PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALA	MANCE Instrument Location Bulington PD
Instrument Seria	1No. 008812 267 W. Frnt ST Bullyton, NC
	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
TATE OF NO.	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 07/13/2018

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: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:24am 8:25am
ACCY CHK	.08	8:26am
AIR BLK	.00	8:26am
SUB TEST	.00	8:27am
AIR BLK	.00	8:28am
SUB TEST	.00	8:30am
AIR BLK	.00	8:30am

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 3226

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:34am
FLO	Pass	8:34am
FC	Pass	8:34am

Temperature Tests

Test	Status	Time
FC1	Pass	8:34am
SRC	Pass	8:34am
DET	Pass	8:34am
BAR	Pass	8:34am
BT	Pass	8:34am

Blank Tests

Test	Status	Time
ATR	Pass	8 · 35am

Printer Tests

Test	Status	Time
PRNT	Pass	8:35am

CRC Tests

Test	Status	Time
COMP	Pass	8:35am
CAL	Pass	8:35am

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ALAMANCE Instrument Location Buling for PD
Instrumen	t Serial No. 008907 267 in Frut ST Bulington, NC
The preve	ntive 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.
	hat on the, 20, 20, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
COREAT CREAT	Signature of Certifying Official C42 Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 07/13/2018

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:43am
AIR BLK	.00	8:44am
ACCY CHK	.08	8:45am
AIR BLK	.00	8:46am
SUB TEST	.00	8:46am
AIR BLK	.00	8:47am
SUB TEST	.00	8:49am
ATR BLK	. 00	8:50am

Reported AC:

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 891

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:51am 8:51am
FC	Pass	8:51am

Temperature Tests

Test	Status	Time
FC1	Pass	8:51am
SRC	Pass	8:51am
DET	Pass	8:51am
BAR	Pass	8:51am
BT	Pass	8:51am

Blank Tests

Test	Status	Time
AIR	Pass	8:51am

Printer Tests

Test	Status	Time
PRNT	Pass	8:51am

CRC Tests

rest	Status	Time
COMP	Pass	8:52am
CAL	Pass	8:52am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALA	Instrument Location Alamance Co JAIC
Instrument Seria	al No. <u>608913</u> 109 5 Maple 55
·	GRAITAM NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the, 20, 20, 20
OREAT STATE OF STATE	A CORPUTATION OF THE CAROL STATE
COR CHAN VIDEN	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 07/13/2018

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG\$07102 Exp Date: 03/12/2020

Test	g/210L	T'ime
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:23am 9:24am 9:24am 9:25am 9:26am 9:27am 9:29am
AIR BLK	.00	9:30am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 07/13/2018 Test Record Number: 3231 Test Time: 9:34am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	T'ime
ATR	Pass	9:35am

Printer Tests

Test	Status	Time
PRNT	Pass	9:35am

CRC Tests

Test	Status	Time
COMP	Pass	9:35am
CAL	Pass	9:35am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_AL	
Instrument Ser	ial No. 008883 109 5 Maple 5T GRAHAM, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, 20, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TO STATE AND STATE OF THE STATE	

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 07/13/2018

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:23am
AIR BLK	.00	9:24am
ACCY CHK	.08	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:29am
ATR BLK	0.0	9 · 30am

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 07/13/2018

Test Record Number: 2505
Test Time: 9:36am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:38am

Printer Tests

Test	Status	Time
PRNT	Pass	9:38am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Very Instrument Location Avery Co.	Ja; 1
Instrument S	Serial No. 00 8664 Instrument Location AVERY Co.	VC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed are:	d at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	tor thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic E whichever occurs first.	
	t on the	reventive maintenance tions of the N.C.
STATE OF THE CONTROL	TE O NORTH CAROLING TO THE CAR	l lla
- units	Signature of Certifying Official C	ertificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 07/10/2018

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: 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: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	4:03pm
AIR BLK	.00	4:04pm
ACCY CHK	.08	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 919
Test Date: 07/10/2018 Test Time: 4:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:11pm
FLO	Pass	4:11pm
FC	Pass	4:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:11pm
SRC	Pass	4:11pm
DET	Pass	4:11pm
BAR	Pass	4:11pm
BT	Pass	4:11pm

Blank Tests

Test	Status	Time	
ATR	Pagg	4 · 11pm	

Printer Tests

Test	Status	Time
PRNT	Pass	4:12pm

CRC Tests

Test	Status	Time
COMP	Pass	4:12pm
CAL	Pass	4:12pm

Preventive Maintenance Status: Pass

Analyst

All March 18 Comments and the complex of the property of the complex of the compl

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A	INTOXIMETERS, MODEL INTOX EC/IR II
County BEA	Instrument Location Beautor CD. Court ho
Instrument Seri	al No. DO8909 100 F. DANST., WashingTN, 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 day of July, 20/1/2 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	Jan es Carl 647

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 07/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:17pm
AIR BLK	.00	12:18pm
ACCY CHK	.08	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linil d. Kuem
Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 3045

Test Date: 07/02/2018

Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
\mathtt{BT}	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:26pm

12:26pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst Lune

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	eau fort Instrument Location Beaufort Co. Courthous
	ial No. 008586 102 E. 2nd ST., WAShingTON, N.
Instrument Ser	ial No. 008586 102 E. Ona ST., WashingTON, N.
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	and To 10
I certify that or procedures we	the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C.
	Health and Human Services, and the instrument is functioning properly.
Contraction of the Contraction o	
STATE OF THE STATE	
1981 12. Th	
ATTE GUAM AIDE	Tinda Heed 647
after the second	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 07/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:18pm 12:19pm
ACCY CHK AIR BLK	.08	12:20pm 12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
ATR BLK	0.0	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Record Number: 1394 Test Date: 07/02/2018 Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:27pm 12:27pm 12:27pm 12:27pm 12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27pm 12:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Instrument Location Bladen Coanx
Instrument Seria	INO. 008894 Sheriff Departme
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 // the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	3:04pm
AIR BLK	.00	3:04pm
ACCY CHK	.08	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported AC:

0/*/*g/210/fµ

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 1102 Test Date: 07/06/2018 Test Time: 3:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:12pm 3:12pm
FC	Pass	3:12pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:13pm

Preventive Maintenance Status: Pass

Pass

CAL

/Anályst

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 day of



Signature of Certifying Official

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.

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 07/06/2018

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
ATR BLK	.00	3:13pm

Reported AC:

/g/210p/

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 07/06/2018

Test Record Number: 1398
Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	3:16pm 3:16pm 3:16pm 3:16pm
\mathtt{BT}	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

Printer Tests

Toat

COMP

CAL

rest	Status	Time
PRNT	Pass	3:16pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

3:16pm

3:16pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that	on the day of, 20 / O the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTEANCE

Subject'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	5:08pm
AIR BLK	.00	5:09pm
ACCY CHK	.08	5:09pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:14pm
ATR BLK	. 0.0	5:15pm

Reported AC:

Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 4069
Test Date: 07/05/2018 Test Time: 5:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:17pm
FLO	Pass	5:17pm
FC	Pass	5:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:18pm
SRC	Pass	5:18pm
DET	Pass	5:18pm
BAR	Pass	5:18pm
BT	Pass	5:18pm

Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:18pm

CRC Tests

Test	Status	Time
COMP	Pass	5:18pm
CAL	Pass	5:18pm

Preventive Maintenance

Status: Pass

Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUAIMETERS, MODEL INTOX EC/IR II
County	5RUMSVICK Instrument Location 5 GA Set Beach
Instrument S	erial No. 008878 Police Deportment
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
TAN STAN	CAROLL CONTROLL CONTROL CONT

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 07/05/2018

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: 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

Test g/210L Time

DIAG Pass 3:31pm

AIR BLK .00 3:31pm

ACCY CHK .08 3:32pm

AIR BLK .00 3:33pm SUB TEST .00 3:34pm AIR BLK .00 3:34pm

SUB TEST .00 3:36pm

AIR BLK .00 3:37pm

Reported AC: .90 4/2104

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874

Test Record Number: 639

System Check: Passed

Baseline Tests

Test		Status	Time
IR		Pass	3:39pm
FLO	•	Pass	3:39pm
FC.		Pass	3:39pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:39pm 3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm

CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Branschick Instrument Location Branswick Com.
Instrument So	erial No. 008583 Sher! FF Depart men
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w	on the
OTHE STATE	

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 07/05/2018

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: 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	Pass	5:09pm
AIR BLK	.00	5:10pm
ACCY CHK	.07	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC:

/6)0 /g//210¥

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585

Test Record Number: 4114

Test Date: 07/05/2018

Test Time: 5:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:18pm
FLO	Pass	5:18pm
FC	Pass	5:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:18pm
SRC	Pass	5:18pm
DET	Pass	5:18pm
BAR	Pass	5:18pm
BT	Pass	5:18pm

Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:18pm

CRC Tests

Test	Status	Time
COMP	Pass	5:19pm
CAL	Pass	5:19pm

Preventive Maintenance

Status: Pass

Analyşı

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

رومد _{د خ}	TO INTO A MICHELLINION ECTIVITY
County	Structurent Location Off Telegrand
Instrument Ser	rial No. 008648 Police Deport Me
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	AND THE PROPERTY OF THE PROPERTY SERVICE SERVI
I certify that o	on the S day of J 20 /) the forgoing preventive maintenance
procedures we	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of	f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	SOUTH CARDON
* ESTE QUAM VID	
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 07/05/2018

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: 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	Pass	6:12pm
AIR BLK	.00	6:13pm
ACCY CHK	.07	6:14pm
AIR BLK	.00	6:15pm
SUB TEST	.00	6:15pm
AIR BLK	.00	6:16pm
SUB TEST	.00	6:18pm
AIR BLK	.00	6:18pm

Reported AC: .00 g/2/10L

Court CVR

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 1574

Test Date: 07/05/2018

Test Time: 6:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:20pm
FLO	Pass	6:20pm
FC	Pass	6:20pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	6:20pm 6:20pm
DET	Pass	6:20pm
BAR	Pass	6:20pm
BT	Pass	6:20pm

Blank Tests

Test	Status	Time
AIR	Pass	6:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:21pm

CRC Tests

Test	Status	Time
COMP	Pass	6:21pm
CAL	Pass	6:21pm

Preventive Maintenance Status: Pass

Anglyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Z	vacanbe Instru	ment Location <u>Buncombe</u>	CO. Ja:/
Instrument Se	erial No. <i>OO 8798</i>	Ashe Ville	, Nem
			<u>'</u>
The preventive four months a	ve maintenance procedures for the Intoximeter are:	rs, Model Intox EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centi		tor 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, colle	ct breath sample;	
7.	When "PLEASE BLOW" appears, colle	ct breath sample;	
8	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed ever whichever occurs first.	ing changed before expiration date, or y four months or after 125 Alcoholic E	the alcoholic breath Breath Simulator tests,
I certify that procedures w Department of	on the day of were performed on the instrument indicated ab of Health and Human Services, and the instru	, 20 / \(\overline{S} \) the forgoing prove, in accordance with current regularment is functioning properly.	reventive maintenance tions of the N.C.
OF THE STATE OF TH	SCAROLINA CONTRACTOR OF THE PARTY OF THE PAR	Certifying Official C	J49 Pertificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 07/05/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:15pm 1:16pm 1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 4400 Test Date: 07/05/2018 Test Time: 1:24pm EDT

System Check: Passed

Baseline Tests

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

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time

Test	Status	TTME
COMP CAL	Pass Pass	1:26pm 1:26pm
		_

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (a)	OUILIA	Instrument Location Caball	us County SD
Instrument Seri	ial No. <u>008645</u>	30 Gorban Ave.	Concord
The preventive four months are		for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.		canister displays pressure, or the alcoholic breatings .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument disp	lays time and date;	, s.
3.	Initiate breath test sequ	ence;	
4.	Enter information as p	rompted;	· **
5.	Verify instrument accu	racy;	9
6.	When "PLEASE BLO"	W" appears, collect breath sample;	e i
7.	When "PLEASE BLO"	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	gram; and	
10.		gas canister is being changed before expiration eing changed every four months or after 125 Alo	
I certify that on procedures wer Department of	the <u>J+b</u> day of eperformed on the instru- Health and Human Service	ment indicated above, in accordance with currences, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OME STATE OF THE S	ASSUM CAROLINA	Signature of Certifying Official	G56 Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 07/09/2018

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: 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 SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:02pm 12:03pm 12:03pm 12:04pm 12:05pm 12:06pm
SUB TEST	.00	12:07pm
ATR BLK	.00	12:08pm

