PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BurlingTON

267 W. Front ST.

Burlington, NC Instrument Serial No. ( The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. one\_\_\_, 20\_18\_, 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

## ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 06/22/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 10:39am<br>10:40am<br>10:41am |
| AIR BLK                     | .00                | 10:41am                       |
| SUB TEST                    | .00                | 10:42am                       |
| AIR BLK                     | .00                | 10:43am                       |
| SUB TEST                    | .00                | 10:44am                       |
| AIR BLK                     | .00                | 10:45am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Kein Desn Analyst

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 3213 

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:47am<br>10:47am<br>10:47am<br>10:47am<br>10:47am |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:47am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:47am |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:48am |
| CAL  | Pass   | 10:48am |

Preventive Maintenance Status: Pass

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

| County A   | lexander  | _ Instrument Location A)4  |  |
|--|---|--|--|
| Instrument Se  | erial No. <u>008813</u>   |  | orx Ave., Taybusville  |
| The preventiv  | e maintenance procedures for the  | Intoximeters, Model Intox EC/IR  | II to be followed at least once every  |
| iour months a  | re:   |  |  |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2 c                                 | er displays pressure, or the alcoholegree centigrade;                  | lic breath simulator thermometer show  |
| 2.   | Verify instrument displays tir  | me 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;  | Section 2  |
| 7.   | When "PLEASE BLOW" ap   | pears, collect breath sample;  |  |
| <b>8.</b>  | Print test record;  |  |  |
| 9.   | Verify Diagnostic Program; a  | nd   | 4  |
| 10.  | Verify that the ethanol gas car<br>simulator solution is being che<br>whichever occurs first. | nister is being changed before exp<br>anged every four months or after | iration date, or the alcoholic breath<br>125 Alcoholic Breath Simulator tests, |
| I certify that or<br>procedures we<br>Department of  | n the 19th day of 30 re performed on the instrument in Health and Human Services, and         | dicated above, in accordance with                                      | the forgoing preventive maintenance a current regulations of the N.C. perly.   |
| THE STATE OF THE S | A A A A A A A A A A A A A A A A A A A   | DI Zay   | 656  |

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 06/19/2018

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: 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   | 10:03am |
| AIR BLK  | .00    | 10:04am |
| ACCY CHK | .07    | 10:04am |
| AIR BLK  | .00    | 10:05am |
| SUB TEST | .00    | 10:07am |
| AIR BLK  | .00    | 10:07am |
| SUB TEST | .00    | 10:09am |
| AIR BLK  | .00    | 10:10am |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1760 

System Check: Passed

## Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:12am |
| FLO  | Pass   | 10:12am |
| FC   | Pass   | 10:12am |

# Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:13am<br>10:13am<br>10:13am<br>10:13am<br>10:13am |
|                                |                                      |   |

#### Blank Tests

| rest | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:13am |

## Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:13am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:13am<br>10:13am |

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 06/14/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
06/01/2018-06/01/2020

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<br>AIR BLK     | Pass       | 12:41pm<br>12:42pm |
| ACCY CHK            | .07        | 12:43pm            |
| AIR BLK<br>SUB TEST | .00        | 12:44pm<br>12:44pm |
| AIR BLK<br>SUB TEST | .00        | 12:45pm            |
| AIR BLK             | .00<br>200 | 12:47pm<br>12:47pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 06/14/2018 Test Record Number: 715
Test Time: 12:48pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | T'ime   |
|------|--------|---------|
| IR   | Pass   | 12:49pm |
| FLO  | Pass   | 12:49pm |
| FC   | Pass   | 12:49pm |

#### Temperature Tests

| Status       | Time                         |
|--------------|------------------------------|
| Pass         | 12:49pm<br>12:49pm           |
| Pass         | 12:49pm                      |
| Pass<br>Pass | 12:49pm<br>12:49pm           |
|              | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time     |
|------|--------|----------|
| ATR  | Pagg   | 12.50rom |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:50pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
|      |           |         |

Preventive Maintenance Status: Pass

Pass

Pass

12:50pm

12:50pm

COMP

CAL

Analyst

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

| County                                  | ANSON  | Instrument Location ANS  | ON CO SHI                                       | ERIFF 30                              |
|---|--|--|---|---------------------------------------|
| Instrumen                               | Serial No. <u>008597</u>   | WA   | DESBORD   | , NC                                  |
|   | •  |  |   | ·                                     |
| The prevention four monti               | ntive maintenance procedures for the Indonesia   | toximeters, Model Intox EC/IR I  | I to be followed at le                          | ast once every                        |
| 1.                                      | Verify the ethanol gas canister d<br>34 degrees, plus or minus .2 deg  | lisplays pressure, or the alcoholic<br>tree centigrade;  | breath simulator the                            | ermometer show                        |
| 2.                                      | Verify instrument displays time  | and date;  |   | ÷                                     |
| 3.                                      | Initiate breath test sequence;   | and the second s |   |                                       |
| 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   | N  |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 10.                                     | Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.  | ter is being changed before expir<br>ged every four months or after 12   | ation date, or the alc<br>25 Alcoholic Breath   | oholic breath<br>Simulator tests,     |
| •                                       |  | State Control of the  | *   |                                       |
| I certify th<br>procedures<br>Departmen | at on theday ofday of  | cated above, in accordance with  | the forgoing preventicurrent regulations oerly. | ve maintenance f the N.C.             |
| GREAT SE                                | ATE OF NO STATE CAROLINA CAROL |  |   |                                       |
| * ESSE QUA                              | Signa  | ture of Certifying Official  | (   | 648<br>Ate Number                     |

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008597 Test Date: 06/21/2018

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: AG716201 Exp Date: 06/11/2019

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:51am |
| AIR BLK  | .00    | 9:52am |
| ACCY CHK | .08    | 9:52am |
| AIR BLK  | .00    | 9:53am |
| SUB TEST | .00    | 9:54am |
| AIR BLK  | .00    | 9:55am |
| SUB TEST | .00    | 9:56am |
| ATR BLK  | .00    | 9:57am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008597

Test Record Number: 1704

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 9:58am |
| SRC           | Pass   | 9:58am |
| DET           | Pass   | 9:58am |
| BAR           | Pass   | 9:58am |
| $\mathtt{BT}$ | Pass   | 9:58am |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:59am |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:59am |

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

| County        | ANSON   | Instrument Location ADS  | ON CO SHERIFF'S   |
|---------------|---|--|---|
| Instrument S  | erial No. <i>008139</i>   | WA:  | DESBORD, AC   |
|               |   |  |   |
| The preventi- |   | Intoximeters, Model Intox EC/IR I                                      | I to be followed at least once every                                      |
| 1.            | Verify the ethanol gas canister 34 degrees, plus or minus 2 degrees.                      |  | breath simulator thermometer show   |
| 2.            | Verify instrument displays tim  | ne and date;   |   |
| 3.            | Initiate breath test sequence;  |  |   |
| 4.            | Enter information as prompted   | <b>l</b> ;   |   |
| 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.           | Verify that the ethanol gas can simulator solution is being cha whichever occurs first.   | nister is being changed before expiringed every four months or after 1 | ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests, |
|               | on theday of<br>vere performed on the instrument inc<br>of Health and Human Services, and | dicated above, in accordance with                                      |   |
| · ·           |   |  |   |
| STATION       | S ROLL CAROUND  |  |   |
| ESTE OLIANA   | al Ra   | Bang   | 648   |
|               | Sig   | nature of Certifying Official  | Certificate Number  |

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008739 Test Date: 06/21/2018

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008739 Test Record Number: 284
Test Date: 06/21/2018 Test Time: 10:12am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>ELO | Pass         | 10:12am            |
| FC<br>FC  | Pass<br>Pass | 10:12am<br>10:12am |

