October, 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	
	Signature of Certifying Official Certificate Number
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 10/16/2018

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: 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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	5:06pm
AIR BLK	.00	5:07pm
ACCY CHK	.08	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Record Number: 2295 Test Date: 10/16/2018 Test Time: 5:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:14pm
FLO	Pass	5:14pm
FC .	Pass	5:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:14pm
SRC	Pass	5:14pm
DET	Pass	5:14pm
BAR	Pass	5:14pm
\mathtt{BT}	Pass	5:14pm

Blank Tests

Test	Status	Time
AIR	Pass	5:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:15pm

CRC Tests

Test	Status	Time
COMP	Pass	5:15pm
CAL	Pass	5:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

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

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

DHHS 4080 (11/07)

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 10/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG	Pass	2:52pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 2932

Test Date: 10/18/2018

Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm

CRC Tests

Test	Status	Time
COMP	Pass	3:02pm
CAL	Pass	3:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ander	Instrument Location Come	les Co. 50.
Instrument S	Gerial No. 008946	113 HWY 343	CANden, N.C.
The preventi	ive maintenance procedures for the	ne Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, or the alcoholic l 2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	; ;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	,	with the second
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expirate changed every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument	indicated above, in accordance with cure of the instrument is functioning proper	irrent regulations of the N.C.
THE STATE OF CHEMICAL STATE OF	NO. NO.	. 20 // 0	687
	/ ince	ignature of Certifying Official	Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 10/29/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401

Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:46am 10:47am 10:48am 10:49am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am

AIR BLK .00 10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Analyst

nicha A Krise

Rev. 12/2007

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 907

Test Date: 10/29/2018

Test Time: 10:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	100	
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
\mathtt{BT}	Pass	10:54am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARteR	et	Ins	strument Loca	tion FMC	eral)	Isle	AD
Instrume	ent Serial No	00863	70	Ty .		_		
The previous		ance procedures	for the Intoxim	eters, Model l	ntox EC/IR II	to be follow	ved at least onc	e every
1.	,	y the ethanol gas grees, plus or mi			the alcoholic	breath simu	lator thermome	eter show
2.	Verif	y instrument disp	lays time and d	ate;				
3.	Initia	te breath test sequ	ıence;					
4.	Enter	information as p	rompted;					
5.	Verif	y instrument accu	ігасу;	,				
6.	When	"PLEASE BLO	W" appears, co	llect breath sa	ample;		,	
7.	When	"PLEASE BLO	W" appears, co	llect breath sa	ımple;			
8.	Print	test record;						
9.	Verif	y Diagnostic Prog	gram; and					
10.	simul	y that the ethanol ator solution is be ever occurs first.	eing changed ev	being changed ery four mon	l before expirates or after 12	ation date, or 5 Alcoholic	r the alcoholic Breath Simula	breath tor tests,
procedu		day o med on the instru and Human Serv	ument indicated	a above, m ac	cordance with	current regu	eventive maint lations of the	enance N.C.
CREAT SECTION OF SECTI	STATE OF NO. 17. TO A TO		and	Z Ha	100	<u>ئ</u> <u>ئ</u>	354	
			Signature ø	f Certifying (Official		Certificate Nun	nber
A signed	original of the	preventive maint	tenance record s	shall be kept o	on file for at le	ast three ve	ars.	

DHHS 4080 (11/07)

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 10/18/2018

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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	Pass .00 .08	1:14pm 1:15pm 1:16pm
AIR BLK SUB TEST	.00	1:17pm 1:17pm
AIR BLK SUB TEST	.00	1:18pm 1:20pm
AIR BLK	.00	1:21pm

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

Karl E-Half
Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1960 Test Date: 10/18/2018 Test Time: 1:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:22pm
SRC	Pass	1:22pm
\mathtt{DET}	Pass	1:22pm
BAR	Pass	1:22pm
BT	Pass	1:22pm

Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

Printer Tests

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

	Doacas	I I III C
COMP CAL	Pass Pass	1:23pm 1:23pm
		1

Preventive Maintenance Status: Pass

Max & Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	Instrument Location Athantic Beach M
Instrument Seri	al No. <u>008785</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 10/18/2018

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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 AIR BLK ACCY CHK AIR BLK SUB TEST	.00	12:16pm 12:17pm 12:18pm 12:19pm 12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AG: .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

Karl E-Half Analysi

Rev. 12/2007

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1077
Test Date: 10/18/2018 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Status

Time

Printer Tests

Test

PRNT	Pass	12:24pm
		_
e.	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:24pm 12:24pm

Preventive Maintenance Status: Pass

Kand & Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	eteret Instrument Location Morehend City Al
Instrument Seria	al No. <u>008731</u>
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 day of
OT THE STATE OF A COUNTY OF THE STATE OF A COUNTY OF THE STATE OF A COUNTY OF THE STATE OF THE S	Signature of Certifying Official Signature of Certifying Official Signature of Certifying Official

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

DHHS 4080 (11/07)

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 10/18/2018

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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	11:34am
AIR BLK	.00	11:35am
ACCY CHK	.07	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731

Test Record Number: 2107

Test Date: 10/18/2018 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CPC Tests	

Test.	Status	Time
COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

a	in to a living ters, who be that the ec/li	
County 6/	ARTERET Instrument Location CARTER	et Gunty
Instrument Ser	ial No. <u>008882</u> SHERIFF'S OFF,	ice
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be te:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9,	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alcowhichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that of procedures we Department of	n theday ofdown, 20/8, the foregoing performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	354 Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 10/18/2018

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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	10:49am 10:49am
ACCY CHK	.08	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Range Half

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1747
Test Date: 10/18/2018 Test Time: 10:55am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:56am 10:56am 10:56am 10:56am
BT	Pass	10:56am

Blank Tests

Test Status Time
AIR Pass 10:56am

Printer Tests

Test Status Time
PRNT Pass 10:56am

CRC Tests

Test Status Time

COMP Pass 10:56am

CAL Pass 10:56am

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	Rtaret Instrument Location CARteret County
Instrument Seria	al No. 008605 SHERIFF'S OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 10/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902

Exp Date: 05/29/2020

Test	g/210L	Time
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DIAG	Pass	10:50am
AIR BLK	.00	10:51am
ACCY CHK	.07	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
ATP BIK	0.0	10.56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Karl E-Half Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 10/18/2018

Test Record Number: 3796
Test Time: 10:57am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:57am 10:57am 10:57am 10:57am 10:57am

Blank Tests

Test	Status	Time
AIR	Pass	10:58am

Printer Tests

Test	Status	Time
PRNT	Pass	10:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:58am

Preventive Maintenance Status: Pass

Rand E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	arteret Instrument Location BAT Mobile Unit 4
Instrument Se	Instrument Location BAT Mobile Unit 4 erial No. 008736 Enerald Isle
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 the
TATE STATE TO S	

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008736 Test Date: 10/27/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:01pm 11:02pm 11:02pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008736 Test Record Number: 922 Test Date: 10/27/2018 Test Time: 11:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:09pm
ьтО	Pass	11:09pm
FC	Pass	11:09pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11: 10pm

Printer Tests

Status

Time

11:10pm

Test

PRNT	Pass	11:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:10pm 11:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cas	Teat Instrument Location BAT Mobile Unit 4
Instrument Seria	No. 008601 Enerald Isle
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 27 day of October, 2018, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008601 Test Date: 10/27/2018

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: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:02pm 11:03pm
ACCY CHK	.08	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:09pm

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

Analyst

Department of Health and Human Services Rev. 12/2007

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008601 Test Record Number: 1313 Test Date: 10/27/2018 Test Time: 11:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:12pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:12pm
CAL	Pass	11:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTUXIMETERS, MODEL INTOX EC/IR II		
County_	instrument Location BATMobile Unit 4	
Instrument S	erial No. 00878 Romerald Psle	
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 Aday of October, 20 6, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	
TATE OREAT SE		

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

Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008775 Test Date: 10/28/2018

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: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008775

Test Record Number: 1799

Test Date: 10/28/2018

Test Time: 2:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:28am
${ t FLO}$	Pass	2:28am
FC	Pass	2 · 28am

Temperature Tests

Test	Status	Time
FC1	Pass	2:29am
SRC	Pass	2:29 a m
DET	Pass	2:29am
BAR	Pass	2:29am
BT	Pass	2:29am

Blank Tests

Test	Status	Time
AIR	Pass	2:29am

Printer Tests

rest	Status	Time
PRNT	Pass	2:29am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	tawba Instrument Location Catawl	oa County SD
Instrument Seria	al No. 008821 100 13 South West	BIVd, Newton
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
I certify that or	n the 15th day of October, 2018, the foregree performed on the instrument indicated above, in accordance with curr	
	Health and Human Services, and the instrument is functioning properly	
STATE OF USE OF	NO PARTIE CARK	
* CER CITIM ADDIN	Signature of Certifying Official	650 Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 10/15/2018

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: HUTCHINSON, JOSEPH E
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: AG814901 Exp Date: 05/29/2020

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Test	g/210L	Time
DIAG AIR BLK	Pass	11:09am 11:10am
ACCY CHK	.07	11:11am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1962 Test Date: 10/15/2018 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>l</u>	-IATHAM Instrument Location SILER CITY POLICE I	EPT
Instrument Seri	ial No. 008787 SILER 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 were Department of	the	
OF THE STATE OF MENT O	Cl. Rg Ba 648	
	Signature of Certifying Official Certificate Number	

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008787 Test Date: 10/15/2018

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olm Ry Banalyst

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008787

Test Record Number: 835

Test Date: 10/15/2018

Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:28pm 12:28pm 12:28pm 12:28pm
$\mathtt{B}\mathbf{T}$	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:30pm