Reparted AC: \ .00 g/210L

Signature of Chemical

Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625

Test Record Number: 4908

Test Date: 07/09/2018

Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

Printer Tests

Tesc	blatus	TTIIIG
PRNT	Pass	12:14pm

CRC Tests

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	abanus	Instrument Location + groupdis	P0
Instrument Se	erial No. <u>(208589</u>	401 Laurette Way, Kann	apolis
The preventive four months as		toximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath tree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;	÷	¥
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration da ged every four months or after 125 Alco	
	ere performed on the instrument indi	, 20 / the forg icated above, in accordance with current ne instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S		ature of Cartifying Official	656 Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 07/31/2018

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: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:52am 9:53am
ACCY CHK	.07	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:55am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
ATR BLK	0.0	9.59am

Reported AC

 $\sqrt{00} \, \sigma/2101$

Signature of

Chemical/Ana

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 2889

Test Date: 07/31/2018

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:02am 10:02am 10:02am 10:02am 10:02am

Blank Tests

Test	Status	Time	

AIR Pass 10:02am

Printer Tests

Test	Status	Time
TEBL	Status	TIME

PRNT Pass 10:02am

CRC Tests

Test	Status	Time
COMP	Pass	10:02am
CAT.	Dadd	10.02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	1 INTOXIMETERS, MODEL INTOXICON II
County CA	Instrument Location Comden Co. 5.0.
Instrument Seria	al No. 008940 113 Hwy 343, Canden, 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.
I certify that on procedures were Department of I	the Services, and the instrument is functioning properly. 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 STATE OF OUR AND THE STATE OF THE STATE O	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:53pm 12:54pm 12:54pm 12:55pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:59pm
ATR RIK	0.0	$1 \cdot 00 \text{nm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finold. Mees C. Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 07/03/2018 Test Record Number: 889
Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:02pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARteret Instrument Location CARTERET COUNTY
Instrumer	nt Serial No. 008882 SHOKIFF'S OFFICE
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of, 20, 20, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
GREAT	STATE OF NORTH STATE OF NORTH STATE OF SIgnature of Certifying Official Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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 ACCY CHK	Pass .00	10:26am 10:26am 10:27am
ACCY CHK	.00	10:27am 10:28am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:31am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882

Test Record Number: 1714

Test Date: 07/03/2018

Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10: 32am

Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

Blank Tests

Test	Status	Time
AIR	Pass	_10:33am

Printer Tests

Test	Status	Time	
PRNT	Pass	10:33am	
	CRC Tests		
Test	Status	Time	
COMP	Pass	10:33am	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARteret Instrument Location CARteret County
Instrume	nt Serial No. 008605 SHERIFFS OFFICE
The prevent	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify of procedure Departm	that on the day of, 20/ 8, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT	Signature of Certifying Official Cartificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	10:23am 10:24am
ACCY CHK	.07	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
ATR BLK	. 0.0	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605

Test Record Number: 3755

Test Date: 07/03/2018

Test Time: 10:31am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:31am 10:31am 10:31am 10:31am 10:31am
B.I.	rass	10.514

Blank Tests

Test	Status	Time
AIR	Pass	10:32am

Printer Tests

Test	Status	Time
PRNT	Pass	10:32am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:32am

10:32am

Preventive Maintenance Status: Pass

Pass

CAL

Rand E-Hall
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARteret Instrument Location Morehead City AS
Instrument S	erial No. <u>0087.3/</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 v Department	on theday of, 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number
A signed orig	ginal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 07/03/2018

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

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

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

Analyst's Name: 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 ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:06am 11:07am 11:07am 11:08am 11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Carl Half
Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 2070 Test Date: 07/03/2018 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:13am
FLO	Pass	11:13am
FC	Pass	11:13am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:14am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:14am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	1Rteact Instrument Location AtLANTI	C BEACH &	
Instrument Ser	ial No. <u>008785</u>		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	llowed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	. When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoholichever occurs first.		
I certify that o procedures we Department o	on theday ofJuly, 20/8_, the foregoin are performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	g preventive maintenance regulations of the N.C.	
STATE OF STA	Signature of Certifying Official	Certificate Number	

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

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 AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:41am 11:41am 11:42am 11:43am 11:43am 11:44am 11:46am
AIR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

March E-Half
Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785

Test Record Number: 1043

Test Date: 07/03/2018

Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:48am 11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

Blank Tests

Test	Status	Time

AIR Pass 11:48am

Printer Tests

Test	Status	Time

PRNT Pass 11:49am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	eteret Instrument Location Emeral J Isle A J
Instrument Seria	al No. 008670.
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 B L K	Pass	12:38pm 12:38pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Record Number: 1947

Test Date: 07/03/2018

Test Time: 12:45pm EDT

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	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:46pi

Printer Tests

Test

CAL

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

Status

Time

12:46pm

Preventive Maintenance Status: Pass

Pass

*A*nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	Hawka County SU
Instrument Ser	rial No. 008687 100B Southwest Blad., Newton
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months at	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.
	n theday of, 20, 20
THE STATE OF THE CHEAT OF THE C	

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 07/30/2018

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: AG702302 Exp Date: 01/23/2019

g/210L	Time
Pass .00 .07	9:22am 9:23am 9:23am
.00	9:24am
.00	9:25am
.00	9:26am
.00	9:28am
.00	9:28am
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC: 00 g/210L

Signature of Chemical

∦nalyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687

Test Record Number: 2648

Test Date: 07/30/2018

Test Time: 9:31am EDT

System Check: Passed

Baseline Tests .

Test	Status	Time
IR	Pass	9:32am
FLO	Pass	9:32am
FC	Pass	9:32am

Temperature Tests

Test Status Ti	
SRC Pass 9: DET Pass 9: BAR Pass 9:	32am 32am 32am 32am 32am

Blank Tests

Test	Status	Time
AIR	Pass	9:32am

Printer Tests

Test	Status	Time
PRNT	Pass	9:32am

CRC Tests

Test	Status	Time
COMP	Pass Pass	9:33am 9:33am

Preventive Maintenance Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CHATHAM Instrument Location SILER	CITY PI
Instrume	nt Serial No. <u>008811</u> <u> </u>	R CITY, NO
		
The preve four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol ths are:	lowed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shov
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests.
procedu	that on the 3/ day of JULY, 20/8, the foregoing test were performed on the instrument indicated above, in accordance with current	g preventive maintenance regulations of the N.C.
Departn	ent of Health and Human Services, and the instrument is functioning properly.	
- T		
OF THE	STATE OF NO.	
EX TAX		
* 15.5E	alu Ra Banes	648
	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)

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 07/31/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:54am 11:55am 11:55am 11:57am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celu Ra Baman

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811

Test Record Number: 1303

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:04pm
	Pass Pass Pass Pass

Blank Tests

12:05pm AIR Pass

Printer Tests

Time Test Status

PRNT Pass 12:05pm

CRC Tests

Time Test Status

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

Preventive Maintenance Status: Pass

Olu Ra Bars Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(CHATHAM	Instrument Location	. CHRTHAM	CO DETENTION
Instrument Se	erial No. <u>008850</u>		PITISBOR	O, NC
		8 1.74		
The preventive four months a	ve maintenance procedures for tare:	he Intoximeters, Model Into	x EC/IR II to be follo	owed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .	ster displays pressure, or the 2 degree centigrade;	e alcoholic breath sim	ulator thermometer show
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	e;		
4.	Enter information as promp	pted;		
5.	Verify instrument accuracy	<i>'</i> 'S		
6.	When "PLEASE BLOW"	appears, collect breath samp	ple;	
7.	When "PLEASE BLOW"	appears, collect breath samp	ple;	
8.	Print test record;			
9.	Verify Diagnostic Program	n; ahd		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed be changed every four months	efore expiration date, or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
I certify that procedures w Department	on the <u>3/</u> day of _ were performed on the instrume of Health and Human Services	フンレー/	dance with current re	preventive maintenance egulations of the N.C.
STATION STATION OF THE STATION OF TH	CAROLL		· · · · · · · · · · · · · · · · · · ·	
SERIL PL. OF	<u>al</u>	Re Bun	S	Certificate Number

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008850 Test Date: 07/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:53pm 2:54pm 2:54pm 2:55pm 2:56pm 2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008850 Test Record Number: 663
Test Date: 07/31/2018 Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	3:01pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass P as s	3:02pm 3:02pm

Preventive Maintenance Status: Pass

al Ra Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch	owan	Instrument Location Chow	an Co. Public Safety
Instrument Seria	1No. 008895	Guter, 305 Free	mason St., Edenton,
The preventive to		ntoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	i v
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		e P
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expirat nged every four months or after 125	
I certify that on procedures were Department of I	the day of day of least the day of least the day of least the least the day of least the da	dicated above, in accordance with cuthe instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.
THE STATE OF THE S	San SA	nature of Certifying Official	Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 07/02/2018

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

DIAG	Pass	10:32am
AIR BLK	.00	10:32am
ACCY CHK	.07	10:33am
AIR BLK	.00	10:34am

Time

ACCY CHK .07 10:33am
AIR BLK .00 10:34am
SUB TEST .00 10:34am
AIR BLK .00 10:35am

SUB TEST .00 10:37am AIR BLK .00 10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 845

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:41am 10:41am 10:41am 10:41am
\mathtt{BT}	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	\ .	Instrument Locati		y CountySD-Ann
	rial No. <u>008887</u>	407 MGR		
The preventive four months ar	e maintenance procedures for the	: Intoximeters, Model Ir	ntox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or degree centigrade;	the alcoholic breath	simulator thermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			er en
4.	Enter information as prompt	ed;	•	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sa	imple;	
7.	When "PLEASE BLOW" a	ppears, collect breath sa	ımple;	
8.	Print test record;		7	
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed hanged every four month	I before expiration of ths or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that of procedures we Department o	on the day of ere performed on the instrument f Health and Human Services, ar	indicated above, in acco	ordance with curren	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	11/W	Signature of Certifying (Official	656 Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 07/02/2018

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

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

Reported AC: .00 g/210L

Signature of Chemical

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

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Record Number: 2686 Test Date: 07/02/2018

Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- 4	INTOXIMETERS, MODEL INTOX EC/IR II
County C	ercland Instrument Location Cleveland County Sil-Army
Instrument Seri	al No. 008893 407 M- Broyer St. Shellor
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 25 day of 50 , 20 K the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TAME STATE OF THE	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893 Test Date: 07/25/2018

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: HAYS, MARK D

Permit Number: 15924E

Effective: 01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

Report AC: 00 g/210L

Signature of Chemical Analys

Court CVR

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893 Test Record Number: 1653

Test Date: 07/25/2018 Test Time: 1:11pm

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

	INTOXIMETERS, MODEL INTOX EC/IR II
County Cl	eveland Instrument Location Kings Mountain PD
Instrument Ser	ial No. 008900 1125. P. Mount Ave., Kings Mountain
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OF STA	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 07/30/2018

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: AG702302 Exp Date: 01/23/2019

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

.00 g/210L Reported AC:

Analyst Signature Chemical

Court CVR

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 729

Test Date: 07/30/2018

Test Time: 12:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1.2:44pm
FLO FC	Pass Pass	12:44pm 12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
\mathtt{BT}	Pass	12:44pm

Blank Tests

Test	Status	Time

AIR Pass 12:45pm

Printer Tests

Test	Status	Time
PRN'T	Pass	12:45pm

CRC Tests

Test	Status	Time
COMP	Pass	12:45pm
CAL	Pass	12:45pm

Preventive Maintenance Status: Pass

Analyst

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

County_	CRAVEN Instrument Location New BERN AD
Instrume	nt Serial No
The pre-	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departs	that on the
STATE ORENT GAS	Signature of Certifying Official Signature Official Signature of Certifying Official
	Continuate remote

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 07/05/2018

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: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:35am 11:36am
ACCY CHK	.07	11:36am
AIR BLK	.00	11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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 Record Number: 1379

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time
7. T D	Dagg	11.12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:43am
CAL	Pass	11:43am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	RAIRA)	Instrument Location MCAS	CHERRY POIN
Instrument So	19 DO19	instrument Education	
The prevention four months	ve maintenance procedures for the Intox	imeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath se centigrade;	simulator thermometer shows
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	, collect breath sample;	
7.	When "PLEASE BLOW" appears,	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration da d every four months or after 125 Alcoh	
	on the day of		ng preventive maintenance t regulations of the N.C.
THE STATE OF THE S		ig EAN	354
	Signatur	re of Certifying Official	Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008917 Test Date: 07/05/2018

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: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:28am 10:28am
ACCY CHK AIR BLK	.08 .00	10:29am 10:30am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008917 Test Record Number: 749
Test Date: 07/05/2018 Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:34am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:35am

Preventive Maintenance Status: Pass

Kards E Half
Analyst

118111.811111111.1 ... 11

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN Instrument Location HAVE	LOCK PD
Instrume	nt Serial No. <u>008700</u>	<u> </u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be this are:	followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
I certify procedur Departm	that on the	oing preventive maintenance ent regulations of the N.C.
	STATE OF TOO	
SE CARE	Signature of Certifying Official	354 Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 07/05/2018