# Temperature Tests

|                      | rime                                     |
|----------------------|--|
| SRC Pass<br>DET Pass | 10:12am<br>10:12am<br>10:12am<br>10:12am |
|                      | 10:12am                                  |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:13am |

#### Printer Tests

| Status    | Time    |
|-----------|---------|
| Pass      | 10:13am |
| CRC Tests |         |
|           | Pass    |

| rest | Status | ттше    |
|------|--------|---------|
| COMP | Pass   | 10:13am |
| CAL  | Pass   | 10:13am |

Preventive Maintenance Status: Pass

Analyst

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

| County A                 | 1500 Instrument Location BAT Mobile Unit 12  |
|--------------------------|--|
| Instrument S             | erial No. <u>B08698</u> Wades baso   |
| -                        |  |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.                       | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.                       | Verify instrument displays time and date;  |
| 3.                       | Initiate breath test sequence;   |
| 4.                       | Enter information as prompted;   |
| 5.                       | Verify instrument accuracy;  |
| 6.                       | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                       | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.                       | Print test record;   |
| 9.                       | Verify Diagnostic Program; and   |
| 10.                      | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.       |
|                          | on the day 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. |
| One STATI                | 660  |
|                          | Signature of Certifying Official Certificate Number  |

ANSON COUNTY BAT MOBILE UNIT 12 030

Serial Number: 008698 Test Date: 06/16/2018

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

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

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

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

Officer's Name: MAINTENANCE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 11:33pm<br>11:34pm<br>11:35pm |
| AIR BLK<br>SUB TEST         | .00                | 11:36pm<br>11:36pm            |
| AIR BLK                     | .00                | 11:37pm                       |
| SUB TEST<br>AIR BLK         | .00<br>.00         | 11:39pm<br>11:40pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ANSON COUNTY BAT MOBILE UNIT 12 030

Serial Number: 008698

Test Record Number: 1366

System Check: Passed

# Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:41pm |
| FLO  | Pass   | 11:41pm |
| FC   | Pass   | 11:41pm |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:41pm |
| SRC  | Pass   | 11:41pm |
| DET  | Pass   | 11:41pm |
| BAR  | Pass   | 11:41pm |
| BT   | Pass   | 11:41pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:42pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:42pm |
|      | CPC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:42pm |
| CAL  | Pass   | 11:42pm |

Preventive Maintenance Status: Pass

Analyst

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

| County_A   | NSON Instrument Location BAT Mobile Un. 7-12   |
|--|--|
| Instrument S   | erial No. 008600 Wodeshoro PD  |
| The preventi four months   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on the   |
| WATCH STATE OF THE CREAT OF THE |  |
|  | Signature of Certifying Official Certificate Number  |

ANSON COUNTY BAT MOBILE UNIT 12 030

Serial Number: 008600 Test Date: 06/16/2018

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

Subject'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<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 10:49pm<br>10:50pm<br>10:50pm<br>10:51pm |
| SUB TEST                               | .00                | 10:52pm                                  |
| AIR BLK                                | .00                | 10:53pm                                  |
| SUB TEST                               | .00                | 10:55pm                                  |
| AIR BLK                                | .00                | 10:55pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ANSON COUNTY BAT MOBILE UNIT 12 030

Serial Number: 008600 Test Reco Test Date: 06/16/2018 Test Tim

Test Record Number: 1808
Test Time: 10:57pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:57pm<br>10:57pm |
| FC        | Pass         | 10:57pm            |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:57pm<br>10:57pm<br>10:57pm<br>10:57pm<br>10:57pm |
|                                |                                      | <u></u>   |

#### Blank Tests

Test Status Time
AIR Pass 10:58pm

#### Printer Tests

Test Status Time

PRNT Pass 10:58pm

CRC Tests

Test Status Time

COMP Pass 10:58pm CAL Pass 10:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|   | / INTOXIMETERS, MODEL INTOX EC/IR II  |
|---|---|
| County  | Instrument Location Ashe County Jai/  |
| Instrument S  | rial No. 008849 Jefferson, N.C.   |
| The prevention  | 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 should degree, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;   |
| 3.  | Initiate breath test sequence;  |
| 4.  | Enter information as prompted;  |
| 5.  | Verify instrument accuracy;   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.      |
|   | on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI | Lent 18 657   |
|   | Signature of Certifying Official Certificate Number   |

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 06/14/2018

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

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

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

Analyst's Name:
BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
06/01/2018-06/01/2020

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<br>AIR BLK<br>ACCY CHK<br>AIR BLK | .07         |         |
| SUB TEST                               | 0.0         | 11:24am |
| AIR BLK                                | .00         | 11:25am |
| SUB TEST                               | .00         | 11:26am |
| AIR BLK                                | <b>,0</b> 0 | 11:27am |
|  |             |         |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1159

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status            | Time    |
|------|-------------------|---------|
|      | the second second |         |
| AIR  | Pass              | 11:29am |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:29am |

#### CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| ~  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County O   | TUNSWICK Instrument Location DCT MObile Unit   |
| Instrument Se  | erial No. 008707 Brunswick Coso  |
|  |  |
| The preventive four months a   | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on the   |
| TO THE CARE AT THE | Signature of Certifying Official Certificate Number  |

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Date: 06/01/2018

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

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

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

Analyst's Name: SKINNER, TONYA
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

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

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.08<br>.00 | 11:26pm<br>11:27pm<br>11:28pm<br>11:28pm<br>11:29pm |
| AIR BLK  | .00                       | 11:29pm<br>11:30pm                                  |
| SUB TEST   | .00                       | 11:31pm   |
| AIR BLK  | .00                       | 11:32pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Record Number: 2477
Test Date: 06/01/2018 Test Time: 11:36pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:36pm |
| FLO  | Pass   | 11:36pm |
| FC   | Pass   | 11:36pm |

## Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 11:37pm<br>11:37pm<br>11:37pm<br>11:37pm<br>11:37pm |
|                                |                                      | _   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:37pm |

#### Printer Tests

| Test | Status  | Time    |
|------|---------|---------|
| PRNT | Pass    | 11:37pm |
|      | CDC III |         |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:37pm |
| CAL  | Pass   | 11:37pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Br.                        | Instrument Location Bot Mobile Unit  |
|-----------------------------------|--|
| Instrument Seria                  | INO. 008616 Brunswick COSO   |
| The preventive r four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.                                | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.                                | Verify instrument displays time and date;  |
| 3.                                | Initiate breath test sequence;   |
| 4.                                | Enter information as prompted;   |
| 5.                                | Verify instrument accuracy;  |
| 6.                                | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                                | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.                                | Print test record;   |
| 9.                                | Verify Diagnostic Program; and   |
| 10.                               | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|                                   | the  |
| THE STATE OF A                    | Signature of Certifying Official Certificate Number  |

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

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Date: 06/01/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA
Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:38pm |
| AIR BLK  | .00    | 11:38pm |
| ACCY CHK | .07    | 11:39pm |
| AIR BLK  | .00    | 11:40pm |
| SUB TEST | .00    | 11:41pm |
| AIR BLK  | .00    | 11:42pm |
| SUB TEST | .00    | 11:44pm |
| AIR BLK  | .00    | 11:44pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Record Number: 2391
Test Date: 06/01/2018 Test Time: 11:46pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:46pm |
| FLO  | Pass   | 11:46pm |
| FC   | Pass   | 11:46pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:46pm |
| SRC  | Pass   | 11:46pm |
| DET  | Pass   | 11:46pm |
| BAR  | Pass   | 11:46pm |
| BT   | Pass   | 11:46pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:47pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:47pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
|      |           |         |