12:30pm

Preventive Maintenance Status: Pass

Pass

CAL

Olm Ra Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	Instrument Location Chowan Co. Public Sal
Instrument Ser	rial No. 008895 Center, 305 Freemason St., Eden
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	theday of
THE STATE OF THE S	NOTE THE CARD AND A SECOND AND A SECOND ASSOCIATION ASSOCIATION AND A SECOND ASSOCIATION
Warm House	Signature of Certifying-Official Certificate Number
	Signature of Certifying-Official Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 10/04/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:48am 10:49am 10:50am 10:51am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 861 Test Date: 10/04/2018 Test Time: 10:56am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:56am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:57am

Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:57am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

10:57am

INTOXIMETERS, MODEL INTOX EC/IR II		
County	1eveland Instrument Location Cleveland County SU Th	
Instrument Se	rial No. 008887 407 M'Brayer St., Shelby	
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
Department	rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	
STATE STATE OF THE		

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 10/30/2018

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: AG805801 Exp Date: 02/27/2020

~ / 21 AT

mi mo

rest	9/2101	TIME
DIAG	Pass	9:06am
AIR BLK	.00	9:07am
ACCY CHK	.08	9:08am
AIR BLK	.00	9:09am
SUB TEST	.00	9:10am
AIR BLK	.00	9:11am
SUB TEST	.00	9:12am
AIR BLK	.00	9:13am

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 2767

Test Date: 10/30/2018

Test Time: 9:14am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:14am
SRC	Pass	9:14am
DET	Pass	9:14am
BAR	Pass	9:14am
\mathtt{BT}	Pass	9:14am

Blank Tests

Test	Status	Time

AIR Pass 9:15am

Printer Tests

Test	Status	Time

PRNT Pass 9:15am

CRC Tests

COMP Pass 9:15am CAL Pass 9:15am

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Col	umbus Instrument Location Columbus Country
Instrument Seria	andred Shall and
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 25 day of 0(10bc), 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 10/25/2018

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

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 .00	9:39am 9:39am
ACCY CHK	.08	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:42am
SUB TEST	.00	9:44am
AIR BLK	.00	9:45am

Reported AC: ...90 g/210L

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886

Test Record Number: 1416

Test Date: 10/25/2018

Test Time: 9:45am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46am
FLO	Pass	9:46am
FC	Pass	9:46am

Temperature Tests

Test	Status	Time
FC1	Pass	9:46am
SRC	Pass	9:46am
DET	Pass	9:46am
BAR	Pass	9:46am
BT	Pass	9:46am

Blank Tests

Test	Status	Time
AIR	Pass	9:47am

Printer Tests

Test	Status	Time
PRNT	Pass	9:47am

CRC Tests

Test	Status	Time
COMP	Pass	9:47am
CAL	Pass	9:47am

Preventive Maintenance Status: Pass

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; Enter information as prompted; 5. Verify instrument accuracy; 6. 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.



Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 10/25/2018

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: RHODES, KENNETH C Permit Number: 5329E Effective: 05/01/2017-05/01/2019

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 .00	9:40am 9:40am 9:41am 9:42am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:45am
AIR BLK	.00	9:45am

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 10/25/2018

Test Record Number: 2095

Test Time: 9:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47am
FLO	Pass	9:47am
FC	Pass	9:47am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:47am 9:47am 9:47am 9:47am
\mathtt{BT}	Pass	9:47am

Blank Tests

Test	Status	Time
AIR	Pass	9:48am

Printer Tests

Test	Status	Time
PRNT	Pass	9:48am
•	CRC Tests	
Tost	Status	Timo

TCDC	blacus	TIME
COMP	Pass	9:48am
CAL	Pass	9:48am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAVEN Instrument Location New BERN PD
Instrument S	erial No <i>008817</i>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on theday ofdouble_color of the N.C. the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. to Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 10/22/2018

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: HALL, RANDY E

Permit Number: 3462E

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 AIR BLK ACCY CHK	Pass .00 .07	1:20pm 1:21pm 1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
ATR BLK	. 0.0	1 · 26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test I Test Date: 10/22/2018 Test

Test Record Number: 1405 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time	
ATR	Pass	1:30rpm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:30pm

Preventive Maintenance Status: Pass

Pass

1:30pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LA	RAVEN	Instrument Location LRAVEN	County
Instrument Seri	ial No. <u>008732</u>	SHERIFF'S OFFICE	-
The preventive four months are		ximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.	splays pressure, or the alcoholic breath see centigrade;	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, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration de ed every four months or after 125 Alco	
	re performed on the instrument indi	cated above, in accordance with current is functioning properly.	ing preventive maintenance t regulations of the N.C.
STATE OF STA		Hold with the control of the control	Certificate Number

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

DHHS 4080 (11/07)

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 10/22/2018

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: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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

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

Test	g/210L	Time
AIR BLK	Pass	2:02pm 2:03pm
ACCY CHK	.08	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 2128
Test Date: 10/22/2018 Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass -	2:10pm

Blank Tests

Test	Status	Time	
ATR	Pass	2 · 11 m	

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm

CRC Tests

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Instrument Location MCAS	CHERRY POINT
Instrument Se	erial No. <u>010819</u>	PMO	·
The preventive four months a		ximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath see centigrade;	imulator thermometer shows
2.	Verify instrument displays time a	nd date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	1	
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration da ed every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
procedures v	t on the <u>JJ</u> day of <u>OC</u> were performed on the instrument indi t of Health and Human Services, and th	Hober, 20/8, the foregoing icated above, in accordance with current he instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
THE STATE OF THE S		ture of Certifying Official	354 Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 10/22/2018

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: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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	10:45am
AIR BLK	.00	10:45am
ACCY CHK	.08	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported 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

Karl E Holf Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 558 Test Date: 10/22/2018 Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:54am

Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
BT	Pass	10:54am
		1.4

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Printer Tests

Test

CAL

PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:55am

Status

Time

10:55am

Preventive Maintenance Status: Pass

Pass

Karl E Holf Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ERAVEN Instrument Location HAVELOCK AD
Instrumer	nt Serial No. <u>008800</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.
procedu	that on the <u>JJ</u> day of <u>JC fo bCR</u> , 20 18, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. ment of Health and Human Services, and the instrument is functioning properly.
GREAT	SIATE OF COLLAM MORE AND 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)

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 10/22/2018

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: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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 AIR BLK	Pass	10:05am 10:06am
ACCY CHK	.08	10:07am
AIR BLK SUB TEST	.00 .00	10:08am 10:08a m
AIR BLK	.00	10:09am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 T Test Date: 10/22/2018

Test Record Number: 1169
Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 10:14am

Printer Tests

Test Status Time

PRNT Pass 10:14am

CRC Tests

Test Status Time

COMP Pass 10:14am CAL Pass 10:14am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cur	berland Co. Instrument Location Cuniborland Contention Centres
Instrument S	Berial No. 00 8632 Fayette ville, x/c
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of corrections of the correction	on the
OTHE STATE OF CHAPTER THE STATE OF CHAPTER	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 10/15/2018

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: 07682E Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:46am 9:47am
ACCY CHK	.08	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:52am
ATR RIK	0.0	9 · 53am

Reported AC; .00, g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4202 Test Date: 10/15/2018 Test Time: 9:55am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:55am
SRC	Pass	9:55am
DET	Pass	9:55am
BAR	Pass	9:55am
BT	Pass	9:55am

Blank Tests

Test	Status	Time
AIR	Pass	9:56am

Printer Tests

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

Pass COMP 9:56am CAL Pass 9:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Lev	in bertand Co. Instrument Location Combedance Co Detention Cere
Instrument Ser	ial No. 008614 Fayetteville, x/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 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 OWN TO THE STATE OF THE OWN T	Signature of Certifizing Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 10/15/2018

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: 07682E
Effective:
12/01/2017-12/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	9:52am
AIR BLK	.00	9:53am
ACCY CHK	.07	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:58am
ATR BIK	. 0.0	9:59am

Reported Ag: 100 g/2

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Recor Test Date: 10/15/2018 Test Time

Test Record Number: 4164
Test Time: 10:01am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
${ t BT}$	Pass	10:01am

Blank Tests

Test	Status	Time
ATR	Pagg	10.02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:02am
CAL	Pass	10:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	inberland Co. Instrument Location Comberland Co Defension Ce
Instrument Se	erial No. 008633 Fayetteville, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
SERVICE THE STATE OF THE STATE	TO THE CARD OF THE

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 10/15/2018

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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:42am
AIR BLK	.00	9:43am
ACCY CHK	.08	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:48am
ATD BLK	0.0	9 · 4 9 a m

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 5035

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:50am
\mathtt{FLO}	Pass	9:50am
FC	Pass	9:50am

Temperature Tests

Test	Status	Time
FC1	Pass	9:50am
SRC	Pass	9:50am
DET	Pass	9:50am
BAR	Pass	9:50am
\mathtt{BT}	Pass	9:50am

Blank Tests

Test	Status	Time
AIR	Pass	9:51am

Printer Tests

Test	Status	Time
PRNT	Pass	9:51am

CRC Tests

Test	Status	Time
COMP	Pass	9:51am
CAL	Pass	9:51am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	umbers land Co. Instrument Location Cymber Land Co. Detention Cert
Instrument Se	erial No. 109672 Fayette yille, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	CARBOUT A SAL

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 10/15/2018

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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:39am
AIR BLK	.00	9:40am
ACCY CHK	.07	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:44am
ATR BLK	. 00	9:45am

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100 d and as

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 10/15/2018 Test Record Number: 6250 Test Time: 9:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47am
FLO	Pass	9:47am
FC	Pass	9:47am

Temperature Tests

m
m
m
m
m

Blank Tests

Test	Status	Time
AIR	Pass	9:47am

Printer Tests

ICSC	status	TTIIIE
PRNT	Pass	9:48am
	CDC Teata	

CRC Tests

Test	Status	Time
COMP	Pass	9:48am
CAL	Pass	9:48am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County Currituer Instrument Location Currituek Co. 5. 0 - Cololla Instrument Serial No. 008849 1123 Ocean Trail, Corolla N.C. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 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 _______, 20_\(ldots\) 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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 10/17/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:35pm 12:36pm 12:36pm 12:37pm 12:38pm 12:39pm 12:41pm
SUB TEST	.00	_
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 472