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: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG	Pass	9:41am
AIR BLK	.00	9:42am
ACCY CHK	.08	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

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 HAVELOCK PD 240

Serial Number: 008800

Test Record Number: 1152

Test Date: 07/05/2018

Test Time: 9:48am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:48am
FLO	Pass	9:48am
FC	Pass	9:48am

Temperature Tests

Test	Status	Time
FC1	Pass	9:48am
SRC	Pass	9:48am
DET	Pass	9:48am
BAR	Pass	9:48am
BT	Pass	9:48am

Blank Tests

Test	Status	Time
AIR	Pass	9:49am

Printer Tests

Test	Status	Time
PRNT	Pass	9:49am

CRC Tests

Test	Status	Time
COMP	Pass	9:49am
CAL	Pass	9:49am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CR	AVEN Instrument Location CRAVEN COUNTY
Instrument Serie	Instrument Location GRAVEN COUNTY al No. 008737 SHERIFFS 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 07/05/2018

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:21pm 12:21pm
ACCY CHK	.08	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 07/05/2018

Test Record Number: 2086

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 BT	Pass Pass Pass Pass Pass	12:28pm 12:28pm 12:28pm 12:28pm 12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	raver Instrument Location_BAT_Mobile_UnitL
Instrument Se	erial No. <u>008698</u> <u>Ctaven Co 500</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
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
CAR STATE OF THE S	

CRAVEN COUNTY BAT MOBILE UNIT 1 240

Serial Number: 008698 Test Date: 07/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG621403

Exp Date: 08/01/2018

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

SUB TEST .00 10:18pm

AIR BLK .00 10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 1 240

Serial Number: 008698 Test Record Number: 1375 Test Date: 07/14/2018 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN	Instrument Location_	SAT MODE	unst 6
Instrume	ent Serial No. OOF119	VANCEBOR	0	
The prev	ventive maintenance procedures for the Intention	oximeters, Model Intox	EC/IR II to be followe	ed at least once every
1.	Verify the ethanol gas canister do 34 degrees, plus or minus .2 degrees.		lcoholic breath simula	itor thermometer show
2.	. Verify instrument displays time	and date;		
3.	. Initiate breath test sequence;			
4.	. Enter information as prompted;			
5.	. Verify instrument accuracy;			
6.	. When "PLEASE BLOW" appea	ars, collect breath sample	; ;	
7.	. When "PLEASE BLOW" appea	ars, collect breath sample	; ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before ged every four months or	ore expiration date, or r after 125 Alcoholic I	the alcoholic breath Breath Simulator tests,
procedu	y that on the <u>21</u> day of <u>JU</u> ures were performed on the instrument inc ment of Health and Human Services, and	licated above, in accordathe instrument is function	ince with current regu	eventive maintenance lations of the N.C.
GREAT SE	STATE OF TO THE STATE OF TO THE STATE OF THE	eature of Certifying Offici		Ca 3

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008779 Test Date: 07/27/2018

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: 09/26/2017-01/26/2026

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	10:35pm 10:36pm
ACCY CHK	.07	10:37pm
AIR BLK	.00	10:38pm
SUB TEST AIR BLK	.00 .00	10:38pm 10:39pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008779 Test Record Number: 3497
Test Date: 07/27/2018 Test Time: 10:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. DO8849 1123 apanTrail, Corolla, M.	<u> </u>
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evidour months are:	ery
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	hows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	-
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	
I certify that on the	ince
Signature of Certificial Certificate Number	

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 07/18/2018

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: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	8:34am 8:35am 8:36am 8:36am
SUB TEST	.00	8:37am
AIR BLK	.00	8:38am
SUB TEST	.00	8:40am
ATR BLK	. 0.0	8:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 468

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:42am
FLO	Pass	8:42am
FC	Pass	8:42am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:43am 8:43am
DET	Pass	8:43am
BAR	Pass	8:43am
\mathtt{BT}	Pass	8:43am

Blank Tests

Test	Status	Time	
ATR	Pass	8:43am	

Printer Tests

Test	Status	Time
PRNT	Pass	8:43am

CRC Tests

Test	Status	Time
COMP	Pass	8:43am
CAL	Pass	8:43am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. 008851 1044 Driffwood Dr., Mantes, M. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. $_{-}$, 20 $\frac{1}{2}$ the forgoing preventive maintenance day of Juli 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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008851 Test Date: 07/16/2018

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: GUARD, KELLY G
Permit Number: 12955E
Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:53pm 3:54pm 3:54pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008851

Test Record Number: 602

Test Date: 07/16/2018 Test Time: 4:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	4:01pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

AIR Pass 4:02pm

Printer Tests

m	a + - + ·	FF 4
Test	Status	Time

PRNT Pass 4:02pm

CRC Tests

Test Status Time

COMP 4:02pm Pass CALPass 4:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTOX EC/IR	
County Da	16	Instrument Location Kill Dec	1/ K1/5 T.D.
Instrument Seria	al No. <u>Oo 8844</u>	102 Town Hall Dr	Kill Devil Hills
The preventive r		intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath segree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	·
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	•
10.		nister is being changed before expiration dainged every four months or after 125 Alcoh	
	performed on the instrument in	dicated above, in accordance with current rethe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF MAN IN COLUMN 20 177	COLLU CAROLLI		
O QUAM VIDE	Zus		643
	// Sign	nature of Certifying Official	Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 07/18/2018

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: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:29am 10:30am 10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemiqal Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844

Test Record Number: 2096

Test Date: 07/18/2018

Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:39am

Preventive Maintenance Status: Pass

Analyst

Deligned the control of the control of the control of the property of the control of the control

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	a a second transfer of the second transfer of
County	ARE Instrument Location DANE Co. DETENTION
Instrument Ser	rial No. 008804 1044 Driftwool Dr. Manto, A
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 or procedures wer Department of	n the
OTHE STATE OF THE	
- munu	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 07/16/2018

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: KEESLER, LINDA A

Permit Number: 11646

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 2086

Test Date: 07/16/2018 Test Time: 4:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:36pm
SRC	Pass	4:36pm
\mathtt{DET}	Pass	4:36pm
BAR	Pass	4:36pm
\mathtt{BT}	Pass	4:36pm

Blank Tests

Test	Status	Time
AIR	Pass	4:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:37pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location DARE CO. S.O HATT
Instrument Se	rial No. 00 8807 50346 Ne Hwy 12, Friseo, N.C.
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.
procedures we	on theday of, 20 /8 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROLLING CAROLL
APRIL 12, 1776 LISTE QUAM VIDE	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 07/17/2018

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: 11646

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 .07 .00	11:35am 11:36am 11:37am 11:38am
AIR BLK SUB TEST	.00	11:39am 11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 957
Test Date: 07/17/2018 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	

Test.	Status	Time
COMP	Pass	11:44am
CAL	Pass	11:44am

Preventive Maintenance Status: Pass

Jinich, Krest

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\overline{}$	INTOXIMETERS, MODEL INTOX EC/IR II
County DA	(VIDSON) Instrument Location L-exing TO W
Instrument Ser	rial No. 008883 Police Department
	· · · · · · · · · · · · · · · · · · ·
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of da
THE STATE OF THE S	

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 07/24/2018

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: 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: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	2:15pm 2:15pm
ACCY CHK	.08	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
ATR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L'Hum Dean Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1956

Test Date: 07/24/2018

Test Time: 2:22pm 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
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm

CRC Tests

Test	Status	Time
COMP	Pass	2:23pm
CAL	Pass	2:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County DA	WidsoN Instrument Location RowASVILLE
Instrument Seri	ial No. 008872 Police Department
The preventive four months are	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 of procedures we Department of	on the 24 day of, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
	gr _r .
THE STATE OF THE S	
SUF QUAM VIE	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 07/24/2018

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: 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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	1:27pm 1:28pm
ACCY CHK	.07	1:28pm 1:29pm
SUB TEST AIR BLK	.00	1:30pm 1:31pm
SUB TEST AIR BLK	.00 .00	1:32pm 1:33pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1385
Test Date: 07/24/2018 Test Time: 1:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

Printer Tests

Status Time

Test

PRNT	Pass	1:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:35pm 1:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/ĮŖ II

_	INTOXIMETERS, MODEL INTOXECTR II
Instrument Se	rial No. 008858 Instrument Location N9/19CE
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 07/09/2018

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: 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 AIR BLK	Pass .00 .08 .00 .00	11:06am 11:07am 11:08am 11:09am 11:10am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am

Reported AC: __00 g/2,10L

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 856 Test Date: 07/09/2018 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

AIR Pass 11:15am	Test	Status	Time
	AIR	Pass	11: 1 5am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:15am

CAL

Analyst

This form is used when performing Preventive Maintenance procedures

Forensia Tosta for Alcohol Bronch

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Marathe Holes	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Instrument Location Daplin Country
Instrument Seria	INO.008864 Sheriff Department
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday 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.
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 07/09/2018

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: 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	9:50am 9:51am
ACCY CHK AIR BLK	.08	9:51am 9:53am
SUB TEST AIR BLK	.00 .00	9:53am 9:54am
SUB TEST AIR BLK	.00 .00	9:56am 9:56am

Reported AC:

λ*ե*//2101

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 3408

Test Date: 07/09/2018

Test Time: 9:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 10:01am

Printer Tests

Test Status T	'ime
---------------	------

PRNT Pass 10:01am

CRC Tests

Test	Status	Time
COMP	Pass	10:01am

CAL Pass 10:01am

Preventive Maintenance

Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Du	RHAM Instrument Location DURHAM CO. JAIL
	ial No. 008651 ZIG S. MANGUM ST. DURLIAM NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	CAROLL CA

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008651

Test Record Number: 1374

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	
Test	Status	Time

lest	Status	TIME
COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008651 Test Date: 07/30/2018

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: 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: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.07	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
ATR BLK	. 00	3:18pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FRANKLIN Instrument Location FRANKLIN W LEC
Instrument	Serial No. <u>008933</u> <u>285 T. Kemp Ro</u> Louisburg, NC
	ntive 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.
procedure	hat on the/
STATE OF THE CONTRACT OF THE C	



FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 07/11/2018

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:12am 9:13am 9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
AIR BLK	.00	9:18am

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 1008
Test Date: 07/11/2018 Test Time: 9:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19am
FLO	Pass	9:19am
FC	Pass	9:20am

Temperature Tests

Test	Status	Time
FC1	Pass	9:20am
SRC	Pass	9:20am
DET	Pass	9:20am
BAR	Pass	9:20am
BT	Pass	9:20am

Blank Tests

Test	Status	Time
7. TD	Dagg	0.000
AIR	Pass	9:20am

Printer Tests

Test	Status	Time
PRNT	Pass	9:20am

CRC Tests

Test	Status	Time
COMP	Pass	9:20am
CAL	Pass	9:20am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	n loanier	ERS, MODEL INTO A ECH	Candy SD
County	3a <1000	_ Instrument Location	, COM 5
Instrument So	erial No. <u>008643</u>	425 N. Marietta	St., Gastonia
The prevention four months		Intoximeters, Model Intox EC/IR II to be	followed at least once every
4.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expiration on anged every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrument i	ndicated above, in accordance with currend the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE OF THE CREAT		ignature of Certifying Official	Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 07/23/2018

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 State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:58am 10:59am 11:00am 11:01am 11:01am 11:02am
SUB TEST AIR BLK	.00	11:05am

Reppated AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 2989

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time

Pass 11:08am CAL Pass 11:08am

Preventive Maintenance Status: Pass

COMP

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	ATES Instrument Location NATMONIF UNIT 6		
Instrument Se	erial No		
	To the Victorian Park III and the followed at least once over		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	y	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	юw	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator temperature occurs first.	h sts,	
T:	at on the	ce	
procedures v	were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.		
OTH STATE			
Tare of the second	Signature of Certifying Official Certificate Number	_	

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008637 Test Date: 07/07/2018

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

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

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

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/26/2017-01/26/2026

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

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

Test	g/210L	Time
DIAG	Pass	6:48pm
AIR BLK	.00	6:49pm
ACCY CHK	.07	6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:51pm
AIR BLK	.00	6:52pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008637

Test Record Number: 2929
Test Time: 6:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:57pm 6:57pm
FC	Pass	6:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:57pm
SRC	Pass	6:57pm
DET	Pass	6:57pm
BAR	Pass	6:57pm
BT	Pass	6:57pm