Preventive Maintenance Status: Pass

Pass

Pass

11:47pm

11:47pm

COMP

CAL

Analyst

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

|  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County C   | unswick Instrument Location Bat Mobile Unit  |
| Ins <u>tru</u> ment Seri   | Brunswick COSO   |
| The preventive   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| four months are  |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | the day of 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.           |
| One STATE OF COME STATE OF COM | Signature of Certifying Official Certificate Number  |

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 06/01/2018

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: SKINNER, TONYA
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

Test Type: Breath Test

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

~/21AT

| rest     | g/210L | TIME    |
|----------|--------|---------|
| DIAG     | Pass   | 11:44pm |
| AIR BLK  | .00    | 11:45pm |
| ACCY CHK | .07    | 11:45pm |
| AIR BLK  | .00    | 11:46pm |
| SUB TEST | .00    | 11:47pm |
| AIR BLK  | .00    | 11:48pm |
| SUB TEST | .00    | 11:50pm |
| AIR BLK  | .00    | 11:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Record Number: 2414
Test Date: 06/01/2018 Test Time: 11:56pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:56pm |
| FLO  | Pass   | 11:56pm |
| FC   | Pass   | 11:56pm |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 11:56pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:57pm |

## Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:57pm |
|      | CRC Tests |         |

| Test S | Time               |
|--------|--------------------|
|        | 11:57pm<br>11:57pm |

Preventive Maintenance Status: Pass

Analyst

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

| County Bunc  | Instrument Location Bunconbe Co. Jail  |
|--|--|
| Instrument Seria   | 1 No. 008697 Asheville, NC   |
| The preventive n four months are:  | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were  | the  |
| OTHE STATE OF A CHECK TO THE STATE OF THE STATE O | Signature of Certifying Official  Certificate Number   |

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 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: 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 q/210L

| DIAG     | Pass | 3:20pm |
|----------|------|--------|
| AIR BLK  | .00  | 3:21pm |
| ACCY CHK | .08  | 3:21pm |
| AIR BLK  | .00  | 3:22pm |
| SUB TEST | .00  | 3:23pm |
| AIR BLK  | .00  | 3:24pm |

Time

 SUB TEST .00
 3:24pm

 AIR BLK .00
 3:25pm

 3:26pm
 3:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 06/07/2018

Test Record Number: 3398

Test Time: 3:27pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:27pm |
| FLO  | Pass   | 3:27pm |
| FC   | Pass   | 3:28pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 3:28pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time     |
|------|--------|----------|
| ATR  | Pagg   | 3 • 28mm |

#### Printer Tests

| rest | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:28pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:29pm |
| CAL  | Pass   | 3:29pm |

Preventive Maintenance Status: Pass

Analyst

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

| County <u>Bun</u>  |  |
|--|--|
| Instrument Seria   | INO. 008973  |
| The preventive r   | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were  | the day of, 20/8, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.      |
| THE STATE OF A VANCE OF THE STATE OF A VANCE OF THE STATE OF A VANCE OF THE STATE O | C I I I  |
| AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | Signature of Certifying Official Certificate Number  |
|  | Signature of Certifying Official Certificate Number  |

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 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: TOWERY, CHAD V
Permit Number: 26632E
Effective:
06/01/2017-06/01/2019

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

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:18pm |
| AIR BLK  | .00    | 9:19pm |
| ACCY CHK | .08    | 9:20pm |
| AIR BLK  | .00    | 9:21pm |
| SUB TEST | .00    | 9:21pm |
| AIR BLK  | .00    | 9:22pm |
| SUB TEST | .00    | 9:24pm |
| AIR BLK  | .00    | 9:24pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

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#### BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Record Number: 501 Test Date: 06/07/2018 Test Time: 9:27pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:28pm |
| FLO  | Pass   | 9:28pm |
| FC   | Pass   | 9:28pm |

## Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 9:28pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:28pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 9:28pm           |
|             | CRC Tests    | •                |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 9:29pm<br>9:29pm |

Preventive Maintenance Status: Pass

Analyst

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

| County 13      | 7  |   | 1Ke-Cateruba Jay                     |
|----------------|--|---|--------------------------------------|
| Instrument Se  | rial No. <u>OO 983 1</u>   | Mod   | genton, NC                           |
| The preventiv  |  | ne Intoximeters, Model Intox EC/IR l  | I to be followed at least once every |
| 1.             | Verify the ethanol gas canis<br>34 degrees, plus or minus .2   |   | c breath simulator thermometer shows |
| 2.             | Verify instrument displays   | time and date;  |                                      |
| 3.             | Initiate breath test sequence  | · · · · · · · · · · · · · · · · · · ·   |                                      |
| 4.             | Enter information as promp   | ted;  |                                      |
| 5.             | Verify instrument accuracy   | ·<br>•  |                                      |
| 6.             | When "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 expi<br>changed every four months or after 1 |                                      |
| procedures w   | ere performed on the instrument  | indicated above, in accordance with and the instrument is functioning prop    |                                      |
| THE STATE      | The state of the s |   |                                      |
| GREAT          |  |   |                                      |
| # ESSE QUAM VI | THE TOTAL PROPERTY OF THE PROP |   | S blue                               |
|                |  | Signature of Certifying Official  | Certificate Number                   |

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 06/20/2018

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: AG734102 Exp Date: 12/07/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 1977
Test Date: 06/20/2018 Test Time: 5:03pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:03pm |
| FLO  | Pass   | 5:03pm |
| FC   | Pass   | 5:04pm |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:04pm |
| SRC  | Pass   | 5:04pm |
| DET  | Pass   | 5:04pm |
| BAR  | Pass   | 5:04pm |
| BT   | Pass   | 5:04pm |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:04pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 5:04pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:04pm |
| CAL  | Pass   | 5:04pm |

Preventive Maintenance Status: Pass

Analyst

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

| County $B_{\nu}$  | 11Ke Instrument Location Bulke - C  | standa Jail  |
|---|---|--|
| Instrument Se   | erial No. <u>008904</u> <u>Morgan ter</u>   | 1 , 16   |
| The preventive four months a  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folure:  | lowed at least once every                                  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;   | mulator thermometer shows                                  |
| 2.  | Verify instrument displays time and date;   |  |
| 3.  | Initiate breath test sequence;  |  |
| 4.  | Enter information as prompted;  |  |
| 5.  | Verify instrument accuracy;   |  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  | •  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |  |
| 8.  | Print test record;  |  |
| 9.  | Verify Diagnostic Program; and  |  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.                                   | e, or the alcoholic breath<br>olic Breath Simulator tests, |
| procedures w  | on the <u>20</u> day of <u>5006</u> , 20 /8 the forgoi vere performed on the instrument indicated above, in accordance with current rest Health and Human Services, and the instrument is functioning properly. | ng preventive maintenance egulations of the N.C.           |
| STATE OREAT STATE OF THE STATE | Signature of Certifying Official  | Certificate Number   |

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 06/20/2018

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: AG621403 Exp Date: 08/01/2018

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 4:55pm |
| AIR BLK  | .00    | 4:56pm |
| ACCY CHK | .08    | 4:57pm |
| AIR BLK  | .00    | 4:58pm |
| SUB TEST | .00    | 4:59pm |
| AIR BLK  | .00    | 5:00pm |
| SUB TEST | .00    | 5:01pm |
| AIR BLK  | .00    | 5:02pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Record Number: 2245
Test Date: 06/20/2018 Test Time: 5:03pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:03pm |
| FLO  | Pass   | 5:03pm |
| FC   | Pass   | 5:03pm |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:03pm |
| SRC  | Pass   | 5:03pm |
| DET  | Pass   | 5:03pm |
| BAR  | Pass   | 5:03pm |
| BT   | Pass   | 5:03pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:04pm |

## Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:04pm |

## CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:04pm |
| CAL  | Pass   | 5:04pm |

Preventive Maintenance Status: Pass

Analyst

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

| County_  | Burke  | Instrument Location_                               | Bot Mobile Und 11  |  |
|--|--|--|--|--|
| Instrume   | nt Serial No. <u><i>0</i>089</u> つる  |  |  |  |
| The preve  |  | 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  |  | alcoholic breath simulator thermometer shows   |  |
| 2.   | Verify instrument displays t   | ime and date;                                      |  |  |
| 3.   | Initiate breath test sequence  | •  |  |  |
| 4.   | Enter information as prompt  | ted;   |  |  |
| 5.   | Verify instrument accuracy;  |  |  |  |
| 6.   | When "PLEASE BLOW" a   | When "PLEASE BLOW" appears, collect breath sample; |  |  |
| 7.   | When "PLEASE BLOW" a   | ppears, collect breath sample                      | е;   |  |
| 8.   | Print test record;   |  |  |  |
| 9.   | Verify Diagnostic Program;   | and  |  |  |
| 10.  |  |  | Fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,           |  |
| procedu  | that on the <u>Z</u> day of<br>res were performed on the instrumen<br>nent of Health and Human Services, a | t indicated above, in accord                       | , the foregoing preventive maintenance<br>ance with current regulations of the N.C.<br>oning properly. |  |
| COREAT SECTION OF SECT | STATE OF TOP   | ×1-00-√  | 650  |  |
|  |  | Signature of Certifying Offic                      | _  |  |

BURKE BAT MOBILE UNIT 11 110

Serial Number: 008970 Test Date: 06/23/2018

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 2:56pm<br>2:57pm |
| ACCY CHK        | .07         | 2:57pm           |
| AIR BLK         | .00         | 2:58pm           |
| SUB TEST        | .00         | 2:59pm           |
| AIR BLK         | .00         | 2:59pm           |
| SUB TEST        | .00         | 3:01pm           |
| AIR BLK         | .00         | 3:02pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE BAT MOBILE UNIT 11 110

Serial Number: 008970 Test Date: 06/23/2018 Test Record Number: 478
Test Time: 3:03pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:03pm |
| FLO  | Pass   | 3:03pm |
| FC   | Pass   | 3:03pm |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:03pm |
| SRC  | Pass   | 3:03pm |
| DET  | Pass   | 3:03pm |
| BAR  | Pass   | 3:03pm |
| BT   | Pass   | 3:03pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:04pm |

## Printer Tests

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:04pm |
| CAL  | Pass   | 3:04pm |

Preventive Maintenance Status: Pass

Analyst\

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

| County B   | Instrument Location Bot Mobile Unit 1)   |
|--|--|
| Instrument Se  | rial No. 008773  |
| The preventive four months a                               | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w   | on the, 20   |
| TO THE STATE OF THE PER PER PER PER PER PER PER PER PER PE |  |

BURKE BAT MOBILE UNIT 11 110

Serial Number: 008973 Test Date: 06/23/2018

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:55pm |
| AIR BLK  | .00    | 2:56pm |
| ACCY CHK | .08    | 2:56pm |
| AIR BLK  | .00    | 2:57pm |
| SUB TEST | .00    | 2:58pm |
| AIR BLK  | .00    | 2:59pm |
| SUB TEST | .00    | 3:00pm |
| AIR BLK  | .00    | 3:01pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglyst

# BURKE BAT MOBILE UNIT 11 110

Serial Number: 008973 Test Record Number: 512 Test Date: 06/23/2018 Test Time: 3:02pm EDT

System Check: Passed

#### Baseline Tests

| IR Pass FLO Pass FC Pass | 3:02pm<br>3:02pm<br>3:03pm |
|--------------------------|----------------------------|

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:03pm |
| SRC  | Pass   | 3:03pm |
| DET  | Pass   | 3:03pm |
| BAR  | Pass   | 3:03pm |
| BT   | Pass   | 3:03pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:03pm |

#### Printer Tests

Status

Time

3:03pm

Test

CAL

| PRNT | Pass      | 3:03pm |
|------|-----------|--------|
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:03pm |

Preventive Maintenance Status: Pass

Pass

Analyst

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



Signature of Certifying Official

Certificate Number

CASWELL COUNTY BAT MOBILE UNIT 9 160

Serial Number: 008616 Test Date: 06/30/2018

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<br>AIR BLK | Pass   | 11:15pm<br>11:16pm |
| ACCY CHK        | .08    | 11:17pm            |
| AIR BLK         | .00    | 11:18pm            |
| SUB TEST        | .00    | 11:18pm            |
| AIR BLK         | .00    | 11:19pm            |
| SUB TEST        | .00    | 11:21pm            |
| AIR BLK         | .00    | 11:22pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB SKANDST

## CASWELL COUNTY BAT MOBILE UNIT 9 160

Serial Number: 008616 Test Record Number: 2400 Test Date: 06/30/2018

Test Time: 11:34pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
|      | •      | r ,     |
| IR   | Pass   | 11:35pm |
| FLO  | Pass   | 11:35pm |
| FC   | Pass   | 11:35pm |

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:35pm |
| SRC  | Pass   | 11:35pm |
| DET  | Pass   | 11:35pm |
| BAR  | Pass   | 11:35pm |
| BT   | Pass   | 11:35pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
|      |        | -V.     |
| AIR  | Pass   | 11:36pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:36pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:36pm |

Preventive Maintenance Status: Pass

Pass

11:36pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX, EC/IR II **Instrument Location** 008090 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance day of I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008090 Test Date: 06/15/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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     | Pass        | 8:43pm |
|----------|-------------|--------|
| AIR BLK  | .00         | 8:44pm |
| ACCY CHK | .08         | 8:44pm |
| AIR BLK  | .00         | 8:45pm |
| SUB TEST | .00         | 8:46pm |
| AIR BLK  | .00         | 8:47pm |
| SUB TEST | .00         | 8:49pm |
| AIR BLK  | <b>/</b> 00 | 8:50pm |

Reported AC: .00/g/21/01

Signature of Chemical Analyst

Court CVE

Analyst

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

Rev. 12/2007

#### CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008090

Test Record Number: 108

Test Date: 06/15/2018

Test Time: 9:06pm EDT

System Check: Passed

# Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:07pm |
| FLO  | Pass   | 9:07pm |
| FC   | Pass   | 9:07pm |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:07pm |
| SRC  | Pass   | 9:07pm |
| DET  | Pass   | 9:07pm |
| BAR  | Pass   | 9:07pm |
| BT   | Pass   | 9:07pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time |
|------|--------|------|
|      | •      |      |

AIR Pass 9:08pm

## Printer Tests

| Test | Status   | Time |
|------|--|------|
|      |  |      |
|      | and the second s |      |

PRNT Pass 9:08pm

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:08pm |
| CAL  | Pass   | 9:08pm |

Preventive Maintenance

Status: Pass

Analyst.