1

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
•		
ATR	Pass	12:45pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:46pm

CAL

BERLEM, WELL THE STEEL ST

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX EC/IR II
County CU	Instrument Location Curritice Co. S.O.
Instrument Seria	al No. 008847 407-A Mapk Rd., Mapk, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	theday of
OTHE STATE OF N	* CAROLINA C

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

Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008847 Test Date: 10/29/2018

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, LINDA A
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:42am 11:43am 11:44am
AIR BLK SUB TEST	.00 .00	11:44am
AIR BLK	.00	11:45am 11:46am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008847 Test Recor Test Date: 10/29/2018 Test Time

Test Record Number: 660 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:51am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:51am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Lind A. Klese
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PARE Instrument Location Kill DEVIL HILLS P. P.
Instrument Se	erial No. 008844 102 TOWN HAIL Dr., Kill Reil Hil
·	
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.
	174
I certify that o	on theday ofOCTOBEN, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department o	f Health and Human Services, and the instrument is functioning properly.
warming.	
OF THE STATE OF TH	
	#CAR
THE QUAM VIDE	Timen Real by
	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 10/17/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:17am 11:18am 11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2136
Test Date: 10/17/2018 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:26am 11:26am 11:26am 11:26am
BT	Pass	11:26am

Blank Tests

Test	Status	Time
AIR.	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance Status: Pass

Jince A. Keese

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DC	Instrument Location Dare Co. S.O Hattera
Instrument Seri	al No. (108807 50346 NC Hwy 12, Frisco, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
ORE STATE OF THE S	NOTE THE CARDINAL PROPERTY OF THE PROPERTY OF
CASE QUAM VIDEN	2643 643
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 10/29/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:17am
AIR BLK	.00	9:18am
ACCY CHK	.07	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:22am
ATR BLK	. 00	9:23am

Reported AC: .00 g/210L

Signature of Chemical (Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 1000

Test Date: 10/29/2018

Test Time: 9:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
ĮR	Pass	9:25am
FLO	Pass	9:25am
FC	Pass	9:25am

Temperature Tests

Test	Status	Time
FC1	Pass	9:25am
SRC	Pass	9:25am
DET	Pass	9:25am
BAR	Pass	9:25am
BT	Pass	9:25am

Blank Tests

Test	Status	Time
ATR	Pass	9 • 26am

Printer Tests

rest	Status	Time
PRNT	Pass	9:26am

CRC Tests

Test	Status	Time
COMP	Pass	9:26am
CAL	Pass	9:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	AVIDSON Instrument Location DAVIDSON O JAI
Instrument S	erial No. 008845 LexingToN, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 10/12/2018

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: DEAN, L 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 .00	11:05am 11:06am
ACCY CHK	.08	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:11am
AIR BLK	.00	11:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 2934 Test Date: 10/12/2018

Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:12am 11:12am
FC	rass Pass	11:12am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:13am 11:13am 11:13am 11:13am

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:14am 11:14am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Instrument Location Instrument Serial No.

She in the location in t

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

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

I certify that on the day of 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.



Signature of Certifying Official

Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 10/24/2018

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

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

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

Test.	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:19pm
ACCY CHK	.08	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
ATR BLK	.00	12:24pm

Reported AC: 70/ g/21/0L

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 3485

Test Date: 10/24/2018

Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

me
:26pm :26pm :26pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	.12:27pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 008858 Police Dedactore	
1008868 Pl 21	
Instrument Serial No. O O O O O O O O O O O O O O O O O O O) *******
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:	у
 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade; 	ow:
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister 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.	
1 certify that on the	ce
STATE OF ALORS	
Signature of Certifying Official Certificate Number	_

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 10/24/2018

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: RHODES, KENNETH C

Permit Number: 5329E

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	2:14pm 2:14pm 2:15pm 2:16pm 2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm

Reported AC:

/00/g/21/0L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 876
Test Date: 10/24/2018 Test Time: 2:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CDC Teata	

Test Status Time

COMP Pass 2:23pm CAL Pass 2:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FRA	Instrument Location FRANKLIN G LEC
Instrument Seri	al No. ODS933 285 TKEMPRA LOUISBURG, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF CALLS IN TO CALL IN TO CALLS IN TO CALLS IN TO CALLS IN TO CALL IN T	A CAROLINA C
FEDE QUANTON	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 10/17/2018

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:45am 10:46am 10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 1040 Test Date: 10/17/2018 Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Printer Tests

Test	Status	Time
PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time

Pass

Pass

10:54am

10:54am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County F	RANKLIN Instrument Location FRANKL	IN GO LEC
Instrument S	Serial No. <u>608942</u> 285 T KRMP R	O LOUISBURG,
The preventi	rive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	
procedures v	t on theday of, 20/S the forgwere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STAT	TE OF NO.	
OR THE STREET		
AFRI 12. T	JAM D DMits	
	Signature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 10/17/2018

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302

Exp Date: 01/23/2019

g/210L

Time

10:49am

Test

DIAG	Pass.	10:44am
AIR BLK	.00	10:44am
ACCY CHK	.07	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

AIR BLK .00 10:50am

Reported AC: .00 g/210L

SUB TEST .00

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 1553
Test Date: 10/17/2018 Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

PRNT Pass 10:52am	Test	Status	Time
	PRNT	Pass	10:52am

CRC Tests

Test	Status	Time
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
*	Fraham Instrument Location Graham Co. S.O.
Instrument S	erial No. 008915 Robbinsville, 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.
procedures v	on theday of
To The same of the	
COREAL SECTION OF THE STATE OF	CAROLIN CAROLI
FESE QUAM	Caf R. Cuth 635
	Signature of Certifying Official Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 10/31/2018

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: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:23pm
ACCY CHK	.08	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 744

System Check: Passed

Baseline Tests

Test St	atus Time
IR Pa	ss 1:36pm
FLO Pa	ss 1:36pm
FC Pa	ss 1:37pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:39pm

Printer Tests

Test	Status	٠	Time	
PRNT	Pass		1:39pm	l

CRC Tests

Test	Status	Time
* .		2
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ANVILLE Instrument Location OX FORD PD
Instrument Seri	al No. 008923 204 E. MCCLANAHAN ST OXFURD,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	theday of
STATE OF STA	

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:25am 11:25am 11:26am 11:27am 11:28am 11:29am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 1898 Test Date: 10/24/2018 Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:33am
FLO	Pass	11:33am
FC	Pass	11:33am

Temperature Tests

Test	Status	Time
FC1	Pass	11:33am
SRC	Pass	11:33am
DET	Pass	11:33am
BAR	Pass	11:33am
\mathtt{BT}	Pass	11:33am

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Test	Status	Time
PRNT	Pass	11:34am

CRC Tests

Test	Status	Time
COMP	Pass	11:34am
CAL	Pass	11:34am

Preventive Maintenance Status: Pass

Analyšt

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GRA	NVILLE Instrument Location CREEDMOOR PD
Instrument Seria	al No. 008641 III MASONIC ST. CREEDMOOR, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	theday of
STATE OF STA	NORTH CARDINATION OF THE PROPERTY OF THE PROPE
APRI 2. TIP	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 10/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:57am
AIR BLK	.00	9:58am
ACCY CHK	.07	9:58am
AIR BLK	.00	10:00am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 10/24/2018 Test Record Number: 1066
Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:06am 10:06am
FC	Pass	10:06am

Temperature Tests

Status	Time
Pass	10:06am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:06am

Printer Tests

Test	Status	Time
PRNT	Pass	10:06am
	CRC Tests	
Test	Status	Time

1000	Deacas	11110
COMP	Pass	10:07am
CAL	Pass	10:07am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD NTOXIMETERS, 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. 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 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. $\mathcal{M}\mathcal{P}\mathcal{P}$, 20 $/\mathcal{S}$, 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.



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 11/13/2018

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: DEAN, L 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: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:56am 9:57am 9:57am
AIR BLK	.00	9:59am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Test Date: 11/13/2018 Test

Test Record Number: 3352
Test Time: 10:03am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	10:03am
	Pass	10:03am
FC	Pass	10:04am

Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
DET	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am

Blank Tests

Test	Status	Time
AIR	Pass	10:04an

Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:05am
CAL	Pass	10:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /-/		Instrument Location //-A/1FA	x Go Shortf's O
Instrument S	erial No. <u>008695</u>	Instrument Location / HA/IFA 355 Ferrall La	HACIFAX NC
The prevention four months		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic brea degree centigrade;	th simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and .	
10.		nister is being changed before expiration aanged every four months or after 125 Ale	
	vere performed on the instrument	indicated above, in accordance with curr nd the instrument is functioning properly	ent regulations of the N.C.
THE STATE OF THE S		gnature of Certifying Official	Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 10/09/2018

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: BARNES, STOKES
Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
ATR RIK	0.0	1 • 13 pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 2616

Test Date: 10/09/2018

Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm

Preventive Maintenance Status: Pass

Pass

1:15pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //A	Instrument Location ROAWOKE RAPIDS PD
Instrument Ser	1040 Roanoke Ave Raandle Papids, 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.
	on the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 10/09/2018

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: BARNES, STOKES

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:39pm
AIR BLK	.00	3:39pm
ACCY CHK	.07	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 628
Test Date: 10/09/2018 Test Time: 3:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:46pm 3:46pm
FC	Pass	3:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:46pm
SRC	Pass	3:46pm
DET BAR	Pass	3:46pm
BT	Pass Pass	3:46pm 3:46pm
	rass	3.40pm