Blank Tests

Test	Status	Time
AIR	Pass	6:57pm

Printer Tests

iest	Status	Time
PRNT	Pass	6:57pm

CRC Tests

Test	Status	Time
COMP	Pass	6:58pm
CAL	Pass	6:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gr	aham	Instrument Location Graha	im Co. S.O.
	al No. <u>0089/5</u>	Robbinsville,	
100	<u> </u>		
The preventive four months are		e Intoximeters, Model Intox EC/IR II to t	pe followed at least once every
.1,	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	•	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	· ·	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	¥+
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	,
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiratio changed every four months or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests,
I certify that or procedures wer Department of	e performed on the instrument	t indicated above, in accordance with currend the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TO STATE OF	TORREST OF THE PARTY OF THE PAR	R. Carlo	Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 107/06/2018

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457
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	11:40am
AIR BLK	.00	11:41am
ACCY CHK	.08	11:42am
AIR BLK		11:43am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 739
Test Date: 07/06/2018 Test Time: 11:49am

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
~FC	Pass	11:49am

Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	11:49am
BT	Pass	11:49am

Blank Tests

Test	Status	Time
		en e
AIR	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time

COMP Pass 11:50am CAL Pass 11:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOAMMETERS, MODEL INTO
County_6	RANVILLE Instrument Location CREED MOOR PD
Instrument Se	erial No. 008641 111 MASONIC ST CREEDMOOR, NC
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	ton the
STAND WAS TO THE STAND OF THE S	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG	Pass	11:55am
AIR BLK	.00	11:55am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
ATR RIK	0.0	12 · 01 mm

Reported AC: 200 g/2

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 1033

Test Date: 07/03/2018

Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:03pm

12:03pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:44pm 1:45pm
ACCY CHK	.07	1:46pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: __00 g/210L

Court CVR

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Tes

Test Record Number: 1791

Test Date: 07/03/2018 Test Time: 1:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:51pm 1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Greene	Instrument Location Greene Co. 5.0.
Instrument Serial No. 008670	301 W. Greene ST., SNOW Hill, A
The preventive maintenance procedures for four months are:	the Intoximeters, Model Intox EC/IR II to be followed at least once every
 Verify the ethanol gas car 34 degrees, plus or minus 	nister displays pressure, or the alcoholic breath simulator thermometer shows .2 degree centigrade;
2. Verify instrument display	s time and date;
3. Initiate breath test sequen	ce;
4. Enter information as pron	npted;
5. Verify instrument accurac	;;
6. When "PLEASE BLOW"	appears, collect breath sample;
7. When "PLEASE BLOW"	appears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program	m; and
	s canister is being changed before expiration date, or the alcoholic breath g changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on theday of	the forgoing preventive maintenance nt indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
THE STATE OF A CONTROLL OF A C	Signature of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 07/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

DIAG Pass	Time
AIR BLK .00 ACCY CHK .08	10:41am 10:42am 10:42am
AIR BLK .00 SUB TEST .00	10:43am 10:44am
AIR BLK .00	10:45am
SUB TEST .00	10:46am
AIR BLK .00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670

Test Record Number: 1752

Test Date: 07/02/2018

Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO FC	Pass Pass	10:49am 10:49am
T. C	Tabb	エし・モノな…

Temperature Tests

Status	Time
Pass Pass Pass	10:49am 10:49am 10:49am 10:49am
Pass	10:49am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

Status

Test

CAL

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

Time

10:50am

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GY &	ene	Instrument Location_Gve.	ene 6.5.0.
Instrument Serial	No. <u>008588</u>	301 W. Green.	e St., Snow Hill,
The preventive m	naintenance procedures for the	intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	n d	
I certify that on procedures were Department of I	simulator solution is being ch whichever occurs first. the		25 Alcoholic Breath Simulator tests, the forgoing preventive maintenance current regulations of the N.C.
STATE OF STA	Kal		Gy 3 Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008588 Test Date: 07/19/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GREENE COUNTY GREENE CO SO 390

Serial Number: 008588 Test Rec Test Date: 07/19/2018 Test Ti

Test Record Number: 972
Test Time: 10:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:20am 10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
\mathtt{BT}	Pass	10:20am

Blank Tests

Test	Status	Time
AIR	Pass	10:21am

Printer Tests

Test	Status	Time
PRNT	Pass	10:21am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOXIMETERS, MODEL INTOX EC/IR II
County <u></u>	rilford Instrument Location Bot Mobile Unit 8 Ce
Instrument Se	rial No. 608775 High Point PD
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
TATE STATE TO THE STATE TO T	CAROLL CA

HIGH POINT BAT MOBILE UNIT 8 401

Serial Number: 008775 Test Date: 07/20/2018

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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:52pm 11:53pm 11:53pm
AIR BLK	.00	11:54pm
SUB TEST AIR BLK	.00 .00	11:55pm 11:55pm
SUB TEST	.00	11:57pm
AIR BLK	.00	11:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB Stunning Analyst

HIGH POINT BAT MOBILE UNIT 8 401

Serial Number: 008775 Test Record Number: 1772 Test Date: 07/20/2018 Test Time: 11:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:59pm
FLO	Pass	11:59pm
FC	Pass	12:00am

Temperature Tests

Test	Status	Time
FC1	Pass	12:00am
SRC	Pass	12:00am
DET	Pass	12:00am
BAR	Pass	12:00am
BT	Pass	12:00am

Blank Tests

Test	Status	Time
AIR	Pass	12:00am

Printer Tests

Test	Status	Time
PRNT	Pass	12:00am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:00am

12:00am

COMP

CAL.

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR JI roint Instrument Location Instrument Serial No. OO 8652 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 07/24/2018

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: 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: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.07	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:18pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Kundelew Analyst

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 3321 Test Date: 07/24/2018 Test Time: 3:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass Pass	3:19pm 3:19pm
FLO FC	Pass Pass	3:19pm
- C		1

Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
${f BT}$	Pass	3:20pm

Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm

CRC Tests

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location AT Mobile Unit /
Instrument Se	erial No. 008788 Nameth Co So
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of y, 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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008788 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, 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	Pass	10:03pm 10:04pm
ACCY CHK	.07	10:04pm
AIR BLK	.00	10:05pm
SUB TEST AIR BLK	.00 .00	10:06pm 10:07pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008788

Test Record Number: 1358

Test Date: 07/06/2018

Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

Test	Status	TTIIG
PRNT	Pass	10:16pm

CRC Tests

Test	Status	Time
COMP	Pass	10:16pm
CAL	Pass	10:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	I PATFORD	Instrument Location SAT MODIF UNIT 6
Instrument S	Serial No. <u>OO % Y C</u>	Arioska
The preventi four months		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer show ree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
	were performed on the instrument in	, 20 1 V, the foregoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE STATE OF CHANGE OF THE STATE OF CHANGE OF		ature of Certifying Official Certificate Number

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008686 Test Date: 07/04/2018

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

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

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

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:

09/26/2017-01/26/2026

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

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

g/210L	Time
Pass .00 .07	9:39pm 9:40pm 9:41pm 9:42pm
.00	9:42pm
.00	9:43pm
.00	9:47pm
.00	9:47pm
	Pass .00 .07 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008686

Test Record Number: 6577

Test Date: 07/04/2018

Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
\mathtt{BT}	Pass	9:51pm

Blank Tests

Test	Status	Time
Z T₽	Pass	9:52pm

Printer Tests

rest	Status	1 1 me
PR NT	Pass	9:52pm

CRC Tests

rest	Status	TIME
COMP	Pass	9:52pm
CAL	Pass	9:52pm

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Haywood	Inst	rument Location <u>//a y /</u>	wood County Jail
Instrument Serial No. <u>OO</u>	18714 W	laynesuille	, NC
The preventive maintenance four months are:	procedures for the Intoximet	ters, Model Intox EC/IR	II to be followed at least once every
	ethanol gas canister displays s, plus or minus .2 degree cen		c breath simulator thermometer show
2. Verify inst	rument displays time and da	te;	
3. Initiate bre	eath test sequence;		
4. Enter infor	rmation as prompted;		
5. Verify inst	rument accuracy;		
6. When "PL	EASE BLOW" appears, col	lect breath sample;	
7. When "PL	EASE BLOW" appears, col	lect breath sample;	
8. Print test re	ecord;		
9. Verify Dia	gnostic Program; and		
simulator s	the ethanol gas canister is be solution is being changed eve occurs first.	eing changed before expi ery four months or after 1	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on the	day of July on the instrument indicated a uman Services, and the instru	, 20 / 8 bove, in accordance with ument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
TATE OF THE STATE	Signature of	Cuth. Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 07/05/2018

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:25am 10:27am 10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:31am
ATR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 07/05/2018 Test

Test Record Number: 1483 Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
${ t FLO}$	Pass	10:34am
FC	Pass	10:34am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:34am 10:34am 10:34am 10:34am 10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:35am

10:35am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OO8712 Way ness ville, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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. 1 certify that on the
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
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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
 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 tests, whichever occurs first. I certify that on the
 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 tests, whichever occurs first. I certify that on the
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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
 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 tests, whichever occurs first. I certify that on the
 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 tests, whichever occurs first. I certify that on the
 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, 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
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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
10. Verify that the ethanol gas canister is being changed before 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
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.
STATE OF NORTH
Signature of Certificial Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 07/05/2018

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401 Exp Date: 02/24/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:24am 10:25am
ACCY CHK	.07	10:25am
AIR BLK	.00	10:26am 10:27am
SUB TEST AIR BLK	.00 .00	10:27am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2072 Test Date: 07/05/2018 Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
\mathtt{BT}	Pass	10:32am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Status

Time

10:33am

Test

CAL

PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33am

Preventive Maintenance Status: Pass

Pass

Dil R. Cuth

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County He	nclerson In	strument Location <u>Hender</u>	son Co. Detenti
Instrument Ser	al No. <u>00 882-2</u>	Henderso	wille, we
The preventive four months ar	maintenance procedures for the Intoxim	eters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		h simulator thermometer shows
2.	Verify instrument displays time and o	late;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.		
procedures we	the 24 day of July re performed on the instrument indicated Health and Human Services, and the ins	above, in accordance with curren	rgoing preventive maintenance nt regulations of the N.C.
STATE OF STA	NO STATE CAROLINA		
ESE QUAM VIDE		Colone Constitution of the	649
	Signature	of Certifying Official	Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 07/24/2018

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: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:55pm 3:56pm 3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	3:59pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 2249

Test Date: 07/24/2018

Test Time: 4:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:03pm 4:03pm
FC	Pass	4:03pm

Temperature Tests

Status	Time
Pass	4:03pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
ATR	Pagg	4 · 04rpm	

Printer Tests

Test	Status	Time
PRNT	Pass	4:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:04pm 4:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HE	Instrument Location Henderson Co. De tention
Instrument Se	erial No. 008806 Hendersonville, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
TATE STATE OF THE	Signature of Certifying Official Certificate Number

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 07/24/2018

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: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	3:29pm 3:30pm
ACCY CHK AIR BLK	.07 .00	3:31pm 3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 2507

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:37pm
FLO	Pass	3:37pm
FC	Pass	3:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:37pm
SRC	Pass	3:37pm
DET	Pass	3:37pm
BAR	Pass	3:37pm
BT	Pass	3:37pm

Blank Tests

Test	Status	Time
AIR	Pass	3:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:38pm

CRC Tests

Test	Status	rime
COMP	Pass	3:38pm
CAL	Pass	3:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hy	de Instrument Location Hyde Co. S.O.
Instrument Serial	1No. 008801 1233 Main St., Swan Querter
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
i.	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.
	he 5 day of 7, 20 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TOTAL OF ALL OF	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 07/05/2018

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: 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 AIR BLK ACCY CHK	Pass .00 .08	9:53am 9:54am 9:55am
ACCI CHR AIR BLK SUB TEST	.00	9:56am 9:56am
AIR BLK SUB TEST	.00	9:57am 9:59am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 469

Test Date: 07/05/2018

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 SRC	Pass Pass	10:01am 10:01am
\mathtt{DET}	Pass	10:01am
BAR	Pass	10:01am
\mathtt{BT}	Pass	10:01am

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

Printer Tests

Test

1000	2000	
PRNT	Pass	10:02am

Status Time

CRC Tests

Test	Status	Time
COMP	Pass Pass	10:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Tyde Instrument Location Hyde Co. 5.0 - Ocrac
Instrument Ser	rial No. 008797 NC 12, Ocracoke, N.C.
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 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.
	n the
STATE OF THE STATE	CATE OF THE PARTY

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 07/17/2018

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: 11646

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	2:44pm 2:45pm
ACCY CHK AIR BLK	.08 .00	2:45pm 2:46pm
SUB TEST	.00	2:47pm
AIR BLK SUB TEST	.00 .00	2:48pm 2:50pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 550
Test Date: 07/17/2018 Test Time: 2:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

Temperature Tests

Status	Time
Pass	2:52pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	2:53pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm

CRC Tests

Test	Status	Time
COMP	Pass	2:53pm
CAL	Pass	2:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	redell	Instrument Location I	edell CountySD
Instrument Se	rial No. <u>008809</u>	201 E. Waters	edell County SD St. Statesville
		·	
The preventive four months a	•	the Intoximeters, Model Intox EC/IF	R II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus		olic breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	;-
8.	Print test record;	. Aph	
9.	Verify Diagnostic Program	n; and	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that o	on the day of day of	Tub, 20 18 nt indicated above, in accordance wi	_ the forgoing preventive maintenance
		and the instrument is functioning pr	
THE STATE OF THE S	CAROLLI CAROLL		gen gan gen
		Signature of Certifying Official	Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	7:55pm 7:56pm 7:57pm 7:58pm 7:58pm 7:59pm
SUB TEST	.00	8:01pm
AIR BLK	.00	8:02pm

Reported AC: ...00 g/210L

Signature of Chemical Analys

Court CVR

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 3949
Test Date: 07/06/2018 Test Time: 8:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
FC	Pass	8:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
\mathtt{BT}	Pass	8:03pm

Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:04pm

CRC Tests

Test	Status	Time
COMP	Pass	8:04pm
CAL	Pass	8:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 750 W. Intell The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record: 9. Verify Diagnostic Program; and 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 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.

fying Official

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 07/27/2018

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: 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: AG807102 Exp Date: 03/12/2020

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

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 3025 Test Date: 07/27/2018 Test Time: 10:30am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

Printer Tests

	o ou o u o	I I II.
PRNT	Pass	10:31am

Status Time

CRC Tests

Test	Status	Time
COMP	Pass	10:31am
CAL	Pass	10:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Janes_	Instrument Location BAT A	AUBILE UNIT 9
Instrument Ser	rial No. <u>00</u> 8647	TRENT	ON, NC
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	· •
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration nged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department o	on the day of ere performed on the instrument inc f Health and Human Services, and	the following properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF WAY TO STATE OF THE ST	NO CAROLINI		
* ESSE QUAM VID	Olim f	2a Bans	648
	Sig	nature of Certifying Official	Certificate Number

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008647 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:15pm
AIR BLK	.00	10:16pm
ACCY CHK	.07	10:16pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:21pm
ATR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Bangara

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008647 Test Record Number: 2419
Test Date: 07/06/2018 Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:25pm 10:25pm
DET	Pass	10:25pm
BAR	Pass	10:25pm
BT	Pass	10:25pm

Blank Tests

Test	Status	Time
AIR	Pass	10:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:25pm 10:25pm

Preventive Maintenance Status: Pass

alun Ry Banso Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 07/05/2018

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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:10pm 1:11pm 1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 1255
Test Date: 07/05/2018 Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
χтр	Dagg	1 . 1 0 mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:18pm 1:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE I	nstrument Location	SANFERD	POLICE 1
Instrument Se	rial No. <u>008867</u>	JAN1	FORD, NC	
The preventive	e maintenance procedures for the Intoxi	meters. Model Intox E	EC/IR II to be followed a	t least once every
four months a	-			
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		coholic breath simulator	thermometer show
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;	,	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.			
	<u>_</u>	,		
	on the day of Health and Human Services, and the	ted above, in accordan		
	• • • • • • • • • • • • • • • • • • •			
THE STATE	0° A.			
3				
* ESTE CRIAMVI	_ alu R	Ban	<u> </u>	648
	Signatur	e of Certifying Officia	ı Certi	ficate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 07/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, 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 .00	2:15pm 2:15pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 1059

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm

CRC Tests

Test	Status	'l'ime
COMP	Pass	2:23pm
CAL	Pass	2:23pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Lincoln Instrument Location Lincoln County Courthouse
Instrumer	Serial No. 008823 #1 Courthouse Square, Lincolnton
The preve	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.
procedu	nat on the <u>a84m</u> day of <u>June</u> , 20 <u>8</u> the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
THE GREAT GO	Signature of Certifying Official Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 06/28/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK		3;53pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1414
Test Date: 06/28/2018 Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
iR!	Pass	4:00pm
FLO	Pass	4:00pm
FC	Pass	4:00pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	4:00pm 4:00pm 4:00pm 4:00pm
BT	Pass	4:00pm

Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

Printer Tests

Test	status	Time
151 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PRNT	Pass	4:01pm

CRC Tests

Test	Status	Time
COMP	Pass	4:01pm
CAL	Pass	4:01pm

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II aunthus/ outhouse 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 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. day of the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 07/30/2018

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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.07	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
ATP RIK	0.0	10 47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 2929

Test Date: 07/30/2018

Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

Test	Status	Time
PRNT	Pass	10:50am

CRC Tests

Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance Status: Pass

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Macon	Instrument Location Macor	· Co. Jail
Instrument Serial No. <u>OO8789</u>	Franklin, NC	
The preventive maintenance procedures for the four months are:	e Intoximeters, Model Intox EC/IR II to be	followed at least once every
1. Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breat degree centigrade;	h simulator thermometer show
2. Verify instrument displays t	time and date;	
3. Initiate breath test sequence	· i	
4. Enter information as promp	ted;	
5. Verify instrument accuracy;	; ;	
6. When "PLEASE BLOW" a	appears, collect breath sample;	
7. When "PLEASE BLOW" a	appears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic Program	; and	
10. Verify that the ethanol gas of simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on theday of	the fo t indicated above, in accordance with curre and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
TOTAL STATE OF TOTAL OF THE STATE OF THE STA	Signature of Certifying Official	

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 07/19/2018

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:13am 11:14am 11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 626
Test Date: 07/19/2018 Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
\mathtt{BT}	Pass	11:20am

Blank Tests

Test	Status	Time
AIR	Pass	11:21am

Printer Tests

Test	Status	Time ,
PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:21am 11:21am
CATI	Tabb	11.21a

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		o, model intox ech	and programs &
County ///	lacon	Instrument Location Macon	Co. Jail
Instrument Se	erial No. <u>() 08618</u>	Franklin, NC	
The preventive four months a		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3,	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	l	
10.		ster is being changed before expiration di ged every four months or after 125 Alco	
I certify that procedures w Department c	on the	the forgicated above, in accordance with current he instrument is functioning properly.	ioing preventive maintenance regulations of the N.C.
ON STALL	Sign	R. Laffa	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 07/19/2018

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: CUTLER, DANIEL R
Permit Number: 08457
Effective:

09/01/2017-09/01/2019

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:13am 11:14am
ACCY CHK	.07	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 1860 Test Date: 07/19/2018 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:21am 11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
${f BT}$	Pass	11:21am

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	TTHE
PRNT	Pass	11:22am

CRC Tests

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	artin	Instrument Location Marti	
Instrument Se	rial No. 008917_	305 E. Main St	, Williamston, 1
The preventiv		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas cania 34 degrees, plus or minus	ster displays pressure, or the alcoholic bro 2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	7	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expirati changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	on theday of vere performed on the instrumer of Health and Human Services,	the nt indicated above, in accordance with curand the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
Of THE STAT	E OF NO.		
	# CAROLINI		
ARILES QUANT	We Ve	4A20	643
		Signature of Certifying Official	Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Test	g/210L	Time
DIAG	Pass	10:52am
AIR BLK	.00	10:53am
ACCY CHK	.08	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 1377

Test Date: 07/03/2018

Test Time: 11:00am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 11:01am

Printer Tests

rest	Status	Time	

PRNT 11:01am Pass

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Instrument Location Hund	. 5 % "S
Instrument Seri	al No. <u>008747</u>	1630 Julian Clar	ck Ave., Huntusvil
The preventive four months are	maintenance procedures for the Intoxi	imeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		eath simulator thermometer shows
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		e e e e e e e e e e e e e e e e e e e
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	٠. ع
7.	When "PLEASE BLOW" appears,	collect breath sample;	*
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.		
procedures wer	the <u>26 th</u> day of <u>501y</u> e performed on the instrument indicate Health and Human Services, and the in	ed above, in accordance with cur	rent regulations of the N.C.
THE STATE OF THE S	Signatur	e of Cerufying Official	Certificate Number

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 07/26/2018

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: 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 a/210LTime

1000	9/2204	110
DIAG	Pass	9:28am
AIR BLK	.00	9:29am
ACCY CHK	.08	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:34am
AIR BLK	.00	9:34am

.00 g/210L Reported AC:

Analyst

Court CVR

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747

Test Record Number: 2655

Test Date: 07/26/2018

Test Time: 9:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:36am
FLO	Pass	9:36am
FC	Pass	9:36am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	9:36am 9:36am 9:36am
BAR	Pass	9:36am
BT	Pass	9:36am

Blank Tests

Test	Status	Time

AIR Pass 9:37am

Printer Tests

rest	Status	Time
PRNT	Pass	9:37am

CRC Tests

Test	Status	Time
COMP	Pass	9:37am
CAL	Pass	9:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. ON 8090 CMPD 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 sho 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy;
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy;
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy;
 Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy;
4. Enter information as prompted;5. Verify instrument accuracy;
5. Verify instrument accuracy;
When IDI BASE DI OWII appears sollest breeth sources.
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 <u>Alay of</u> day of <u>Tuly</u> , 20/8 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

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008090 Test Date: 07/26/2018

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

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:23pm 10:24pm 10:25pm 10:26pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10;29pm
AIR BLK	.00	10/29pm/

Reported/AC:

.00/g/210

Signature of Chemical Analyst

Court/CVR

Analyst

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008090 Test Record Number: 115

Test Date: 07/26/2018

Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33pm
FLO	Pass	10:33pm
FC	Pass	10:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
BT	Pass	10:33pm

Blank Tests

10:34pm AIR Pass

Printer Tests

Test Status Tim

10:34pm PRNT Pass

CRC Tests

Test	Status	Time
		-

10:34pm COMP Pass 10:34pm CAL Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location BAT MOBILE 3 al No. 608971 CMD
	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 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 26 day of 100 day of 100 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	
AND COMM VIDEN	Signature of Certifying Official Certificate Number

MÈCKLENBURG BAT MOBILE 3 590

Serial Number: 008971 Test Date: 07/26/2018

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: 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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:50pm 9:51pm 9:51pm 9:52pm 9:53pm 9:54pm
AIR BLK	/ 00	9/:/56pp

Reported AC:

00/g/2/gI

Signature of Chemical Analyst

Court CVF

Analyst

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008971

Test Record Number: 221

Test Date: 07/26/2018

Test Time: 9:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
\mathtt{BT}	Pass	9:59pm

Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

Printer Tests

iest	Status	T TIII6.
PRNT	Pass	9:59pm

CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County	Necklenburg Instrument Location CMPJ-LEC	
Instrument S	more continued	<u></u>
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least onc are:	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	eter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	breath tor tests,
I certify that procedures w Department of	on the	ntenance .C.
mount		
OF THE STATE	E OF NORTH	
A MAND SELLA	May 656	
	Signature of Certifying Official Certificate Num	ıber

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 07/11/2018

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: AG734101 Exp Date: 12/07/2019

Test	g/210F	Time
DIAG AIR BLK	Pass	10:26am 10:27am
ACCY CHK	.08	10:27am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical

of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691

Test Record Number: 7264

Test Date: 07/11/2018

Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:35am

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:35am 10:35am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ecklemburg	Instrument Location Mathy	ews PD
Instrument Se	rial No. <u>008699</u>	1201 Crews Rd	, Matthews
The preventiv		oximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic brearee centigrade;	th simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 Ale	
procedures we		the footated above, in accordance with current is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
TO THE STATE OF THE COUNTY OF	Majara.	ature of Certifying Official	USФ Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 07/23/2018

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: HUTCHINSON, JOSEPH

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:34pm 12:35pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12: 39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2657

System Check: Passed

Baseline Tests

Test	Sta tus	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

Temperature Tests

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

Blank Tests

Test	Status	Time	

Pass 12:44pm AIR

Printer Tests

Test	Status	Time
	•	

12:44pm PRNT Pass

CRC Tests

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/Y	1 ant goney Instrument Location BAT Mobile Un. 77
Instrument So	erial No. <u>008707</u> <u>NC WRC</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.
I certify that procedures w Department of	on the 28 day of 314, 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.
TARREST STATE OF THE STATE OF T	

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008707

Test Record Number: 2525

Test Date: 07/28/2018 Test

Test Time: 6:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:47pm
FLO	Pass	6:47pm
FC	Pass	6:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:47pm
SRC	Pass	6:47pm
\mathtt{DET}	Pass	6:47pm
BAR	Pass	6:47pm
${f BT}$	Pass	6:47pm

Blank Tests

Test	Status	Time
AIR	Pass	6:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:48pm
	CRC Tests	
Test	Status	Time