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

| County (   | stauba  | Instrument Location <u>Cataw</u> .  | ba County SU   |
|--|---|---|--|
| Instrument Seri  | ial No. <u>008821</u>   | Instrument Location Cataw.  100 B Southwest 81                                      | rd., Newdon  |
| v.   |   |   |  |
| The preventive four months are   |   | e Intoximeters, Model Intox EC/IR II to b   | e followed at least once every                                   |
| 1.   | Verify the ethanol gas canist 34 degrees, plus or minus .2                                | er displays pressure, or the alcoholic brea<br>degree centigrade;                   | ath simulator thermometer shows                                  |
| 2.   | Verify instrument displays to   | me and date;  |  |
| 3.   | Initiate breath test sequence;  | •   |  |
| 4.   | Enter information as prompt   | ed;   |  |
| 5.   | Verify instrument accuracy;   |   |  |
| 6.   | When "PLEASE BLOW" a  | ppears, collect breath sample;  |  |
| 7.   | When "PLEASE BLOW" a  | ppears, collect breath sample;  |  |
| 8.   | Print test record;  |   |  |
| 9.   | Verify Diagnostic Program;  | and   |  |
| 10.  | Verify that the ethanol gas c<br>simulator solution is being c<br>whichever occurs first. | anister is being changed before expiration hanged every four months or after 125 A  | n date, or the alcoholic breath lcoholic Breath Simulator tests, |
|  | re performed on the instrument  | indicated above, in accordance with current the instrument is functioning properly. |  |
| STATE OF THE STATE |   | Signature of Certifying Official  | Certificate Number   |

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 06/19/2018

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

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

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

Test

|          | 3/   |        |
|----------|------|--------|
| DIAG     | Pass | 1:51pm |
| AIR BLK  | .00  | 1:52pm |
| ACCY CHK | .07  | 1:52pm |
| AIR BLK  | .00  | 1:53pm |
| SUB TEST | .00  | 1:54pm |
| AIR BLK  | .00  | 1:55pm |
| SUB TEST | .00  | 1:56pm |
| AIR BLK  | .00  | 1:57pm |

g/210L

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1921
Test Date: 06/19/2018 Test Time: 1:59pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:59pm |
| FLO  | Pass   | 1:59pm |
| FC   | Pass   | 1:59pm |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:00pm |
| SRC  | Pass   | 2:00pm |
| DET  | Pass   | 2:00pm |
| BAR  | Pass   | 2:00pm |
| BT   | Pass   | 2:00pm |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:00pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:00pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| COMP | Pass | 2:00pm |
|------|------|--------|
| CAL  | Pass | 2:00pm |

Preventive Maintenance Status: Pass

Analyst

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

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 06/19/2018

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: NC

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<br>AIR BLK | Pass        | 5:55pm<br>5:56pm |
| ACCY CHK        | .08         | 5:57pm           |
| AIR BLK         | .00         | 5:58pm           |
| SUB TEST        | .00         | 5:58pm           |
| AIR BLK         | .00         | 5:59pm           |
| SUB TEST        | .00         | 6:01pm           |
| ATD DIK         | $\cap \cap$ | 6.01 mm          |

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

# COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 06/19/2018

Test Record Number: 1389
Test Time: 6:05pm EDT

System Check: Passed

# Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:05pm |
| FLO  | Pass   | 6:05pm |
| FC   | Pass   | 6:05pm |

# Temperature Tests

| Test | - Status | Time   |
|------|----------|--------|
| FC1  | Pass     | 6:05pm |
| SRC  | Pass     | 6:05pm |
| DET  | Pass     | 6:05pm |
| BAR  | Pass     | 6:05pm |
| BT   | Pass     | 6:05pm |

# Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:06pm |

# Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 6:06pm |

# CRC Tests

| Test     | Status       | Time             |
|----------|--------------|------------------|
| COMP CAL | Pass<br>Pass | 6:06pm<br>6:06pm |

Preventive Maintenance Status: Pass A

Analyst

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

| ,,,   | INTOXIMETERS, MODEL INTOX EC/IR II   |
|---|--|
| County  | 6/4M645 Instrument Location CO/UM645   |
| Instrument Se   | erial No. ED 8875 COURTY Short Dep   |
| 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 day of day of 20/8 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| TATE OF THE STATE |  |

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 06/19/2018

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: NC
Driver's License Number: NONE

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

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 5:51pm<br>5:51pm |
| ACCY CHK        | .08         | 5:52pm           |
| AIR BLK         | .00         | 5:53pm           |
| SUB TEST        | .00.        | 5:54pm           |
| AIR BLK         | .00         | 5:55pm           |
| SUB TEST        | .00         | 5:56pm           |
| ATR BLK         | . 0.0       | 5 : 5-8 mm       |

Reported AC: .0% g

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

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 2058
Test Date: 06/19/2018 Test Time: 6:00pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:00pm |
| FLO  | Pass   | 6:00pm |
| FC   | Pass   | 6:00pm |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:00pm |
| SRC  | Pass   | 6:00pm |
| DET  | Pass   | 6:00pm |
| BAR  | Pass   | 6:00pm |
| BT   | Pass   | 6:00pm |

#### Blank Tests

Test Status Time
AIR Pass 6:01pm

#### Printer Tests

Test Status Time
PRNT Pass 6:01pm

CRC Tests

Test Status Time

COMP Pass 6:01pm

CAL Pass 6:01pm

Preventive Maintenance Status: Pass

Analyst

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

| County(  | CUMBERLAND  | Instrument Location_                                  | FORT                             | BRAGG   |                            |
|--|---|---|----------------------------------|---|----------------------------|
| Instrument S   | Serial No. 008903   |   | PM                               | 10  |                            |
|  |   |   |                                  |   |                            |
| The prevent four months  | ive maintenance procedures for the In   | toximeters, Model Intox                               | EC/IR II to be                   | followed at least o   | nce every                  |
| 1.   | Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.                        | displays pressure, or the agree centigrade;           | alcoholic breath                 | simulator thermo  | meter show                 |
| 2.   | Verify instrument displays time   | and date;   |                                  | Televice of the second |                            |
| 3.   | Initiate breath test sequence;  |   |                                  |   |                            |
| 4.   | Enter information as prompted;  |   |                                  |   |                            |
| 5.   | Verify instrument accuracy;   |   |                                  |   | •                          |
| 6.   | When "PLEASE BLOW" appe   | ears, collect breath sample                           | e;                               |   | •                          |
| 7.   | When "PLEASE BLOW" appe   | ears, collect breath sample                           | e;                               |   |                            |
| 8.   | Print test record;  |   |                                  | •   |                            |
| 9.   | Verify Diagnostic Program; and  | d   |                                  |   |                            |
| 10.  | Verify that the ethanol gas cani<br>simulator solution is being char<br>whichever occurs first. | ster is being changed bef<br>nged every four months o | ore expiration or after 125 Alco | late, or the alcohol<br>bholic Breath Simi  | ic breath<br>ılator tests, |
| I certify the procedures Departmen   | were performed on the instrument indit of Health and Human Services, and t                      | licated above, in accordar                            | nce with curren                  | going preventive n<br>t regulations of the  | naintenance<br>N.C.        |
| STATE OF THE CREAT SECTION AND ADDRESS OF THE CREAT SECTION ADDRESS OF THE CREAT SECTION AND ADDRESS OF THE CREAT SECTION ADDRESS OF THE CREAT SECTION ADDRESS OF THE | NIE OCNO  | ) //  |                                  | 1.1   |                            |
| Contraction of the Contraction o | Sign  | nature of Certifying Offic                            | Sial                             | Certificate N   | lumber                     |

#### CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903 Test Date: 06/04/2018

Citation Number: M0000000-0

Subject's Name:

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                | g/210L     | Time             |
|---------------------|------------|------------------|
| DIAG<br>AIR BLK     | Pass       | 4:23pm<br>4:24pm |
| ACCY CHK            | .07        | 4:25pm           |
| AIR BLK             | .00<br>.00 | 4:26pm<br>4:26pm |
| SUB TEST<br>AIR BLK | .00        | 4:20pm<br>4:27pm |
| SUB TEST            | .00        | 4:29pm           |
| AIR BLK             | .00        | 4:30pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903

Test Record Number: 2159

Test Date: 06/04/2018 Test Time: 4:31pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:31pm |
| FLO  | Pass   | 4:31pm |
| FC   | Pass   | 4:31pm |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:31pm |
| SRC  | Pass   | 4:31pm |
| DET  | Pass   | 4:31pm |
| BAR  | Pass   | 4:31pm |
| BT   | Pass   | 4:31pm |
|      |        |        |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| ATR  | Pass   | 4:32pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:32pm |