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

Printer Tests

rest	Status	TTIME
PRNT	Pass	3:46pm

CRC Tests

rest	Status	Time
COMP	Pass	3:47pm
CAL	Pass	3:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	ALIFAX Instrument Location ROANOKE RAPIDS PD
Instrument Seri	Instrument Location ROANOKE RAPIDS PD ial No. 008635 1040 ROPNOKE AVE ROANORE RAPIDS, 1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	on the Og day of OCTOBER, 20 / 8, the foregoing 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	
A STATE OF THE REAL PROPERTY OF THE PROPERTY O	Bu Smith 637 Signature of Certifying Official Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 10/09/2018

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 D
Permit Number: 08937E
Effective:
08/01/2017-08/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:36pm 3:36pm
ACCY CHK	.08	3:37pm
AIR BLK SUB TEST	.00 .00	3:38pm 3:38pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1671 Test Date: 10/09/2018 Test Time: 3:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
BT	Pass	3:43pm

Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm

CRC Tests

Test	Status	Time
COMP	Pass	3:44pm
CAL	Pass	3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //a	ywood Instrument Location Haywood Co. Jail
Instrument Ser	rial No. 008714 Waynesville, NE
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
STATE OF THE STATE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O	Carl & Cuth
	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 10/24/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:

09/01/2017-09/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:20am 10:21am 10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1504
Test Date: 10/24/2018 Test Time: 10:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
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

DDMIII	Dogg	10-200-
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:29am
CAL	Pass	10:29am

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hay		Instrument Location //4/100	od Co. Jail
Instrument Seri		Waynesville, A	
The preventive four months are		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic be legree centigrade;	reath 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	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expirati anged every four months or after 125	
I certify that on procedures wer Department of	the <u>24</u> day of <u>OC</u> re performed on the instrument in Health and Human Services, and	the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
OTH STATE OF OTHER DESIGNATION OF THE PROPERTY	Carl Chil	R. Cuff	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 10/24/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Out R. Cath

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2130 Test Date: 10/24/2018 Test Time: 10:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

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

COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hy	de Instrument Location Mycle (O. S.O.
Instrument Seri	al No. 008801 1233 Main St., Swan Quarter, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 18 day of 06
THE STATE OF THE	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 10/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
ATR BLK	.00	10:43am

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 492

Test Date: 10/18/2018

Test Time: 10:45am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

Temperature Tests

Status	Time
Pass	10:46am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

Status

Time

Test

PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:47am 10:47am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	yde Instrument Location Hyde 6 5.0 Ocvaro
Instrument S	erial No. 008797 WC 12, Devacoke, N.C.
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that procedures w Department of	on the 27 day of October, 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.
TARE STATION OF THE STATE OF TH	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 10/29/2018

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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:46am 11:47am 11:47am
AIR BLK	.00	11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11: 50am
SUB TEST	.00	11:52am
ATR BLK	. 0.0	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Reco Test Date: 10/29/2018 Test Tim

Test Record Number: 557
Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:55am

Printer Tests

Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:55am

11:55am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 10/17/2018

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: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:08am 10:09am 10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:14am
AIR BLK	. 0.0	10.15am

Reported AC .00 g/210L

Signature of Chemical

Analyst

Court CVR

Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1483 Test Date: 10/17/2018 Test Time: 10:17am EDT

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	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

Blank Tests

Test	Status	Time
AIR	Pass	10:19am

Printer Tests

Test	Status	Time
PRNT	Pass	10:19am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:19am
CAL	Pass	10:19am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHN STON	Instrument Location_	BENSON	Palice D
Instrumen	t Serial No. <u>008728</u>	BENS	BENSON SON, NC	
The preve	ntive maintenance procedures for the In	ntoximeters, Model Intox	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulate	r thermometer shows
2.	Verify instrument displays time	e and date;	·	
3.	Initiate breath test sequence;			
4.	Enter information as prompted	· •	\	y y
5.	Verify instrument accuracy;		<u>, </u>	
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before a court of the second court of the s	ore expiration date, or the rafter 125 Alcoholic Br	e alcoholic breath eath Simulator tests,
procedur	hat on the day of es were performed on the instrument in ent of Health and Human Services, and	CTOBER, 20 19 ndicated above, in accorded the instrument is function	ance with current regula	entive maintenance tions of the N.C.
	en e	•		
OF THE S	TATE OF A OP. 1775			
			•	
* 55E C	alm (Ry Ban	~	648
	Sig	nature of Certifying Offic	ial Ce	tificate Number

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

DHHS 4080 (11/07)

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008728 Test Date: 10/04/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:46pm 12:46pm 12:47pm 12:48pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008728 Test Record Number: 332

Test Date: 10/04/2018 Test Time: 12.52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:53pm 12:53pm
FC	Pass	12:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm
SRC	Pass	12:53pm
DET	Pass	12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm

CRC Tests

rest	status	Time
COMP	Pass Pass	12:54pm 12:54pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Je	Instrument Location Jones County		
Instrument Ser	ial No. 008705 SHERIFFS OFFICE		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the			
STATE OF CHEAT OF THE CARE AT			

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 10/19/2018

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: HALL, RANDY E
Permit Number: 3462E
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 AIR BLK	Pass	12:33pm 12:34pm
ACCY CHK	.07	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
ATR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705

Test Record Number: 1286
Test Time: 12:44pm EDT

Test Date: 10/19/2018 Test Time: 12:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
\mathbf{DET}	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

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

Preventive Maintenance Status: Pass

Rand & Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE	Instrument Location	SANFORD	POLICE	DEP
Instrument S	erial No. <u>008867</u>	Instrument Location	SANF	ORD, NC	
			<u> </u>		
The preventi four months	ve maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be foll	owed at least once	every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath sir	nulator thermome	ter shows
2.	Verify instrument displays time	and date;		•	
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;	*		#	
6.	When "PLEASE BLOW" appe	ears, collect breath samp	le;	à.	
7.	When "PLEASE BLOW" appe	ears, collect breath samp	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	d			
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.				
	t on theday of were performed on the instrument in t of Health and Human Services, and		lance with current r		
LELEN GREAT OF THE STATE OF THE	C O O C			1.116	
A STATE OF THE STA	Chu k	nature of Certifying Offi	oiel –	Certificate Num	har
	2 igi	latere of Certifying Offi	Ciai	Certificate Mull	IVÇI

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/18/2018

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:41am 9:42am 9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ra Bons

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test

Test Record Number: 1074
Test Time: 9:48am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
100		
.IR	Pass	9:48am
FLO	Pass	9:48am
FC	Pass	9:49am

Temperature Tests

Test	Status	Time
FC1	Pass	9:49am
SRC	Pass	9:49am
DET	Pass	9:49am
BAR	Pass	9:49am
BT	Pass	9:49am

Blank Tests

Test	Status	Time
AIR	Pass	9:49am

Printer Tests

Test	Status	Time
PRNT	Pass	9:49am
	CRC Tests	
Test	Status	Time

Test	Status	TTIME
COMP	Pass	9:50am
CAL	Pass	9:50am

Preventive Maintenance Status: Pass

alu hay Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	incoln	Instrument Location	Lincoln (County Co	irthou:
Instrument Se	rial No. <u>008827</u>	#1 Court	Square	Lincoln	tor
The preventiv	e maintenance procedures for the Ir	ntoximeters, Model Into	x EC/IR II to be f	ollowed at least of	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the gree centigrade;	alcoholic breath	simulator thermo	meter shows
2.	Verify instrument displays time	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;	· ·		:	
5.	Verify instrument accuracy;			. *	
6.	When "PLEASE BLOW" appe	ears, collect breath samp	le;	•	
7.	When "PLEASE BLOW" appe	ears, collect breath samp	le;		
8.	Print test record;				• .
9.	Verify Diagnostic Program; and	i			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed be aged every four months	fore expiration da or after 125 Alcol	ite, or the alcohololic Breath Simi	ic breath ılator tests,
I certify that of procedures we Department o	on the 5 th day of 00 the performed on the instrument in f Health and Human Services, and	dicated above, in accord	lance with current	ng preventive ma t regulations of th	intenance 1e N.C.
STATE OF STA	TOUR CARO				
+ COS COLAN VINE	Signa	ature of Certifying Office	bial	650 Certificaté N	umber
	() *		•		

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 10/05/2018

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: HUTCHINSON, JOSEPH E

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: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:26am 11:27am 11:28am
AIR BLK SUB TEST	.00 .00	11:29am 11:30am
AIR BLK SUB TEST	.00 .00	11:31am 11:33am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

is used when performing Preventive Maintenance of

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 2980

Test Date: 10/05/2018

Test Time: 11:34am EDT

System Check: Passed

Baseline Tests

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

Test	Status	Time

11:36am AIR Pass

Printer Tests

Test	Status	Time

PRNT Pass 11:36am

CRC Tests

Test	Status	Time
COMP	Pass	11:36am

CAL Pass 11:36am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Li	ncoln	Instrume	nt Location Linco	oln Count	y Cour	+house
Instrument Seri	al No. <u>008823</u>		ourthouse			•
The preventive four months are	maintenance procedures for the Ir	itoximeters,	Model Intox EC/IR I	I to be followe	d at least o	ace every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			c breath simula	tor thermor	neter show
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;	i .				
4.	Enter information as prompted					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appo	ears, collect	breath sample;			
7.	When "PLEASE BLOW" appo	ears, collect	breath sample;			
8.	Print test record;					•
9.	Verify Diagnostic Program; an	d				
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.					
procedures we	n the 15 H day of 0 re performed on the instrument in f Health and Human Services, and	adicated abo	, 20 8, th ve, in accordance wit nent is functioning p	h current regu	eventive ma lations of tl	intenance 1e N.C.
THE STATE OF THE S	CORPUT CAROLING			:		
ASSE QUANTING	Sign	Hatt nature of Ce	rtifying Official		56 Certificate N	umber

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

DHHS 4080 (11/07)