Tesc	blacus	TIME
COMP	Pass	6:48pm
CAL	Pass	6:48pm

Preventive Maintenance Status: Pass

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008707 Test Date: 07/28/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:39pm
AIR BLK	.00	6:40pm
ACCY CHK	.08	6:41pm
AIR BLK	.00	6:42pm
SUB TEST	.00	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:45pm
ATR RIK	. 00	6:46pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mo	rial No. 008616 MC WRC.
Instrument Ser	rial No. 008616 MC W.R.C.
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 of	on the <u>28+2</u> day of <u>75/4</u> , 20 18 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008616 Test Date: 07/28/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	6:41pm 6:42pm
ACCY CHK	07	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:44pm
AIR BLK	.00	6:45pm
SUB TEST	.00	6:47pm
AIR BLK	.00	6:48pm

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008616 Test Date: 07/28/2018 Test Record Number: 2414
Test Time: 6:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:54pm
FLO	Pass	6:54pm
FC	Pass	6:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:54pm
SRC	Pass	6:54pm
DET	Pass	6:54pm
BAR	Pass	6:54pm
BT	Pass	6:54pm

Blank Tests

Test	Status	Time
AIR	Pass	6:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:55pm

CRC Tests

Test	Status	Time
COMP	Pass	6:55pm
CAL	Pass	6:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008647 Test Date: 07/28/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	7:03pm 7:04pm
ACCY CHK	.07	7:05pm
AIR BLK	.00	7:06pm
SUB TEST	.00	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	.00	7:09pm
AIR BLK	.00	7:09pm

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008647 Test Date: 07/28/2018

Test Record Number: 2423
Test Time: 7:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:13pm
FLO	Pass	7:13pm
FC	Pass	7:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:13pm
SRC	Pass	7:13pm
DET	Pass	7:13pm
BAR	Pass	7:13pm
BT	Pass	7:13pm

Blank Tests

Test	Status	Time
	•	
ATR	Pass	7 · 14 mm

Printer Tests

Test	Status	Time
PRNT	Pass	7:14pm

CRC Tests

 Test	Status	Time
 	Pass Pass	7:14pm 7:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_N	nontrometry	Instrument Location SAT A	100DE UNIT 6
Instrument S	Serial No. <u>60 85 84</u>		
The preventi		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 3	ster displays pressure, or the alcoholic ladge degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	; ;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expira changed every four months or after 125	
	were performed on the instrumer	t indicated above, in accordance with and the instrument is functioning pro	
STAT STATE OF THE	CAROLLI CAROLL		
QUAM V		Signature of Certifying Official	Certificate Number
		agnature of Certifying Official	Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 6 610

> Serial Number: 008584 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/26/2017-01/26/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:16pm
AIR BLK	.00	6:17pm
ACCY CHK	.07	6:17pm
AIR BLK	.00	6:18pm
SUB TEST	.00	6:19pm
AIR BLK	.00	6:20pm
SUB TEST	.00	6:21pm
AIR BLK	.00	6:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 6 610

Serial Number: 008584 Test Record Number: 2212

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:26pm
FLO	Pass	6:26pm
FC	Pass	6:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:27pm
SRC	Pass	6:27pm
DET	Pass	6:27pm
BAR	Pass	6:27pm
BT	Pass	6:27pm

Blank Tests

Test	Status	Time
AIR	Pass	6:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:27pm

CRC Tests

Test	Status	Time
COMP	Pass	6:27pm
CAL	Pass	6:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Location 1 AT MONTH UNIT 6
Instrument So	erial No. OO 8637 MT. GILEAN
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE OF THE STATE	

MONTGOMERY COUNTY BAT MOBILE UNIT 6 610

Serial Number: 008637 Test Date: 07/03/2018

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

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

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:
09/26/2017-01/26/2026

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

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

Test	g/210L	Time
DIAG	Pass	6:08pm
AIR BLK	.00	6:09pm
ACCY CHK	.07	6:10pm
AIR BLK	.00	6:11pm
SUB TEST	.00	6:11pm
AIR BLK	.00	6:12pm
SUB TEST	.00	6:14pm
AIR BLK	.00	6:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 6 610

Serial Number: 008637

Test Record Number: 2923

Test Date: 07/03/2018 Test Time: 6:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:18pm
FLO	Pass	6:18pm
FC	Pass	6:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:18pm
SRC	Pass	6:18pm
\mathtt{DET}	Pass	6:18pm
BAR	Pass.	6:18pm
BT	Pass	6:18pm

Blank Tests

Test	Status	Time
ATR	Pagg	6 · 18 m

Printer Tests

Test	Status	Time
PRNT	Pass	6:19pm

CRC Tests

Test	Status	Time
COMP	Pass	6:19pm
CAL	Pass	6:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	ASH	Instrument Location ROCKY	Mount PD.
Instrument Se	rial No. <u>008740</u>	#1 GOVERNMENT PUCKY MOINT	PLAZA
		PUCKY MOINT	NC
The preventive four months a		ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat egree centigrade;	h simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	.,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ı d .	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration inged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
	ere performed on the instrument is	ndicated above, in accordance with curr d the instrument is functioning properly	ent regulations of the N.C.
THE CORPATION OF THE CONTRACT	Salar Salar	nature of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 07/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 07/02/2018

Test Record Number: 659
Test Time: 11:17am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:19am 11:19am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	MASH Instrument Location ROCKY MOINT PD	_
* ?	Instrument S	erial No. 0087411 #1 GOVERNMENT PLAZA ROCKY MOUNT, NC	/
¢.		ROLKY MOUNT, NC	
	The preventi- 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 show 34 degrees, plus or minus .2 degree centigrade;	NS
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	***
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	١,
	I certify that procedures to Department	t on the	
	STATE OF STA		_

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 07/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported/AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2271 Test Date: 07/02/2018 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	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

Blank Tests

Test	Status	Time
ATR	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 NEW	HANOUER	Instrument Location BAT	MOBILE UNIT
Instrument Serial	1No. 008616	Instrument Location BAT	MINGTON, NC
The preventive m four months are:	naintenance procedures for the Int	oximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breat ree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expiration ged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on a procedures were Department of F	the day of	the forcated above, in accordance with current is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	# Collar K	g Bands	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008616 Test Date: 07/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Record Number: 2408
Test Date: 07/07/2018 Test Time: 11:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:13pm
CAL	Pass	11:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NF L	W HANDVER Instrument Location BAT MOBILE UNIT
Instrument Seria	Instrument Location BAT MOBILE UNIT
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on a procedures were Department of H	theday of,, 20
THE STATE OF AN ANALYSIS OF	Cl. Rg Bans (648) Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008707 Test Date: 07/07/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

07/01/2017-07/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
	Pass	11:11pm
AIR BLK	.00	11:12pm
ACCY CHK	.08	11:13pm
AIR BLK	.00	11:14pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu Ry Bands Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707 Test Record Number: 2513 Test Date: 07/07/2018 Test Time: 11:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:19pm 11:19pm
FC	Pass	11:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:19pm
SRC	Pass	11:19pm
DET	Pass	11:19pm
BAR	Pass	11:19pm
BT	Pass	11:19pm

Blank Tests

Test	Status	Time
AIR	Pass	11:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:20pm 11:20pm

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; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 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.



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG621403 Exp Date: 08/01/2018

lesc	9/21011	TTITE
DIAG	Pass	9:14am
AIR BLK	.00.	9:14am
ACCY CHK	.07	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:16am
AIR BLK	.00	9:18am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am

 $\alpha/210T$

Reported AC:

Toct

)//g/21**%**I

Time

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 Record Number: 2467

Test Date: 07/06/2018 Test Time: 9:23am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:23am 9:23am
FC	Pass	9:23am

Temperature Tests

Status	Time
Pass	9:24am
	Pass Pass Pass Pass

Blank Tests

	ıs Time
AIR Pass	9:24am

Printer Tests

Test	Status	Time
PRNT	Pass	9:24am

CRC Tests

Test	Status	Time
		•
COMP	Pass	9:24am
CAL	Pass	9:24am

Preventive Maintenance

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; Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

> Serial Number: 008667 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject s Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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/ջ⊥ֆր	TIME
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.07	10:41am 10:42am 10:42am 10:43am 10:44am 10:45am
SUB TEST	.00	10:46am

10:47am

Reported AC:

.00

AIR BLK

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

1

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NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1754
Test Date: 07/06/2018 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time ^j
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10·49am

Temperature Tests

Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

Blank Tests

Test	Status	Time
ÄIR	Pass	10:50am

Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance Status: Pass

Analyst

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

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



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .07	11:44am 11:45am 11:46am 11:47am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC:

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 WILMINGTON PD 640

Serial Number: 008628 Test Date: 07/06/2018

Test Record Number: 4607 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	11:53am 11:53am 11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am

CRC Tests

Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.07	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC: \. 0 g/2/10L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 07/06/2018

Test Record Number: 7184 Test Time: 12:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass	12:55pm
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

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

Status	Time
Pass	12:57pm
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	12:57pm
CAL	Pass	12:57pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Officia

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 07/06/2018

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	12:46pm 12:47pm
ACCY CHK AIR BLK	.07 .00	12:48pm 12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 \$ /2101

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2943
Test Date: 07/06/2018 Test Time: 12:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
\mathtt{FLO}	Pass	12:54pm
FC	Pass	12:54pm

Temperature Tests

Status	Time
Pass	12:55pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	12:55pm

Printer Tests

Status

Test

CAL

PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:55pm

Time

12:55pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location ON SLOW COUNTY
Instrume	nt Serial No. 008932 SHEEFF'S OFFICE
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of, 20, 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 SE	STATE COLUMN TO THE STATE COLUMN TO THE STATE COLUMN 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)

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 07/02/2018

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	Pass	12:59pm
AIR BLK ACCY CHK	.00	12:59pm 1:00pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
ATR BLK	.00	1:05pm

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

Rand E-Half
Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 07/02/2018 Test Record Number: 4531

Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm
	CRC Tests	

rest	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSLOW Ins	trument Location ONShow	County
Instrumer	ent Serial No. <u>008931</u> <u>5</u>	Heriff's Office	
The preve	ventive maintenance procedures for the Intoximenths are:	eters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		mulator thermometer show
2.	Verify instrument displays time and d	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ellect breath sample;	
7.	When "PLEASE BLOW" appears, co	ellect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.		
procedur	that on the day of Jule nres were performed on the instrument indicated ment of Health and Human Services, and the in	d ábove, in accordance with current i	g preventive maintenance regulations of the N.C.
CORAT SE	Cane	of Certifying Official	354 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 07/02/2018

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	Pass	1:00pm
AIR BLK	.00	1:00pm
ACCY CHK	.07	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
ATR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931

Test Record Number: 2872

Test Date: 07/02/2018

Test Time: 1:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:08pm 1:08pm 1:08pm 1:08pm
BT	Pass	1:08pm

Blank Tests

Test	Test Status	
AIR	Pass	1:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	1:08pm 1:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location CAMA Lejeune AMO
Instrumen	t Serial No. <u>008920</u>
The preve	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.
	nat on theday of, 20, 20, the foregoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. ont of Health and Human Services, and the instrument is functioning properly.
	Signature of Certifying Official ATT ON THE STATE OF THE

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

DHHS 4080 (11/07)

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 07/02/2018

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
DIAG AIR BLK	Pass	11:31am 11:32am
ACCY CHK	.08	11:32am
AIR BLK SUB TEST	.00 .00	11:34am 11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1520 Test Date: 07/02/2018 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

Blank Tests

Test	Status	Time
2.1		
AIR	Pass	11:39am

Printer Tests

	Chahus	Time
Test	Status	TIME
PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:39am
\mathtt{CAL}	Pass	11:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location JACKS	suville PS
Instrument S	Serial No. <u>008930</u>	
The prevent four months	ive 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 d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	t on theday of, 20, the forego were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance at regulations of the N.C.
STATE COLUMN		Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 07/02/2018

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

	<u> </u>	1.7	2	
DIAG	Pass			15pm
AIR BLI	x .00		12:	16pm
ACCY CH	HK .08		12:	16pm
AIR BL	.00			17pm
SUB TES	OO. TE	111,414	12:	18pm
AIR BLI	K .00	44.5	12:	19pm

g/210L

Time

12:20pm

12:22pm

Reported AC: .00 g/210L

SUB TEST .00

AIR BLK .00

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2048
Test Date: 07/02/2018 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

Test	Status Time
IR	Pass 12:24pm
FLO	Pass 12:24pm
FC	Pass 12:24pm

Temperature Tests

Test Win Status Time	
FC1 Pass 12:24p	m
SRC Pass 12:24p	m
DET Pass 12:24p	
BAR Pass 12:24p	
BT Pass 12:24p	Ш