#### CRC Tests

| Test           | Status | Time   |
|----------------|--------|--------|
| COMP           | Pass   | 4:32pm |
| $\mathtt{CAL}$ | Pass   | 4:32pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| _  | INTOXIMETERS, MODEL INTOX EC/IR I   | <b>'</b>   |  |
|--|---|--|--|
| County   | UMBERLAND Instrument Location CUMBE   | RLAND LOUN   |  |
| Instrument Ser   | ial No. 008614 DE TENTION FAYETTEVILL   |  |  |
| The preventive four months ar  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow:   | owed at least once every                           |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;  | nulator thermometer shows                          |  |
| 2.   | Verify instrument displays time and date;   |  |  |
| 3.   | Initiate breath test sequence;  |  |  |
| 4.   | Enter information as prompted;  |  |  |
| 5.   | Verify instrument accuracy;   |  |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |  |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |  |  |
| 8.   | Print test record;  |  |  |
| 9.   | Verify Diagnostic Program; and  |  |  |
| 10. Verify that the ethanol gas canister is being changed before 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</u> day of <u>JUNE</u> , 20 <u>8</u> , the foregoing<br>ere performed on the instrument indicated above, in accordance with current r<br>of Health and Human Services, and the instrument is functioning properly. | ; preventive maintenance<br>egulations of the N.C. |  |
| THE STATE OF THE S |   | Certificate Number                                 |  |

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 8:19am<br>8:20am<br>8:20am<br>8:21am |
| SUB TEST                               | .00                | 8:22am                               |
| AIR BLK                                | .00                | 8:23am                               |
| SUB TEST                               | .00                | 8:24am                               |
| AIR BLK                                | .00                | 8:25am                               |
|  |                    |                                      |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 4113

Test Date: 06/28/2018

Test Time: 8:26am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:26am |
| FLO  | Pass   | 8:26am |
| FC   | Pass   | 8:26am |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 8:26am                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:27am |

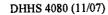
# Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 8:27am |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 8:27am |
| CAL  | Pass      | 8:27am |

Preventive Maintenance Status: Pass

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

| $\mathcal{C}$   | THE TEXAS, MODEL IN COMPA  | EIZLAND COUN   |
|---|--|--|
| County <u></u>  | UMBERLAND Instrument Location COMB.  | STATE OF THE STATE |
| Instrument Ser  | rial No. 008632 DETENTION (FAYETTEVILLE  | CENTER   |
| The preventive four months as   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for  |  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath and degrees, plus or minus .2 degree 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" appears, collect breath sample;   |  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |  |
| 8.  | Print test record;   |  |
| 9.  | Verify Diagnostic Program; and   |  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.  | ate, or the alcoholic breath holic Breath Simulator tests,   |
| I certify that<br>procedures v<br>Department  | on the <u>JE</u> day of <u>JUNE</u> , 20 <u>/ E</u> , the foregovere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly. | ing preventive maintenance<br>at regulations of the N.C.   |
| Same and the same |  |  |
| OF THE STAT   | E OF A OF A  |  |
| SE S  |  |  |
| * AND TO CLAMM  | Signature of Certifying Official   | Certificate Number   |
|   | Digitate of County ing Courts.   |  |



#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

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

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

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.08<br>.00 | 7:27am<br>7:28am<br>7:28am<br>7:29am<br><b>7:30am</b> |
| AIR BLK  | .00                       | 7:31am  |
| SUB TEST   | .00                       | 7:34am  |
| AIR BLK  | .00                       | 7:34am  |
|  |                           |   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celm R S analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 06/28/2018

Test Record Number: 4153

Test Time: 7:35am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:36am |
| FLO  | Pass   | 7:36am |
| FC   | Pass   | 7:36am |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 7:36am                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:37am |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:37am |
|      | CRC Tests |        |
| Test | Status    | Time   |
|      |           |        |

Pass

Pass

7:37am

7:37am

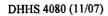
Preventive Maintenance Status: Pass

COMP

CAL

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

| County      |  | ERLAND COW  |
|-------------|--|---|
| Instrumen   | ( DOLIGITATO: - O O O O O O  | VILLE, NC   |
| The preve   | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo hs are:   | llowed at least once every                                |
| 1.          | Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;   | imulator thermometer shows                                |
| 2.          | Verify instrument displays time and date;  |   |
| 3.          | Initiate breath test sequence;   |   |
| 4.          | Enter information as prompted;   |   |
| 5.          | Verify instrument accuracy;  |   |
| 6.          | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 7.          | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 8.          | Print test record;   |   |
| 9.          | Verify Diagnostic Program; and   |   |
| 10.         | Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoholichever occurs first.   | te, or the alcoholic breath nolic Breath Simulator tests, |
| procedu     | that on the <u>J8</u> day of <u>JUNE</u> , 20 <u>18</u> , the foregoings were performed on the instrument indicated above, in accordance with current tent of Health and Human Services, and the instrument is functioning properly. | ng preventive maintenance<br>t regulations of the N.C.    |
| WE GREAT SE | Signature of Certifying Official   | Certificate Number  |
|             |  |   |



### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 7:22am<br>7:22am |
| ACCY CHK        | .07    | 7:23am           |
| AIR BLK         | .00    | 7:24am           |
| SUB TEST        | .00    | 7:24am           |
| AIR BLK         | .00    | 7:25 <b>a</b> m  |
| SUB TEST        | .00    | 7:27am           |
| AIR BLK         | .00    | 7:28am           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

alm R, 13-

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 4848

Test Date: 06/28/2018

Test Time: 7:29am EDT

### System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 7:29am<br>7:29am |
| FC        | Pass         | 7:30am           |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 7:30am |
| SRC           | Pass   | 7:30am |
| DET           | Pass   | 7:30am |
| BAR           | Pass   | 7:30am |
| $\mathtt{BT}$ | Pass   | 7:30am |
|               |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
|      |        |        |
| AIR  | Pass   | 7:30am |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:30am |
|      | CRC Tests |        |
| Toat | Ctatus    | Time   |

| Status | Time   |
|--------|--------|
| Pass   | 7:30am |
| Pass   | 7:30am |
|        | Pass   |

Preventive Maintenance Status: Pass

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

| County C   | UMBERLAND Instrument Location CUMBE  | RLAND COUNTY   |
|--|--|--|
| Instrument So  | erial No. 008672 DETENTION CO  |  |
| The prevention                                       | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be   | •  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breatl 34 degrees, plus or minus .2 degree centigrade;   | n 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.               | date, or the alcoholic breath coholic Breath Simulator tests |
| I certify tha<br>procedures<br>Departmen             | t on theday of, 20, 20, the foregwere performed on the instrument indicated above, in accordance with curr tof Health and Human Services, and the instrument is functioning properly | ent regulations of the N.C.                                  |
| STA M. STA W. S. | Signature of Certifying Official   | Certificate Number   |

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

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

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

| Test                | g/210L     | Time             |
|---------------------|------------|------------------|
| DIAG                | Pass       | 7:20am           |
| AIR BLK<br>ACCY CHK | .00<br>.08 | 7:21am<br>7:21am |
| AIR BLK             | .00        | 7:22am           |
| SUB TEST            | .00        | 7:23am           |
| AIR BLK             | .00        | 7:24am           |
| SUB TEST            | .00        | 7:26am           |
| AIR BLK             | .00        | 7:27am           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 6096
Test Date: 06/28/2018 Test Time: 7:28am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:28am |
| FLO  | Pass   | 7:28am |
| FC   | Pass   | 7:28am |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 7:28am |
| SRC           | Pass   | 7:28am |
| DET           | Pass   | 7:28am |
| BAR           | Pass   | 7:28am |
| $\mathtt{BT}$ | Pass   | 7:28am |
|               |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| ATR  | Pass   | 7:29am |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:29am |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
|      | •      |        |
| COMP | Pass   | 7:29am |
| CAL  | Pass   | 7:29am |