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 10/15/2018

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: HUTCHINSON, JOSEPH E

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	12:06pm
AIR BLK	.00	12:07pm
ACCY CHK	.08	12:08pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
ATR BLK	. 0.0	12:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1442 Test Date: 10/15/2018 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
FC	Pass	12:13pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:14pm 12:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

·	_
al No. 008599 Mashell, NC	
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	·
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;	ws
Verify instrument displays time and date;	
Initiate breath test sequence;	
Enter information as prompted;	
Verify instrument accuracy;	
When "PLEASE BLOW" appears, collect breath sample;	
When "PLEASE BLOW" appears, collect breath sample;	
Print test record;	
Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	s,
the	ce
Signature of Certificial Certificate Number	_
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 10/19/2018

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

05/01/2017-05/01/2019

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

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/01/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:43pm 2:44pm 2:44pm 2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599

Test Record Number: 976

Test Date: 10/19/2018

Test Time: 2:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

Test	Status	Time
PRNT	Pagg	2.51 nm

CRC Tests

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

Preventive Maintenance Status: Pass

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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 10/17/2018

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:03pm 12:04pm
ACCY CHK	.08	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692

Test Record Number: 2843

Test Date: 10/17/2018

Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
7\ 7' TO	Dagg	12 • 13 mm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:13pm
CAL	Pass	12:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg Instrument Location BAT MOBILE 3
Instrumen	Serial No
The preve	ntive 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.
procedur	hat on the 24 day of 2 CTOBER, 20 18, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
COREA! SE	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008090 Test Date: 10/24/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	8:37pm 8:38pm 8:39pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:42pm
AIR BLK	<i>/</i> .00	8 ; 4 3 pm

Reported AC: .00/g/2101

Signature of Chemical Analyst

Court/ CVF

Änalyst

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008090

Test Record Number: 123

Test Date: 10/24/2018

Test Time: 8:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:46pm

CRC Tests

Test	Status	Time
COMP	Pass	8:46pm
CAL	Pass	8:46pm

Preventive Maintenance \$tatus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklew suck Instrument Location BAT MOBILE 3 Prial No. 008972 HUNTERSVILLE P.D.
Instrument Se	rial No. 008972 HUNTERSVIlle P.D.
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
STATE OF STA	

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008972 Test Date: 10/20/2018

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: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:58pm 10:59pm 11:00pm 11:01pm 11:02pm
SUB TEST		
SUB TEST AIR BLK/	00	11:03pm
AIR BLK/	.00	17:24pm

Reported AC:

g*/2*/10L

Signature of Chemical Analyst

Court €∜R

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008972 Test Record Number: 305 Test Date: 10/20/2018

Test Time: 11:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:06pm 11:06pm
FC	Pass	11:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:06pm
SRC	Pass	11:06pm
DET	Pass	11:06pm
BAR	Pass	11:06pm
\mathtt{BT}	Pass	11:06pm

Blank Tests

Test	Status	Time
AIR	Pass	11:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:07pm
CAL	Pass	11:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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; 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. $_{,20}$, the foregoing preventive maintenance day of _ 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

MECKLENBERG BAT MOBILE 3 590

Serial Number: 008969 Test Date: 10/25/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:12pm 9:13pm 9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	,.00	9:17pm
AIR BLK /	.00	9/91810m/

Reported AC:

0.0/g/21/0I

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

MECKLENBERG BAT MOBILE 3 590

Serial Number: 008969 Test Record Number: 244

Test Date: 10/25/2018 Test Time: 9:20pm EDT

System Check: Passed

Baseline Tests

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

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

Test	Status	Time
COMP	Pass	9:22pm
CAL	Pass	9:22pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NA	4sm	Instrument Location DAT MC	MIKUMIT 6
Instrument Se	erial No. <u>008179</u>	SHAAPMUAL	
The preventiv		ne Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	· ,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expire changed every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures v	were performed on the instrumen	nt indicated above, in accordance with and the instrument is functioning pro	foregoing preventive maintenance current regulations of the N.C. operly.
STATI STATI	Salar	Signature of Certifying Official	Certificate Number

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008779 Test Date: 10/27/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINITENANCE

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

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

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:24pm 8:25pm 8:26pm
ACCY CHK	.00	8:27pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008779 Test Record Number: 3515 Test Date: 10/27/2018 Test Time: 8:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:33pm mq8:8
FC	Pass	8:33pm

Temperature Tests

Status	Time
Pass	8:33pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:34pm 8:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ASH	Instrument Location AT MOID	F UNST 6
Instrument Se	erial No. <u>60 °C 3 7</u>	SHAMPSAUA L	
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breat degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
	at on theday of were performed on the instrumen at of Health and Human Services,	, 20/V_, the fore t indicated above, in accordance with curand the instrument is functioning proper	going preventive maintenance rent regulations of the N.C. ly.
ALSO SERVICE OF ALSO SERVICE O		Signature of Certifying Official	Certificate Number

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008637 Test Date: 10/27/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:
09/22/2017-09/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:22pm 8:23pm 8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:26pm
SUB TEST	.00	8:28pm
AIR BLK	.00	8:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008637 Test Record Number: 2950

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:32pm
FLO	Pass	8:32pm
FC	Pass	8:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:33pm
SRC	Pass	8:33pm
DET	Pass	8:33pm
BAR	Pass	8:33pm
BT	Pass	8:33pm

Blank Tests

Test	Status	Time
AIR	Pass	8:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:34pm

Preventive Maintenance Status: Pass

Pass

8:34pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NASH	Instrument Location RXKY	Mount PD
Instrument Seria	al No. 008740	#1 Government Rocky Mount	PLAZA
		Rocky Mount	NC
The preventive i		eximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breatlee centigrade;	n simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration of ed every four months or after 125 Alc	
	e performed on the instrument ind	7 OBER, 20 / 8, the foregicated above, in accordance with curre he instrument is functioning properly	ent regulations of the N.C.
TO THE STATE OF TH	Signat	bure of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 10/29/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

mo at

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

~/21AT

Time

Reported AC+ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 681 Test Date: 10/29/2018 Test Time: 1:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:25pm
FC	Pass Pass	1:25pm 1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
\mathtt{BT}	Pass	1:25pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MUDEL INTUA EC	IK II
County	1ASH	Instrument Location ROCKY	
Instrument So	erial No. <u>00 87 4 1</u>	#1 Government Rocky Mornt	Pluza NC
The preventive four months	ve maintenance procedures for the l	Intoximeters, Model Intox EC/IR II to	pe followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
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.	nister is being changed before expiration in the control of the co	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	were performed on the instrument	OCTOBER, 20 18, the for indicated above, in accordance with cond the instrument is functioning property.	irrent regulations of the N.C.
THE COREAL SECTION OF	S A A	ignature of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 10/29/2018

Citation Number: M0000000-0

Subject's Name:

PEVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	1:16pm
AIR BLK	.00	1:17pm
ACCY CHK	.07	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:21pm
AIR BLK	. 00	1:22pm

Reported/AC:

Court CVR

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Record Number: 2325

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:23pm
LTO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time

AIR Pass 1:24pm

Printer Tests

Test Status Time

1:24pm PRNT Pass

CRC Tests

maat	C+-+	m
Test	Status	Time

COMP Pass 1:24pmCAL Pass 1:24pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County//	and Hanover Instrument Location Wrights Ville
Instrument Seria	INO. 008667 Beach Police Departme
The preventive of four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of OCIOBO, 20 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.
WALL STATE OF THE	La Dhode (D)

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 10/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

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	Pass	5:14pm
AIR BLK	.00	5:15pm
ACCY CHK	.07	5:16pm
AIR BLK	.00	5:16pm
SUB TEST	.00	5:17pm
AIR BLK	.00	5:18pm
SUB TEST	.00	5:19pm
AIR BLK	.00	5:20pm

Reported M:

90) f/210#/

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1790
Test Date: 10/18/2018 Test Time: 5:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:21pm
FLO	Pass	5:21pm
FC	Pass	5:21pm 1

Temperature Tests

Test	Status	Time
FC1	Pass	5:21pm
SRC	Pass	5:21pm,
DET	Pass	5:21pm
BAR	Pass	5:21pm
BT	Pass	5:21pm

Blank Tests

Test	Status	Time ,
AIR	Pass	5:22pm

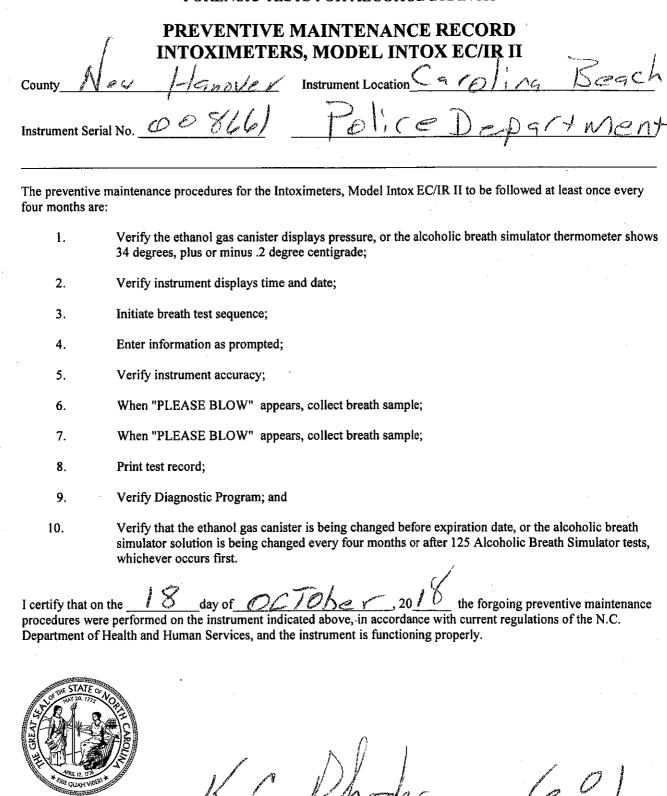
Printer Tests

Test	Status	Time
PRNT	Pass	5:22pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:22pm
CAL	Pass	5:22pm /