Blank Tests

Test	Status Time	

	the production of the contract of	and the second		
AIR	્યું, Pa	SS	1	.2:24pm

Printer Tests

Test	Sta	tus	Time

DESTIN	pri situ ita			0.44
PRMI		Pass	-1Z	:24pm
		1. To 17 18 18 18 18 18 18 18 18 18 18 18 18 18		· · · ·

CRC Tests

	Time
Test Status	

COMP Pass	12:25pm
CAL Pass	12:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSLOW	Instrument Location MCAS	New KIVER AL
Instrumer	nt Serial No. <u>00 89/9</u>		
The preve		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre legree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
procedur	es were performed on the instrument i	indicated above, in accordance with cured the instrument is functioning proper	rrent regulations of the N.C.
GREAT GREAT		anely EHOLD	354 Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 07/02/2018

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	Pass	1:54pm
AIR BLK	.00	1:55pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
ATR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Karl E Half
Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 612 Test Date: 07/02/2018 Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
BT	Pass	2:01pm

Blank Tests

Test	Status	Time
AIR	Pass	2:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm
	CRC Tests	· .
Test	Status	Time
COMP	Pass	2:02pm

Preventive Maintenance Status: Pass

Pass

Analyst

2:02pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IR II
County O	instrument Location Bot Mobile Uni
Instrument Ser	ial No. 008816 SHP-Orange CD
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
TARE CHAMPURE	Signature of Certifying Official Certificate Number
A signed origin	nal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816 Test Date: 07/06/2018

Citation Number: M0000000-0. Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:34pm 10:35pm 10:36pm
AIR BLK	.000	10:37pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKAnalyst

Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816 Test Date: 07/06/2018

Test Record Number: 7419
Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42pm
FLO	Pass	10:42pm
FC	Pass	10:42pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:42pm 10:42pm 10:42pm 10:42pm 10:42pm

Blank Tests

Test Status Time

AIR Pass 10:43pm

Printer Tests

Test Status Time
PRNT Pass 10:43pm

CRC Tests

Test

COMP Pass 10:43pm CAL Pass 10:43pm

Status

Time

Preventive Maintenance Status: Pass

38 5 Kung Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	instrument Location Bot Mobile Uni
Instrument Seria	INO.008775 SHP-Drange CO
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.
I certify that or procedures wer Department of	the
SEE CHANNER	Signature of Certifying Official Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008775 Test Date: 07/06/2018

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

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008775

Test Record Number: 1765

Test Date: 07/06/2018

Test Time: 10:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:40pm
SRC	Pass	10:40pm
DET	Pass	10:40pm
BAR	Pass	10:40pm
BT	Pass	10:40pm

Blank Tests

Test	Status	Time

AIR Pass 10:40pm

Printer Tests

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

PRNT Pass 10:40pm

CRC Tests

Test	Status	Time

COMP Pass 10:40pm CAL Pass 10:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\sum_{\chi} \)	ange Instrument Location Bat Mobile Unit
Instrument Seria	1NO.008601 SHP- Drange
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
TOTAL STATE OF ALL PROPERTY OF	Signature of Certifying Official Certificate Number

ORANGE COUNTY BATMOBILE UNIT 8 670

Serial Number: 008601 Test Date: 07/06/2018

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

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

Analyst's Name: 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: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:32pm 10:32pm 10:33pm 10:34pm 10:35pm 10:36pm 10:37pm
AIR BLK	.00	10:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Shin Analyst

ORANGE COUNTY BATMOBILE UNIT 8 670

Serial Number: 008601 Test Date: 07/06/2018

Test Record Number: 1280
Test Time: 10:39pm EDT

Baseline Tests

System Check: Passed

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

Temperature Tests

Status	Time
Pass	10:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
λΤD	Dagg	10 · 40pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:40pm
	CRC Tests	
moat	Chatua	Time

Test	Status	Time
COMP	Pass	10:41pm
CAL	Pass	10:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Carge Instrument Location Dat Mobile Un
Instrument Se	erial Noto 8736 SHP-Grange CO
	,
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, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE AND DESCRIPTION OF THE CAREATOR SECTION OF THE CA	

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008736 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	Pass	10:49pm
AIR BLK	.00	10:50pm
ACCY CHK	.08	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:53pm

SUB TEST .00 10:55pm

AIR BLK .00 10:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Skynn Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008736 Test Record Number: 905 Test Date: 07/06/2018 Test Time: 11:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:00pm 11:00pm
FC	Pass	11:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:00pm
SRC	Pass	11:00pm
DET	Pass	11:00pm
BAR	Pass	11:00pm
BT	Pass	11:00pm

Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

Printer Tests

Test

COMP

CAL

PRNT	Pass	11:01pm
	CRC Tests	
Test	Status	Time

Status

Time

11:01pm

11:01pm

Preventive Maintenance Status: Pass

Pass

Pass

JB SKynn

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1 1
O Instrument Location PAM	LIZO COUNT
08640 SHERIFF'S	OFFICE
TO THE STATE OF TH	6.11
procedures for the Intoximeters, Model Intox EC/IR II to t	be followed at least once every
ethanol gas canister displays pressure, or the alcoholic breat, plus or minus .2 degree centigrade;	ath simulator thermometer show
rument displays time and date;	
ath test sequence;	
mation as prompted;	
rument accuracy;	
EASE BLOW" appears, collect breath sample;	
EASE BLOW" appears, collect breath sample;	
ecord;	
gnostic Program; and	
the ethanol gas canister is being changed before expiration solution is being changed every four months or after 125 A occurs first.	n date, or the alcoholic breath Alcoholic Breath Simulator tests,
day of July, 20/8, the force on the instrument indicated above, in accordance with cur Human Services, and the instrument is functioning proper	egoing preventive maintenance rrent regulations of the N.C. rly.
Signature of Certifying Official	359/ Certificate Number
	procedures for the Intoximeters, Model Intox EC/IR II to ethanol gas canister displays pressure, or the alcoholic bree, plus or minus .2 degree centigrade; rument displays time and date; eath test sequence; rmation as prompted; rument accuracy; EASE BLOW" appears, collect breath sample; EASE BLOW" appears, collect breath sample; ecord; egnostic Program; and the ethanol gas canister is being changed before expiration solution is being changed every four months or after 125 A occurs first.

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 07/05/2018

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 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	Pass	2:32pm
AIR BLK	.00	2:32pm
ACCY CHK	.08	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
ATR BLK	. 00	2:38pm

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

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640

Test Record Number: 1324

Test Date: 07/05/2018

Test Time: 2:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

Temperature Tests

Status	Time
Pass	2:39pm
	Pass Pass Pass Pass

Blank Tests

ATR Pa	ass 2:39m	m

Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm

CRC Tests

Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Analyst 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; Verify instrument displays time and date; Initiate breath test sequence; 3. 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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 SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 07/09/2018

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: 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	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.07	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
ATR BLK	.00	1:55pm

Reported AC: .08/g/210/1

Signature of Chemical Analyst

Court CVR

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 811
Test Date: 07/09/2018 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

Temperature Tests

Status	Time
Pass	1:57pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm

CRC Tests

Test	Status	Time
COMP	Pass	1:57pm
CAL	Pass	1:57pm

Preventive Maintenance Status: Pass

Analýst

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. Initiate breath test sequence; 3. 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 07/09/2018

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: 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 ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:25pm 12:26pm 12:27pm 12:28pm 12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC:

/*/*g/210**/**/

Signature of Chemical Analyst

Court CVR

PENDER PENDER CO SD 700

Serial Number: 008935 Test Re

Test Record Number: 2324
Test Time: 12:33pm EDT

Test Date: 07/09/2018 Test Time: 12:33pm ED7

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
-	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:34pm

12:34pm

COMP

CAL

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 E 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. Initiate breath test sequence; 3. 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Officia

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 07/09/2018

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: 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 .08 .00	12:20pm 12:21pm 12:21pm 12:23pm
SUB TEST	.00	12:23pm
AIR BLK SUB TEST	.00 .00	12:24pm 12:26pm
AIR BLK	.00	12:27pm

Reported AC: \(\int_0\) q/2/10L

Signature of Chemical Analyst

Court CVR

PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 897

Test Date: 07/09/2018

Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:28pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm

CRC Tests

	0110 10000	
Test	Status	Time
COMP CAL	Pass Pass	12:29pm 12:29pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	INTOXIMETERS, MODEL INTOX EC/IR II
County R	ROVIMANS Instrument Location PERQUIMANT CO. 5.0.
Instrument Se	rial No. 008901 110 Church ST., HERTFORP, N.C.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7. ,	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:48am 11:49am 11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00 _, 5 %	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 774

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:56am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
λTĐ		Dacc	11.56am

Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	· ·	L INTOX EC/IK	Programme in the contract of t
may give	Instrument l	ocation Nyden	P.D.
INO. 008666			
	ntoximeters, Mo	del Intox EC/IR II to be fo	llowed at least once every
		e, or the alcoholic breath s	imulator thermometer show
Verify instrument displays time	e and date;		
Initiate breath test sequence;			
Enter information as prompted	· •		
Verify instrument accuracy;			
When "PLEASE BLOW" app	ears, collect brea	th sample;	
When "PLEASE BLOW" app	ears, collect brea	th sample;	-
Print test record;		•	
Verify Diagnostic Program; an	d		
theday of performed on the instrument incleath and Human Services, and	dicated above, in	20 the forgo accordance with current r functioning properly.	ing preventive maintenance egulations of the N.C.
The e			643 Certificate Number
	Verify the ethanol gas canister 34 degrees, plus or minus .2 de Verify instrument displays tim Initiate breath test sequence; Enter information as prompted Verify instrument accuracy; When "PLEASE BLOW" app When "PLEASE BLOW" app Print test record; Verify Diagnostic Program; and Verify that the ethanol gas can simulator solution is being chawhichever occurs first. the	maintenance procedures for the Intoximeters, Month Verify the ethanol gas canister displays pressur 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 test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being chast simulator solution is being changed every four whichever occurs first. The	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 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 dat simulator solution is being changed every four months or after 125 Alcoh

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:02am 9:03am 9:03am 9:04am 9:05a m
AIR BLK	.00	9:06am
SUB TEST	.00	9:08am
ATR BLK	.00	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 1010

Test Date: 07/03/2018

Test Time: 9:10am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10am
FLO	Pass	9:10am
FC	Pass	9:10am

Temperature Tests

Test	Status	Time
FC1	Pass	9:10am
SRC	Pass	9:10am
DET	Pass	9:10am
BAR	Pass	9:10am
BT	Pass	9:10am

Blank Tests

Test	Status	Time
AIR	Pass	9:11am

Printer Tests

Test		 Status	Time
	•		
ידיאסס		Dagg	9 • 11 am

CRC Tests

Test	Status	Time
COMP	Pass	9:11am
CAL	Pass	9:11am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D:	- Incompare	Instrument Location 1	HG. Detention Con		
Instrument Se	erial No. <u>() () () () () ()</u>	124 Detention	n Dr., Greenville, N.C.		
The preventiv		coximeters, Model Intox EC	C/IR II to be followed at least once every		
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		coholic breath simulator thermometer shows		
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	ars, collect breath sample;			
7.	7. When "PLEASE BLOW" appears, 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.	ter is being changed before ged every four months or a	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,		
*	on the day of Jun	20.6	8 the forgoing preventive maintenance		
I certify that of procedures we Department of	on theday or	cated above, in accordance	e with current regulations of the N.C.		
STATE STATE OF THE	S NOTE OF THE PARTY OF THE PART				
TEST QUAM VI	lee NA		643		
	Sign	ature of Certifying Official	d Certificate Number		

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 06/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:14pm
AIR BLK	.00	12:15pm
ACCY CHK	.07	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
ATR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Te Test Date: 06/07/2018 T

Test Record Number: 2990 Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:22pm 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
\mathtt{BT}	Pass	12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:23pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	INTOATIVETERS, NODEL INTOX ECO	County SO
Instrument S	008820 4611 61	nbus
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
	on the 25th day of 10th 2018 the foreign performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
OF WAY 20, 17	E O NO PARTIE DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMP	
A STEEL CO. TO	May Lay	656
	Signature of Ceptifying Official	Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 07/25/2018

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: 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	11:50am 11:51am
ACCY CHK	.07	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 1491 Test Date: 07/25/2018 Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

TO 1	Lme
	:59am
SRC Pass 11	:59am
DET Pass 11	L:59am
BAR Pass 11	L:59am
BT Pass 11	L:59am

Blank Tests

AIR Pass 11:59am	Test	Status	Time
	AIR	Pass	11:59am

Printer Tests

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

Status	TIME
Pass	11:59am
Pass	11:59am
	Pass

Preventive Maintenance Status: Pass

Analys###

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	andolph Instrument Location Bat Mobile Unit
Instrument Ser	rial No COSTOT Randleman 40
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
, 6 .	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE STATE OF THE	S VORTE CARD TO THE CARD TO TH