Preventive Maintenance Status: Pass

alu Ra Banos

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

| County                                       | COMBE  | RLAND  | Instrument Location_   | FORT            | BRAGG                                      |                                       |
|--|--|--|--|-----------------|--|---------------------------------------|
| Instrument Se                                | erial No. 🕏  | 08908  |  | PM              | O  |                                       |
|  |  |  |  |                 |  |                                       |
| The preventive four months a                 |  | e procedures for the                         | Intoximeters, Model Intox  | EC/IR II to be  | followed at least or                       | nce every                             |
| 1.   |  | e ethanol gas canist<br>es, plus or minus .2 | er displays pressure, or the a<br>degree centigrade;                       | lcoholic breath | simulator thermor                          | neter shows                           |
| 2.   | Verify in  | strument displays ti                         | me and date;   |                 |  |                                       |
| 3.   | Initiate b   | reath test sequence;                         |  |                 |  |                                       |
| 4.   | Enter info   | ormation as prompt                           | ed;  |                 |  |                                       |
| 5.   | Verify in  | strument accuracy;                           |  |                 |  |                                       |
| 6.   | When "P  | LEASE BLOW" ap                               | opears, collect breath sample  | ;               |  |                                       |
| 7.   | When "P  | LEASE BLOW" ap                               | opears, collect breath sample  | <b>)</b> ;      |  |                                       |
| 8.   | Print test   | record;                                      |  |                 |  | · · · · · · · · · · · · · · · · · · · |
| 9.   | Verify D   | iagnostic Program;                           | and  |                 |  |                                       |
| 10.  | simulator  |  | anister is being changed before hanged every four months or                |                 |  |                                       |
| I certify that<br>procedures v<br>Department | vere performed   | I on the instrument                          | ロハビ , 20_<br>indicated above, in accordan<br>d the instrument is functioni | ice with curren | going preventive m<br>t regulations of the | aintenance<br>N.C.                    |
| OF THE STAT                                  | E OF NORTH   |  |  |                 |  |                                       |
| B A  | A POPULATION OF THE POPULATION |  |  |                 |  |                                       |
| ARIL 12, TO                                  | NOTES! *   | C. C.  | 43.  | <u> </u>        | 64.  | 8                                     |
|  |  | S  | ignature of Certifying Offici  | ial             | Certificate N                              | umber                                 |

#### CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Date: 06/04/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/01/2017-07/01/2019

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

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 4:28pm |
| AIR BLK  | .00    | 4:28pm |
| ACCY CHK | .08    | 4:29pm |
| AIR BLK  | .00    | 4:30pm |
| SUB TEST | .00    | 4:31pm |
| AIR BLK  | .00    | 4:32pm |
| SUB TEST | .00    | 4:33pm |
| AIR BLK  | .00    | 4:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Record Number: 1649
Test Date: 06/04/2018 Test Time: 4:36pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:37pm |
| FLO  | Pass   | 4:37pm |
| FC   | Pass   | 4:37pm |

### Temperature Tests

| Test          | Status       | Time             |
|---------------|--------------|------------------|
| FC1           | Pass         | 4:37pm           |
| SRC<br>DET    | Pass<br>Pass | 4:37pm<br>4:37pm |
| BAR           | Pass         | 4:37pm           |
| $\mathtt{BT}$ | Pass         | 4:37pm           |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:38pm |

#### Printer Tests

| Test        | Status       | Time   |
|-------------|--------------|--------|
| PRNT        | Pass         | 4:38pm |
|             | CRC Tests    |        |
| Test        | Status       | Time   |
| COMP<br>CAL | Pass<br>Pass | 4:38pm |

Preventive Maintenance Status: Pass

Analyst

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

|  |  | S, MODEL INTOX EC  | 1   |
|--|--|--|---|
|  |  | Instrument Location Curr   |   |
| Instrument Seri  | ul No. 008847  | 1123 Decan Tra   | Crolle, NC.   |
| The preventive four months are   | maintenance procedures for the Inte  | oximeters, Model Intox EC/IR II to                                     | be followed at least once every                                     |
| 1.   | Verify the ethanol gas canister di<br>34 degrees, plus or minus .2 degr  | isplays pressure, or the alcoholic buree centigrade;                   | eath simulator thermometer show                                     |
| 2.   | Verify instrument displays time  | and date;  |   |
| 3.   | Initiate breath test sequence;   |  |   |
| 4.   | Enter information as prompted;   |  |   |
| 5.   | Verify instrument accuracy;  | •  |   |
| 6.   | When "PLEASE BLOW" appear  | urs, collect breath sample;  |   |
| 7.   | When "PLEASE BLOW" appear  | ers, 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 expirateged every four months or after 125 | ion date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| 4 m  | , and a suppression of the suppr | مر ب <b>س</b> ر  | .00   |
| procedures wer   | the /G// day of // day of  | cated above, in accordance with cu                                     | rrent regulations of the N.C.                                       |
| at STATE of  |  |  |   |
| OREAT S.F.   | OPENIC CAROL   |  |   |
| APRILIZE THE APPLICATION OF THE PRINCIPLE OF THE PRINCIPL |  | //   | /   |
| With the state of  | / IrichA   | Mach C.  | 647   |
| ***<br>***   | Signa  | ture of Certifying Official  | Certificate Number  |

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008847 Test Date: 06/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test

|         | _    |         |
|---------|------|---------|
| DIAG    | Pass | 10:57am |
| AIR BLK | .00  | 10:58am |
|         |      |         |

g/210L

Time

ACCY CHK .08 10:58am
AIR BLK .00 11:00am
SUB TEST .00 11:01am

AIR BLK .00 11:02am SUB TEST .00 11:03am

AIR BLK .00 11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finil s. Kees Analyst

### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008847

Test Record Number: 626

Test Date: 06/19/2018

Test Time: 11:05am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:05am |
| FLO  | Pass   | 11:05am |
| FC   | Pass   | 11:05am |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 11:06am |
| SRC           | Pass   | 11:06am |
| DET           | Pass   | 11:06am |
| BAR           | Pass   | 11:06am |
| $\mathtt{BT}$ | Pass   | 11:06am |
|               |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:06am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:06am |
|      | CRC Tests |         |
|      | a         | m2      |

| TCDC | beacus | TIME    |
|------|--------|---------|
| COMP | Pass   | 11:06am |
| CAL  | Pass   | 11:06am |

Preventive Maintenance Status: Pass

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; 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 day of I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Certificate Number Signature of Certifying Official

## DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 06/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: 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<br>AIR BLK     | Pass       | 4:13pm<br>4:14pm |
| ACCY CHK            | .08        | 4:14pm           |
| AIR BLK             | .00        | 4:15pm<br>4:16pm |
| SUB TEST<br>AIR BLK | .00<br>.00 | 4:17pm           |
| SUB TEST            | .00        | 4:19pm           |
| AIR BLK             | .00        | 4:20pm           |

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

## DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 2844

Test Date: 06/19/2018 Test Time: 4:20pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:21pm |
| FLO  | Pass   | 4:21pm |
| FC   | Pass   | 4:21pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 4:21pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:22pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:22pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:22pm |
| CAL  | Pass   | 4:22pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II - Mobile Instrument Location County 108002 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008002 Test Date: 06/01/2018

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

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

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

Analyst's Name: 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<br>AIR BLK | Pass   | 9:44pm<br>9:44pm |
| ACCY CHK        | .07    | 9:45pm           |
| AIR BLK         | .00    | 9:46pm           |
| SUB TEST        | .00    | 9:46pm           |
| AIR BLK         | .00    | 9:47pm           |
| SUB TEST        | .00    | 9:49pm           |
| AIR BLK         | .00    | 50pm             |
|                 |        |                  |