Preventive Maintenance Status: Pass

Analyst



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

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 10/18/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

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

Reported AC: \, do/ g/2/10L

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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 10/18/2018

Test Record Number: 2508

Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:35pm
FLO	Pass	3:35pm
FC	Pass	3:36pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:36pm 3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

Printer Tests

1686	blacus	TTIME
PRNT	Pass	3:36pm

CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
\mathtt{CAL}	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 10/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:45pm 1:46pm 1:47pm 1:48pm 1:48pm
AIR BLK SUB TEST	.00	1:49pm 1:51pm
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 4735 Test Date: 10/18/2018 Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:53pm 1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
\mathtt{BT}	Pass	1:53pm

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

CRC Tests

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New Hanover Instrument Location New Hanover
Instrumer	at Serial No. 008626 County Sheriff Dept.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
. 4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on theday of
E GREAT OF T	TATE OF A COLUMN TO THE COLUMN

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 10/18/2018

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG534902 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:00pm 12:01pm
ACCY CHK	.07	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported AC: .00 1/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 7271

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
\mathtt{BT}	Pass	12:09pm

Blank Tests

Test	Status	Time
7 TD	Dago	12.10pm

Printer Tests

Test	Status	Time	
PRNT	Pass	12:10pm	

CRC Tests

Test	Status	Time
COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance Status: Pass

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; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 10/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 09/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:55am 11:56am 11:57am 11:58am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
ATR BLK	: 0.0	12:02pm

Reported AC: .00 gy2/10L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2985 Test Date: 10/18/2018 Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	12:06pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	12:06pm	

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	e hanoval	Instrument Location NAT MODE WIT	<u> </u>
Instrument S	Gerial No. OOF 776	UZIDADAN	
The preventi four months		Intoximeters, Model Intox EC/IR II to be followed as	t least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breath simulator degree centigrade;	thermometer show
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, 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.	inister is being changed before expiration date, or the ananged every four months or after 125 Alcoholic Brea	alcoholic breath th Simulator tests,
procedures v		, 20 / , the foregoing prevent indicated above, in accordance with current regulation the instrument is functioning properly.	tive maintenance ons of the N.C.
STATION STATE OF STAT	S CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR	gnature of Certifying Official Certify	(3

NEW HANOVER COUNTY BAT MOBILE UNIT 6

Serial Number: 008776 Test Date: 10/31/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:
09/22/2017-09/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	9:48pm 9:49pm
AIR BLK ACCY CHK	.00 .07	9:49pm 9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008776 Test Record Number: 3478
Test Date: 10/31/2018 Test Time: 9:56pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	9:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Nw1	Many Hon Instrument Location North au pton 6 Steriff's Office
Instrument Seria	Instrument Location Northern pton 6 Steriff's Office 1No. 008607 105 W. Jefferson ST Jackson, we
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
O'VIE STATE O'N. O'VIE STATE O'N. VIN 10. 175 VIN 10.	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 10/09/2018

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: BARNES, STOKES

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:17pm
AIR BLK	.00	2:18pm
ACCY CHK	.07	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
ATR RIK	0.0	2 · 23mm

Reported AC00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 960 Test Date: 10/09/2018 Test Time: 2:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:24pm 2:24pm 2:24pm 2:24pm 2:24pm

Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

Printer Tests:

Test	Status	Time
PRNT	Pass	2:25pm
PRIVI	rass	-2:25pm

CRC Tests

Test	Status	Time
COMP	Pass	2:25pm
CAL	Pass	2:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOAINETERS, MODEL INTOA ECAR II
County NOR	THAMPTON Instrument Location NORTHAMPTON CO. SHELLEPS C
Instrument Seria	Instrument Location NORTHAMPTON CO. SHELLEP'S OF INO. 008688 105 W. JEFFERSON ST. JACKSON, N
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 <u>O9</u> day of <u>OCTOBEL</u> , 20 <u>/8</u> , the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number
A signed origina	l of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008688 Test Date: 10/09/2018

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: SMITH, BRIAN D Permit Number: 08937E Effective: 08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	2:17pm
AIR BLK	.00	2:18pm
ACCY CHK	07	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm

Reported AC,

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 789

Test Date: 10/09/2018

Test Time: 2:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLÖ	Pass	2:24pm
FC	Pass	2:25pm

Temperature Tests

Status	Time
Pass	2:25pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

Printer Tests

Test		Status	Time
	1.0		
\mathtt{PRNT}		Pass	2:25pm

CRC Tests

Test	Status	Time
COMP	Pass	2:25pm
CAL	Pass	2:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location MCAS New River
Instrumen	t Serial No. 008919 PMO
	
The preve four mont	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
SO SI	Signature of Certifying Official Signature of Certifying Official Signature of Certifying Official

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

DHHS 4080 (11/07)

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 10/17/2018

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: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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	12:49pm 12:49pm 12:50pm 12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 622
Test Date: 10/17/2018 Test Time: 12:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

7.TD	Test	Status	Time
	ATR	Dagg	12.57nm

Printer Tests

* *	The second secon	
Test	Status	Time
PRNT	Pass	12:57pm
٠.	CRC Tests	
Test	Status	Time

COMP	Pass	12:57pm
CAL	Pass	12:57pm

Preventive Maintenance Status: Pass

Karl E Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (ONSLOW Instrument Location ONSLOW County
	Serial No. 008932 SHERIFTS OFFICE
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on theday ofday of, 20/8, the foregoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
CONTRACTOR OF THE CONTRACTOR O	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 10/17/2018

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: HALL, RANDY E
Permit Number: 3462E
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 AIR BLK	Pass	11:59am 11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: \(\rho 00 \) g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Hall Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 4683 Test Date: 10/17/2018 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:06pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA	USLOW Instrument Location ONSLOW COUNTY		
Instrument Seri			
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.		
	re performed on the instrument indicated above, in accordance with current regulations of the N.C. if Health and Human Services, and the instrument is functioning properly.		

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 10/17/2018

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: HALL, RANDY E Permit Number: 3462E 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 AIR BLK ACCY CHK	Pass .00 .08	12:00pm 12:01pm 12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

Kard E-Half Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 10/17/2018 Test Record Number: 2903 Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

Blank Tests

Test Status Time
AIR Pass 12:08pm

Printer Tests

Test Status Time

PRNT Pass 12:08pm

CRC Tests

Test Status Time

COMP Pass 12:08pm CAL Pass 12:08pm

Preventive Maintenance Status: Pass

Rand E Hall
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECONOM		
County_	ONSLOW Instrument Location JACKSONVILLE AS		
Instrumer	nt Serial No. <u>008930</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.		
procedu	that on theday ofdepth depth		
SE 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)

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 10/17/2018

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: HALL, RANDY E.

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

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	11:19am 11:20am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:22am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 10/17/2018 Test Record Number: 2050 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO.	Pags	11:28am
" "C ु ("": Pass	11:28am

Temperature Tests

Test	Status Time
FC1	11:28am
SRC	w. Pass 11:28am
DET	Pass 11:28am
BAR	Pass 11:28am
BT	Pass 11:28am

Blank Tests

一 アー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		5.1	
the first state in the			
Test Statu	G.	יין י	.me

AIR Pass 11:29am

Printer Tests

	Test	190	Stal	zus.	1	'ime
--	------	-----	------	------	---	------

PRNT Pass 11:29am

CRC Tests

Test Status Time

COMP Page 11:29am CAL Page 11:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location CAMA	Lejeune Pri
Instrumen	nt Serial No. <u>00</u> 8970		
The preve	entive maintenance procedures for the Into	ximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.	plays pressure, or the alcoholic breath see centigrade;	simulator thermometer shows
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5,	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	•
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		r is being changed before expiration da d every four months or after 125 Alcoh	
procedure	hat on theday ofes were performed on the instrument indicent of Health and Human Services, and the		ng preventive maintenance t regulations of the N.C.
THE STATE OF THE S		re of Certifying Official	354 Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 10/05/2018

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: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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

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

g/210L	Time
Pass .00 .08	10:01am 10:01am 10:02am
	10:03am 10:04am
.00	10:05am
.00	10:06am
.00	10:07am
	Pass .00 .08 .00 .00 .00 .00

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 10/05/2018

Test Record Number: 1558
Test Time: 10:08am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:08am
FLO	Pass	10:08am
FC	Pass	10:08am

Temperature Tests

Test	Status	Time
FC1	Pass	10:08am
SRC	Pass	10:08am
DET	Pass	10:08am
BAR	Pass	10:08am
BT	Pass	10:08am

Blank Tests

Test	Status	Time
AIR	Pass	10:09am

Printer Tests

'		
Test	Status	Time
PRNT	Pass	10:09am
	CRC Tests	

COMP	Pass	10:09am
CAL	Pass	10:09am

Time

Preventive Maintenance Status: Pass

Test Status

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (ORANGE Instrument Location Hills borough PD
Instrument S	Serial No. 008799 127 N. Chuton ST Hillsborough, NC
The prevent four months	ive 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	t on the
STATE OR ALL THE CORE ALL THE C	

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

DHHS 4080 (11/07)

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 10/01/2018

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: NC
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:28pm 1:29pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 2899

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
i		
AIR	Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

CRC Tests

Test	Status	Time	
COMP	Pass	1:39pm	
CAL	Pass	1:39pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OR	ANGE Instrument Location CHAPEL HILL PD
Instrument Seria	11 No. 008856 828 MARTINKUTHER KING, JR BE CHAPEL HILL, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>CG</u> day of <u>OCTORER</u> , 20 / 63 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	Ru. D. Amoth 637
	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/08/2018