RANDOLPH COUNTY BAT MOBILE UNIT 9 750

Serial Number: 008707 Test Date: 07/14/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:28pm 11:29pm 11:29pm 11:30pm 11:31pm
AIR BLK	.00	11:32pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Skynon Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 9 750

Serial Number: 008707 Test Record Number: 2519
Test Date: 07/14/2018 Test Time: 11:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:37pm 11:37pm
FLO	Pass	TT:2/Du
FC	Pass	11:37pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:38pm 11:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INT	OX EC/IR II	-
County Koc	Kingham	Instrument Location_	Madison	, toke
Instrument Seri	al No. 008802		Departmen	nt
The preventive four months are	maintenance procedures for the l	ntoximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the agree centigrade;	alcoholic breath sim	ulator thermometer shows
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath samp	le;	
7.	When "PLEASE BLOW" ap	pears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; a			
10. I certify that procedures w Department	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first. on theday of ere performed on the instrument of Health and Human Services, a	indicated above, in according	or after 123 Alcohologo, the foregoing dance with current r	preventive maintenance
THE STATE OF THE S	Jan Len	ignature of Certifying Off	Ticial	Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 07/19/2018

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:

BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

06/01/2018-06/01/2020

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 SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:54pm 12:55pm 12:55pm 12:56pm 12:57pm 12:58pm 12:59pm
SUB TEST	.00	
ATR BLK /	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 789

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
	4	
Z TR	Pagg	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\bigcirc	INTOXIMETERS, MODEL INTOX EC/IR II
County Ko	CKINCHAM Instrument Location Kendoville
Instrument Seria	al No. 008784 Police DEPAYTHENT
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	n the 30 day of, 20, 20, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. F Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE OF TH	Signature of Certifying Official Certificate Number
Windows Co.	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 07/30/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:32am 11:33am
ACCY CHK AIR BLK	.08	11:33am 11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784

Test Record Number: 1071

Test Date: 07/30/2018

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

Blank Tests

Test	Status	Time
7 TD	Dagg	11·42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	intoximeters, model intox ecir.	11
County C	CKINGHAM Instrument Location & DE	\mathcal{N}
Instrument S	erial No. 008636 Police Depart	rlment
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol are:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	· vsd
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify tha procedures Departmen	t on the <u>day of</u> <u>day of</u> , 20 <u>8</u> , the foregoin were performed on the instrument indicated above, in accordance with current tof Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance regulations of the N.C.
STATE CREAT STATE OF	E O TO THE CARD IN	
APRIL 12.	(). Henden	642
	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 07/30/2018

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: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1827

Test Date: 07/30/2018

Test Time: 2:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:26pm 2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
\mathtt{BT}	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

Test S	status	Time
PRNT I	?ass	2:27pm

CRC Tests

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD
Ω	INTOXIMETERS, MODEL INTOX EC/IR II
County K	OCKING MAW Instrument Location KOCKING WAW CO JAIL
Instrument Se	rial No. 008796 Weatureth, W.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE COLETY OF THE COLETY OF	CARD CARD CARD CARD CARD CARD CARD CARD

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 07/30/2018

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: 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 AIR BLK	Pass	3:44pm 3:45pm
ACCY CHK	.08	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
ATR RIK	. 0.0	3:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 2624
Test Date: 07/30/2018 Test Time: 3:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:52pm

Printer Tests

Status

Test

CAL

Time

3:52pm

PRNT	Pass	3:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:52pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Ω	INTOXIMETERS, MODEL INTOX EC/IR II
County K	Instrument Location China STROVE
Instrument Ser	ial No. 008862 Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	CAN

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 07/25/2018

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: 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: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:59pm
ATD BILK	0.0	$3 \cdot 00 \text{pm}$

.00 g/210LReported AC:

Signaturé of Chemical Analyst

Court CVR

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 785

Test Date: 07/25/2018

Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	3:01pm 3:01pm
	3:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
•	CRC Tests	
	Chatua	Timo

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

	INTOXIMETERS, MODEL INTOX EC/IR II	
County K	O(UAN Instrument Location SA 13 bURY	
Instrument Se	erial No. 008868 Police Department	
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	егу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twhichever occurs first.	ıth :ests,
procedures v	t on the	nce
STAT STATE OF THE		r

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 07/25/2018

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: 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 AIR BLK ACCY CHK	Pass .00 .07	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
ATR 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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 2918
Test Date: 07/25/2018 Test Time: 10:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
\mathtt{BT}	Pass	10:53am

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	10.53am

Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:53am

Preventive Maintenance Status: Pass

Pass

10:53am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

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

Verify Diagnostic Program; and

Print test record;

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



8.

Signature of Certifying Official

Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 07/25/2018

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: 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	10:24am
AIR BLK	.00	10:24am
ACCY CHK	.08	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:30am
ATR BLK	. 00	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

2. Livi Dean

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 2137

Test Date: 07/25/2018

Test Time: 10:31am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:32am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	

AIR Pass 10:32am

Printer Tests

PRNT Pass 10:32am

CRC Tests

Test	Status	Time
COMP	Pass	10:32am
CAL	Pass	10:32am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Ruther ford Instrument Location Forest City PD
Instrume	nt Serial No. 008889 1875. Church St., Forest City
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this 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	hat on the day of day of 20/2 the forgoing 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.
A COREAT SECTION	TATE OCTOBER Signature of Certifying Official Certificate Number

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 07/25/2018

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:30am 10:31am 10:31am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Reported AC Q0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889

Test Record Number: 811

Test Date: 07/25/2018

Test Time: 10:39am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

Printer Tests

Test	Status	Time
No.		
PRNT	Pass	10:40am

CRC Tests

Test	Status	Time
COMP	Pass	10:40am
CAL	Pass	10:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	wain Instrument Location Swain Co. Jail
	ial No. <u>CO8727</u> Instrument Location <u>Swain</u> Co. Jail Rryson City, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
ntoceautes w	on the
STATE OF THE STATE	STOP OF THE STOP O
	Signature of Cartifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 07/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1208
Test Date: 07/17/2018 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

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

Pass

11:04am 11:04am

Preventive Maintenance Status: Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 50	instrument Location Swain C	Co. Tail
Instrument Seri	erial No. OO8723 Bryson City, A	VC
The preventive four months are	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followers:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath lic Breath Simulator tests,
I certify that o procedures we Department of	on the	g preventive maintenance gulations of the N.C.
O' THE STATE OF TH		,
ALL CITTAL AND	Signature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 07/17/2018

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 731 Test Date: 07/17/2018 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:02am 11:02am
FC	Pass Pass	11:02am

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:03am

Preventive Maintenance Status: Pass

Pass

11:03am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
Instrument Ser	rial No. 008876 Instrument Location Union County SD 3344 Presson Rd., Manroe
The preventive four months a	
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 the day of 20, 20, 20, the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAN OR WAS A STAN OF THE STAN	Signature of Certifying Official Continued Co

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Analyst/

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 4902 Test Date: 07/03/2018 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
		•
ATR	Pass	1:39mm

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 Union	Instrument Location Union County SD
Instrument Serial No. 208866	Instrument Location UnjanCounty SD 3344 Presson Rd., Manue
The preventive maintenance procedures for the four months are:	e Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2. Verify instrument displays t	ime and date;
3. Initiate breath test sequence	;
4. Enter information as prompt	ted;
Verify instrument accuracy;	
6. When "PLEASE BLOW" a	appears, collect breath sample;
7. When "PLEASE BLOW" a	appears, collect breath sample;
8. Print test record;	ng mer
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 expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the day of procedures were performed on the instrument Department of Health and Human Services, a	indigated above, in accordance with current regulations of the N.C.
OTHE STATE OF NORTH AND THE STATE OF NORTH AN	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License 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	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
ATR BIK	0.0	$1 \cdot 37 \text{rm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 2907

Test Date: 07/03/2018

Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

Test	Status	'l'ıme
PRNT	Pass	1:40pm

CRC Tests

CKC 1C5C5			
Test	Status	Time	
COMP CAL	Pass Pass	1:40pm 1:40pm	

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\)	ake Instrument Location Bat Mobile Un
Instrument Seria	1NOWS 707 Wake Forest PD
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 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.
STATE OUR TO STATE OF THE STATE OF THE STATE OUR TO STATE	

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008707 Test Date: 07/05/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	10:50pm
AIR BLK	.00	10:51pm
ACCY CHK	.08	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:57pm

10:58pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

OB Skynes Analyst

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008707 Test Record Number: 2506 Test Date: 07/05/2018 Test Time: 10:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:00pm
SRC	Pass	11:00pm
DET	Pass	11:00pm
BAR	Pass	11:00pm
BT	Pass	11:00pm

Blank Tests

Test	Status	Time
AIR	Pass	11:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:01pm

Preventive Maintenance Status: Pass

Pass

11:01pm

CAL

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location BRT MODILE Unit
Instrument Ser	ial No. 108616 Wate Forest PD
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
THE STATE OF THE PROPERTY OF T	CAROLLI CAROLL

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008616 Test Date: 07/05/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	10:59pm 11:00pm
AIR BLK	.07	11:01pm 11:01pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST AIR BLK	.00	11:05pm 11:06pm
		UODIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKUM Analyst

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008616

Test Record Number: 2402

Test Date: 07/05/2018

Test Time: 11:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 11:09pm

Printer Tests

Test Status Time
PRNT Pass 11:09pm

CRC Tests

Test Status Time

COMP Pass 11:09pm CAL Pass 11:09pm

Preventive Maintenance Status: Pass

DB SKUM MANAGER

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Instrument Location Bat Mobile Un
Instrument S	erial No 0088864 Wate Forest PD
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 procedures Department	t on theday of, 20 18 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.
AND HELP TO SELECT TO SELE	CARD CARD CARD CARD CARD CARD CARD CARD

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008826 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1913

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:16pm 11:17pm 11:18pm 11:18pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Skinn Analyst

WAKE COUNTY B: MOBILE UNIT 9 910

Serial Number: 008826 Test Record Number: 8062 Test Date: 07/05/2018

Test Time: 11:33pm EDT

System (eck: Passed

Basel ne Tests

Test	tatus	Time
IR FLO	ass ass	11:34pm 11:34pm
FC	ass	11:34pm

Temper ture Tests

Test	tatus	Time
FC1	ass	11:34pm
SRC	ass	11:34pm
DET	ass	11:34pm
BAR	ass	11:34pm
BT	ass	11:34pm

Bla k Tests

Test	tatus	Time
AIR	ass	11:35pm

Prir er Tests

Test	•	tatus	Time	

PRNT 11:35pm ass

CF Tests

Test tatus Time

11:35pm COMP ass CAL 11:35pm ass

Preventiv Maintenance Stat s: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	JAKE Instrument Location WAKE FOREST PD
Instrument Se	rial No. 008700 225 S. TAYLOR ST. WAYO FOREST, N.C.
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months a	re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATE STATE OF THE STATE OF THE COREY.	The care of the ca

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210 L	Time
DIAG AIR BLK	Pass	10:53am 10:53am
ACCY CHK	.07	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
ATR BIK	. 00	10:58am

Reported AC:

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 1395

Test Date: 07/03/2018

Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:59am 10:59am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
\mathtt{DET}	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:00am

11:00am

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1		· ·	
County [N	MARC	Instrument Location_) C//m	ur JOHNSON A.
Instrument Ser	rial No. <u>008786</u>	Instrument Location Seymon (7A)	rosen Rd., Gold
The preventive four months ar	. •	the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic brea 2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	•
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	·
10.		canister is being changed before expiration changed every four months or after 125 A	
procedures we	ere performed on the instrumer	the formation the instrument is functioning properly.	ent regulations of the N.C.
THE STATE OF THE S	CAROLL	mils Keek	647
		Signature of Certifying Official	Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 07/10/2018

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

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	Pass .00 .08 .00	10:44am 10:45am 10:45am 10:46am 10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786
Test Date: 07/10/2018

Test Record Number: 300 Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

Time
10:51am 10:51am 10:52am

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

Test	blacus	TIME
PRNT	Pass	10:52am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Van	cey Instrument Location Vancey Co. Jail
Instrument Seri	ial No. 008653 Instrument Location Rancey Co. Jail Bunsville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
STATE OF THE STATE	Coro

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 07/20/2018

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:23pm 2:24pm
ACCY CHK	.07	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653

Test Record Number: 1345

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:31pm 2:31pm
DET	Pass	2:31pm
BAR	Pass	2:31pm
\mathtt{BT}	Pass	2:31pm

Blank Tests

Test	Status	Time
	."	
AIR	Pass	2:31pm

Printer Tests

Test St	atus Time
PRNT Pa	ss 2:31pm

CRC Tests

Test	Status	Time
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance Status: Pass