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: SMITH, BRIAN D
Permit Number: 08937E
Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:41pm 2:42pm
ACCY CHK	.08	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Record Number: 2481

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm

CRC Tests

Test	Status	Time
COMP	Pass	2:52pm
CAL	Pass	2:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	RANGE Instrument Location CHAPEL 1-114 PD
Instrument Se	rial No. 008839 828 MARTIN LUTHER KINC, JR BLI CHAPEL HILL, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
. 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the OB day of OCTUBER, 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.
STATE OF THE STATE	Figure of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 10/08/2018

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: SMITH, BRIAN D Permit Number: 08937E Effective:

08/01/2017-08/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:43pm
ACCY CHK	.08	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Record Number: 1763

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:49pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:49pm 2:49pm 2:49pm 2:49pm
BT	Pass	2:49pm

Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm

CRC Tests

Test	Status	Time
COMP	Pass	2:50pm
CAL	Pass	2:50pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PAMLICO Instrument Location PAMLICO Count
Instrumen	t Serial No. 008640 SHERIFF'S OFFICE
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on theday ofOCTO DER, 20, the foregoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
COREATE CAREATE STATES OF THE CAREATE STATES	Signature of Certifying Official Carely E Hall Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number
A signed or	riginal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 10/16/2018

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: HALL, RANDY E Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

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	12:25pm 12:26pm
ACCY CHK	.08	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
ATR BLK	.00	12:31 pm

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

Karl E-Half Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 1341
Test Date: 10/16/2018 Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	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 CAL	Pass Pass	12:40pm 12:40pm

Preventive Maintenance Status: Pass

Kard E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Pasquotank Co. Public Safery Bldg. 200 E. Colonial ST. Elizabeth Ciry, N.C The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 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; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008918 Test Date: 10/09/2018

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:32am 11:34am 11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
ATR BLK	. 00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008918 Test Record Number: 653
Test Date: 10/09/2018 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:40am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	squotank Instrument Location Elizabeth	City P.P.
	rial No. 008941 305 E. MAIN ST., Eliz	,
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer 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 da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
	n the	oing preventive maintenance regulations of the N.C.
STATE STATE OF STATE	Signature of Certifying Official	Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 10/09/2018

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:46am 10:47am 10:47am
ACCY CHK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1331 Test Date: 10/09/2018 Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:43am 10:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008931 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; When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 10/24/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/30/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	3:41pm 3:42pm
ACCY CHK	.07	3:42pm
AIR BLK SUB TEST	.00 .00	3:43pm 3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm

Reported AC: 4 .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

PENDER PENDER CO SD 700

Serial Number: 008935

Test Record Number: 2370

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Pender Instrument Location Pender County

Instrument Serial No. 008946 Sheriff Department

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

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

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 10/24/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:57pm
AIR BLK	.00	3:57pm
ACCY CHK	.08	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: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 908

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
${f BT}$	Pass	4:06pm

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

Test	status	Time
PRNT	Pass	4:07pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

6) INTOXIMETERS, MODEL INTOX EC/IR II
County /	ender Instrument Location Tender County
Instrument Seri	for the second s
	,
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	theday ofday of, 20 the forgoing 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.
OF THE STATE OF MANY AND A	Signature of Certifying Official Certificate Number

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 10/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:06am 10:07am 10:08am 10:09am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am

Reported AC: .0% g/210L

Signature of Chemical Analyst

Court CVR

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 830 Test Date: 10/18/2018 Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:14am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:14am

CAL

Analyst

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

PENDER COUNTY PENDER COUNTY ANNEX 700

Serial Number: 008819 Test Date: 10/01/2018

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: RHODES, KENNETH C Permit Number: 5329E

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	4:43pm
AIR BLK	.00	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
ATR BIK	0.0	$4 \cdot 49 \text{nm}$

Reported AC: .00/

Signature of Chemical Analyst

Court CVR

PENDER COUNTY PENDER COUNTY ANNEX 700

Serial Number: 008819 Test Record Number: 722
Test Date: 10/01/2018 Test Time: 4:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:52pm
FLO	Pass	4:52pm
FC	Pass	4:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
BT	Pass	4:52pm

Blank Tests

Test	Status	Time
*	_	
AIR	Pass	4:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm

CRC Tests

Test	Status	Time
COMP	Pass	4:53pm
CAL	Pass	4:53pm

Preventive Maintenance Status: Pass

Anal√st

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

MICAIMET	ERS, MODEL INTOX ECITA II
County 177	Instrument Location Alden P. P.
Instrument Serial No. 00 8666	4144 West Ave., Ayden, N.C.
The preventive maintenance procedures for the four months are:	Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2. Verify instrument displays ti	me and date;
3. Initiate breath test sequence;	
4. Enter information as prompts	ed;
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" ap	ppears, collect breath sample;
7. When "PLEASE BLOW" ap	ppears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program;	and State of the s
	nnister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the day of day of procedures were performed on the instrument i Department of Health and Human Services, and	the forgoing preventive maintenance ndicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
TATE OF NORTH	gnature of Certifying Official Certificate Number

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

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 10/04/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Final A Keen

Analyst

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 10/04/2018

Test Record Number: 1032

Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET BAR	Pass Pass	12:17pm 12:17pm
BT	Pass	12:17pm

Blank Tests

Test	Status	Time
7. TD	Dage	12.19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm
	CRC Tests	

Test	Status	Time
	•	
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Po	olk	Instrument Location Polk Co	ounty LEC	
Instrument S	Serial No. <u>00883</u> 2	880 ENC 108, Colu	mbys	
<u>. </u>			·	
The preventi four months	•	Intoximeters, Model Intox EC/IR II to be f	ollowed at least one	ce every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	r displays pressure, or the alcoholic breath egree centigrade;	simulator thermom	eter show
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence,			
4.	Enter information as prompted	1 ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;	t ja	•
8.	Print test record;		- e-	
9.	Verify Diagnostic Program; ar	nd		
10.		nister is being changed before expiration da anged every four months or after 125 Alco		
	were performed on the instrument i	, 20 / , the foregoi indicated above, in accordance with curren d the instrument is functioning properly.	ing preventive main it regulations of the	itenance N.C.
THE STATI	Foxographic Signature of the Signature o	mature of Certifying Official	656 Certificate Nu	mber
	•	/		

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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 10/08/2018

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: HAYS, MARK D

Permit Number: 15924E.

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902

Exp Date: 05/29/2020

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

Reported AC:

00 g/210L

Signature of Chemical

/Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832

Test Record Number: 1517

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:2 4pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:24pm
SRC	Pass	2:24pm
DET	Pass	2:24 p m
BAR	Pass	2:24pm
BT	Pass	2:24pm

Blank Tests

AIR 2:25pm Pass

Printer Tests

Time Status Test

2:25pm PRN'I Pass

CRC Tests

Time Test Status

COMP Pass 2:25pm CAL Pass 2:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_P	OIK Instrument Location POIK County LEC
Instrument Se	erial No. 008881 880 ENC 108, Columbus
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on the
TATE STATE TO THE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Date: 10/08/2018

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
ATR BLK	. 00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical

Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881

Test Record Number: 755

Test Date: 10/08/2018

Test Time: 2:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

Printer Tests

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

2:58pm

2:58pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\tilde{C}	INTOXIMETERS, MODEL INTOX EC/IR II
County KO	WAN Instrument Location ChING Grove
Instrument Seria	al No. 008862 Police Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of
OTH STATE OF THE OTHER PROPERTY OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHE	Signature of Certifying Official Certificate Number

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

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 11/13/2018

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: 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: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.07	3:54pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:59pm
ATR BLK	. 0.0	4 • 0.0pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 813
Test Date: 11/13/2018 Test Time: 4:01pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02 pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

Blank Tests

Test	Status	s Time
AIR	Pass	4:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm

CRC Tests

Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4:02pm
	1.14	\$ 1.00 m

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

5	INTOXIMETERS, MODEL INTOX EC/IR II
County /	OWAW Instrument Location JAIIS OVY
Instrument Se	erial No. 008868 Police DEPAYTMENT
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	12 November 10
I certify that	on theday of
procedures v	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.
Department	of Health and Human Services, and the instrument is functioning property.
STATI STATI	
# ESSE QUAM V	Jun Deca 642
	Signature of Certifying Official Certificate Number

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 11/13/2018

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: 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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.07	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 2935

Test Date: 11/13/2018 Test Time: 1:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm

CRC Tests

Test	Status	Time
COMP	Pass	1:55pm
CAL	Pass	1:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Instrument Location SAIISOUTY
Instrument Ser	rial No. 008896 Police Department
	, , , , , , , , , , , , , , , , , , , ,
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on theday of
THE STATE OF THE S	

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008896 Test Date: 11/13/2018

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: 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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:45pm
ACCY CHK	.07	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:50pm
ATD DIV	0.0	2 • 51 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008896 Test Record Number: 1302 Test Date: 11/13/2018 Test Time: 2:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:53pm 2:53pm

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: 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; 5. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record: Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the , the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 10/11/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:04am 10:05am 10:06am 10:07am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:10am
ATR RIK	0.0	10:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914

Test Date: 10/11/2018 Test Time: 10:13-

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:13am
SRC	Pass	10:13am
DET	Pass	10:13am
BA R	Pass	10:13am
\mathtt{BT}	Pass	10:13am

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

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

Pass

Pass

10:14am

10:14am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <	Stanly Instrument Location Locus	†	
Instrument Se	rial No. 008706 186 Ray Kennedy		Locus
mon unione bo			
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	followed at leas	t once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator therr	nometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	·	٠
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, 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 Alc whichever occurs first.	date, or the alco coholic Breath S	holic breath imulator tests,
procedures w	on the <u>26+h</u> day of <u>October</u> , 20 <u>18</u> , the foregere performed on the instrument indicated above, in accordance with current fealth and Human Services, and the instrument is functioning properly	ent regulations o	maintenance of the N.C.
STATE STATE			
A THE COLUMN WAS THE BEEN AND T	South E Hatt	65¢	
	Signature of Certifying Official	Certificat	e Number
A signed orig	inal of the preventive maintenance record shall be kept on file for at least t	hree years.	

DHHS 4080 (11/07)

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 10/26/2018

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: HUTCHINSON, JOSEPH E

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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:26pm 12:27pm 12:27pm 12:28pm 12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
ATR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

STANLY LOCUST PD 830

Serial Number: 008706

Test Record Number: 3504

Test Date: 10/26/2018

Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 54	anly	Instrume	ent Locat	ion	Stan	ly Co	unty :	<u> </u>
Instrument Ser	ial No. <u>008824</u>					•	Albem	
The preventive four months are	maintenance procedures for the Int	oximeters,	Model I	ntox EC	/IR II to	be follo	wed at least	once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pre ree centigr	ssure, or ade;	the alco	oholic br	eath simi	ulator therm	ometer show
2.	Verify instrument displays time	and date;						
3.	Initiate breath test sequence;						•	
4.	Enter information as prompted;						*	
5.	Verify instrument accuracy;							
6.	When "PLEASE BLOW" appear	ars, collect	breath sa	ımple;				
7.	When "PLEASE BLOW" appear	ars, collect	breath sa	ımple;				
8.	Print test record;						:	
9.	Verify Diagnostic Program; and							
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being ged every t	g changed four mon	i before ths or a	e expirati fter 125	on date, Alcoholi	or the alcoh c Breath Sir	olic breath nulator tests
procedures we	on the <u>26+h</u> day of <u>0c+</u> are performed on the instrument inc f Health and Human Services, and	dicated abo	ve, in ac	cordan	e with c	urrent re	preventive n gulations of	naintenance the N.C.
							•	
OF THE STATE OF TH								
	#CAR							
		1						
+ ESSE QUAM VIDE	Spark E. t	LIL			>		65B	, ,
	Signa	ature of Ce	rtifying (Official		_	Certificate	Number
A signed origi	nal of the preventive maintenance r	ecord shall	be kept	on file	for at lea	st three y	ears.	

DHHS 4080 (11/07)

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 10/26/2018

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: HUTCHINSON, JOSEPH E

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: AG814902

Exp Date: 05/29/2020

Test

	_	
DIAG	Pass	11:17am
AIR BLK	.00	11:19am
ACCY CHK	.08	11:19am

q/210L

Time

AIR BLK .00 11:20am SUB TEST .00 11:21am

11:22am AIR BLK .00

11:23am SUB TEST .00

AIR BLK .00 11:24am

.00 g/210L Reported AC:

gnature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 1350 Test Date: 10/26/2018 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
\mathtt{BT}	Pass	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

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

Preventive Maintenance Status: Pass

Analys

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

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

DHHS 4080 (11/07)

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 10/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:18am 11:19am 11:19am 11:21am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:24am
ATR BLK	- 00	11:25am

Reported AC: .00 g/210L

Signature of Chemica

Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 5071 Test Date: 10/31/2018 Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:26am 11:26am 11:26am 11:26am 11:26am

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	11·27am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:27am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Union County SU
Instrument S	erial No. 008866 3344 Presson RJ., MONVOR
<u> </u>	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures of Department	t on theday of
STATE OF STA	

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 10/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:16am 11:17am 11:18am 11:19am
SUB TEST	.00	11:20am
AIR BLK SUB TEST	.00 .00	11:21am 11:22am
AIR BLK	.00	11:23am

Report AG: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 3042

Test Date: 10/31/2018

Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
\mathtt{BT}	Pass	11:26am

Blank Tests

Test	Status	Time	

AIR Pass 11:26am

Printer Tests

Test	Status	Time

PRNT Pass 11:26am

CRC Tests

Test	Status	Time
COMP	Pass	11:26am

CAL Pass 11:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	AKE	Instrument Lo	cation WAKE 7	FOREST PD
Instrument S	erial No. 008700	2255.	TAYLUR ST.	WAKE FDEFST, N
The preventi-	ve maintenance procedures for the I	ntoximeters, Mode	I Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, gree centigrade;	or the alcoholic breath	simulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	,		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" app	ears, collect breath	sample;	-
8.	Print test record;			
9.	Verify Diagnostic Program; an	ıd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being chan inged every four m	ged before expiration of onths or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
procedures v	on the day of day of octivere performed on the instrument in of Health and Human Services, and	dicated above, in a	ccordance with curren	going preventive maintenance t regulations of the N.C.
LISTAL OREAL SECTION OF THE STATE OF THE STA	CAROLIN CAROLINA CARO			
AND 12.	43/02	D. Smi	&C Official	Certificate Number
	516		G	= = :

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 10/23/2018

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: SMITH, BRIAN D
Permit Number: 08937E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:42am 10:43am 10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	00	10:46am
SUB TEST	.00	10:47am
ATP BIK	$\cap \cap$	10.48am

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 1445

Test Date: 10/23/2018

Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

10:52am 10:52am

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

C)Aka	RS, MODEL INTOX ECIR II	Mit
Instrument Se	erial No. 08600	Instrument Location Dec Management Cory	
The preventive four months a		Intoximeters, Model Intox EC/IR II to be followed at	t least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	r displays pressure, or the alcoholic breath simulator egree centigrade;	thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1 ;	
5.	Verify instrument accuracy;		e.
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;	·	
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration date, or the anged every four months or after 125 Alcoholic Breat	alcoholic breath th Simulator tests,
	ere performed on the instrument in	dicated above, in accordance with current regulations the instrument is functioning properly.	ntive maintenance s of the N.C.
A CAREATE STATES	CAROLIN		
APRIL 12, 1776		R Skinns 4	44

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008600 Test Date: 10/27/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B Permit Number: 13651E Effective:

08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:24pm 11:25pm
ACCY CHK	.07	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008600 Test Record Number: 1830 Test Date: 10/27/2018 Test Time: 11:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:33pm
FLO	Pass	11:33pm
FC	Pass	11:33pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:33pm
DET	Pass Pass	11:33pm 11:33pm
BAR	Pass	11:33pm
BT	Pass	11:33pm

Blank Tests

Test	Status	Time
AIR	Pass	11:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:34pm

11:34pm

Preventive Maintenance Status: Pass

Pass

CAL

DB Stury

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location Bot Mobile Unit
Instrument Seria	INODU8698 Cary PD
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.
	the day of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A VAN 20. 17 JAN 19.	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008698 Test Record Number: 1391 Test Date: 10/27/2018 Test Time: 11:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:50pm
SRC	Pass	11:50pm
DET	Pass	11:50pm
BAR	Pass	11:50pm
BT	Pass	11:50pm

Blank Tests

Test	Status	Time
AIR	Pass	11:51pm

Printer Tests

Test

COMP

CAL

PRNT	Pass	11:51pm
	CRC Tests	
Test	Status	Time

Status

Preventive Maintenance Status: Pass

Pass

Pass

Skinn

Time

11:51pm

11:51pm

WAKE COUNTY BAT MOBILE UNIT 1 910

Serial Number: 008698 Test Date: 10/27/2018

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

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
	~	
DIAG	Pass	11:42pm
AIR BLK	.00	11:43pm
ACCY CHK	.08	11:44pm
AIR BLK	.00	11:45pm
SUB TEST	.00	11:45pm
AIR BLK	.00	11:46pm
SUB TEST	.00	11:48pm
AIR BLK	.00	11:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	W.R. E.M. Instrument Location NORMAN	a PD
Instrument Seria	11 No. 008945 101 MAIN ST NOVE	LMA NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	in the second se
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	ate, or the alcoholic breath molic Breath Simulator tests,
procedures we	the <u>free day of OctoBER</u> , 20 <u>f</u> the forgoing performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF THE STATE OF THE OF T	Avial de la constant	L-7~
	Signature of Certifying Official	Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 10/17/2018

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 383
Test Date: 10/17/2018 Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	ABLEN	Instrument Location () ARRIVA)	Co. LEC
Instrument Ser	rial No. <u>608793</u>	128 RAFTERSLN W.	GRZENTON, NC
The preventive four months as	e maintenance procedures for th	ne Intoximeters, Model Intox EC/IR II to be t	ollowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 2	ster displays pressure, or the alcoholic breath 2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	:
5.	Verify instrument accuracy	<i>'</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	•
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		Tananan
9.	Verify Diagnostic Program	ı; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration of changed every four months or after 125 Alcoholments	late, or the alcoholic breath oholic Breath Simulator tests,
procedures w	vere performed on the instrumer	octoBER , 20/8 the for indicated above, in accordance with curren and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
GREAT STATE	E Or NO PINE CAROLI		
EST QUAM	The state of the s	Signature of Certifying Official	Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 10/17/2018

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:37pm 2:38pm
ACCY CHK	.07	2:38pm 2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 1357

Test Date: 10/17/2018

Test Time: 2:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	s Time
IR	Pašs	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

Blank Tests

Test	Status	Time
ATR	Pass	2:45rpm

Printer Tests

rest	Status	ттше
PRNT	Pass	2:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:45pm 2:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1/	INTOXIMETERS, MODEL INTOX EC/II	X 11
County 10	Instrument Location Vancey	Co. Jail
	erial No. <u>008653</u> <u>Byens Will</u>	e No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
procedures w	on the <u>24</u> day of <u>October</u> , 20/8 the forgere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STATE OF THE S	No.	649
	Signature of Certifying Official	Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 10/24/2018

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	Pass	2:04pm
AIR BLK	.00	2:05pm
ACCY CHK	.07	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1369 Test Date: 10/24/2018

Test Time: 2:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:11pm 2:11pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

Printer Tests

rest	Status	TTILLE
PRNT	Pass	2:12pm

CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance Status: Pass

Analyst 4