Reported AC:

g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

#### FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008002

Test Record Number: 488

System Check: Passed

### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 9:40pm<br>9:40pm |
| FC        | Pass         | 9:40pm           |

## Temperature Tests

| Test       | Status       | Time             |
|------------|--------------|------------------|
| FC1<br>SRC | Pass<br>Pass | 9:40pm<br>9:40pm |
| DET        | Pass         | 9:40pm           |
| BAR        | Pass         | 9:40pm           |
| BT         | Pass         | 9:40pm           |

#### Blank Tests

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

AIR Pass 9:40pm

#### Printer Tests

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

PRNT Pass 9:40pm

CRC Tests

Test Status Time

COMP Pass 9:41pm CAL Pass 9:41pm

Preventive, Maintenance

Status: Pass

Analyst

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

Rev. 12/2007

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

| County FR  | ANKLIN Instrument Location FRANKLIN  | Co. JAIL  |
|--|--|---|
| Instrument Se  | erial No. 008924 285 TKEMP RO L  | UUISBURG, N   |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol<br>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 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 Alcoholic whichever occurs first.                 | e, or the alcoholic breath olic Breath Simulator tests, |
| procedures v   | ton the 29 day of 1202 , 2018 the forgowere performed on the instrument indicated above, in accordance with current re of Health and Human Services, and the instrument is functioning properly. | ing preventive maintenance egulations of the N.C.       |
| To the state of th |  |   |
| THE STAT   | TE OF NO.  |   |
|  |  |   |
| + ISSE QUAM  | Signature of Certifying Official   | Certificate Number                                      |
|  | Signature of Countying Official  |   |

#### FRANKLIN COUNTY FRANKLIN CO JAIL 340

Serial Number: 008924 Test Date: 06/29/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time DIAG Pass 9:29am AIR BLK .00 9:30am ACCY CHK .07 9:30am AIR BLK .00 9:31am SUB TEST .00 9:32am AIR BLK .00 9:33am SUB TEST .00 9:34am AIR BLK .00 9:35am

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLIN CO JAIL 340

Serial Number: 008924

Test Record Number: 1384

Test Date: 06/29/2018

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  | 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   | 9:37am |

#### Printer Tests

| Test | 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

| County FA  | RANKLIN Instrument Location FRANK   | LIN CO. LEC  |
|--|---|--|
| Instrument S   | erial No. <u>008942</u> <u>285 T KEMP RD</u>  | LULISBURG, NC  |
| The preventi-  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:   | followed at least once every                             |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;   | h 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 Ale whichever occurs first.              |  |
| procedures v   | on the day of , 20 / S the fowere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly. | rgoing preventive maintenance nt regulations of the N.C. |
| THE STATE OF THE S | Signature of Certifying Official  | Certificate Number                                       |

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test   | g/210L               | Time  |
|--|----------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 10:13am<br>10:14am<br>10:15am<br>10:16am<br><b>10:17am</b><br>10:17am |
| SUB TEST                                       | .00                  | 10:19am   |
| AIR BLK  | .00                  | 10:20am   |

Reported AC: .09 g/210L

Signature of Chemical Analyst

Court CVR

#### Analyst

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 T

Test Record Number: 1485
Test Time: 10:28am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 10:28am |
| SRC           | Pass   | 10:28am |
| DET           | Pass   | 10:28am |
| BAR           | Pass   | 10:28am |
| $\mathtt{BT}$ | Pass   | 10:28am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:29am |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:29am |
|      |        |         |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:29am |
| CAL  | Pass   | 10:29am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Instrument Location UNC-Greenshoro  |
|--|---|
| Instrument Serie   | Plian Danaturant  |
|  |   |
| 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<br>procedures we<br>Department o  | n theday of, 20/S, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S |   |

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 06/19/2018

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: 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<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 12:29pm<br>12:29pm<br>12:30pm |
| AIR BLK                     | .00                | 12:31pm                       |
| SUB TEST                    | .00                | 12:32pm                       |
| AIR BLK                     | .00                | 12:33pm                       |
| SUB TEST                    | .00                | 12:34pm                       |
| AIR BLK                     | .00                | 12:35pm                       |

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1653

Test Date: 06/19/2018

Test Time: 12:36pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:36pm |
| FLO  | Pass   | 12:36pm |
| FC   | Pass   | 12:36pm |

#### Temperature Tests

| Test       | Status       | Time               |
|------------|--------------|--------------------|
| FC1<br>SRC | Pass<br>Pass | 12:36pm<br>12:36pm |
| DET        | Pass         | 12:36pm            |
| BAR        | Pass         | 12:36pm            |
| BT         | Pass         | 12:36pm            |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| ATR  | Pass   | 12:37pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:37pm |
|      | CRC Tests |         |

| Test | Status       | Time               |
|------|--------------|--------------------|
| COMP | Pass<br>Pass | 12:37pm<br>12:37pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II reens boro Instrument Location ( The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1000, 2018, 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.



Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 06/19/2018

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: 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<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 11:06am<br>11:07am<br>11:07am<br>11:09am |
| SUB TEST                               | .00                | 11:10am                                  |
| AIR BLK                                | .00                | 11:11am                                  |
| SUB TEST                               | .00                | 11:12am                                  |
| AIR BLK                                | .00                | 11:13am                                  |

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 4203

Test Date: 06/19/2018

Test Time: 11:13am 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 |
| ${	t BT}$ | Pass   | 11:14am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:15am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:15am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:15am<br>11:15am |

Preventive Maintenance Status: Pass

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

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

Signature of Certifying Official

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 06/20/2018

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: 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 AIR BLK SUB TEST AIR BLK | Pass<br>.00<br>.07<br>.00<br>.00 | 11:29am<br>11:29am<br>11:30am<br>11:31am<br>11:31am |
| SUB TEST                                       | .00                              | 11:34am   |
| AIR BLK  | .00                              | 11:34am   |

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 2717

Test Date: 06/20/2018

Test Time: 11:35am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:35am<br>11:35am |
| FC        | Pass         | 11:35am            |

#### Temperature Tests

| Test          | Status       | Time               |
|---------------|--------------|--------------------|
| FC1<br>SRC    | Pass<br>Pass | 11:35am<br>11:35am |
| DET           | Pass         | 11:35am            |
| BAR           | Pass         | 11:35am            |
| $\mathtt{BT}$ | Pass         | 11:35am            |

#### Blank Tests

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

AIR Pass 11:36am

#### Printer Tests

| Test | Status | Time |
|------|--------|------|
| エビンし | Dialus | TTHE |

PRNT Pass 11:36am

CRC Tests

Test Time Status

COMP Pass 11:36am CAL Pass 11:36am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 5   | Instrument Location 6 Peens boro JAIL   |
|--|---|
| Instrument So  | erial No. 008794  |
| The prevention four months   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.              |
| procedures :   | t on the 22 day of, 20 8, the foregoing preventive maintenance 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. |
| STATE OF THE PROPERTY OF THE P |   |

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 06/22/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:00pm |
| AIR BLK  | .00    | 2:01pm |
| ACCY CHK | .07    | 2:02pm |
| AIR BLK  | .00    | 2:03pm |
| SUB TEST | .00    | 2:03pm |
| AIR BLK  | .00    | 2:04pm |
| SUB TEST | .00    | 2:06pm |
| ATR BLK  | . 00   | 2:07pm |

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 6118
Test Time: 2:09pm EDT

Test Date: 06/22/2018 Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

| Test       | Status       | Time             |
|------------|--------------|------------------|
| FC1        | Pass         | 2:09pm           |
| SRC<br>DET | Pass<br>Pass | 2:09pm<br>2:09pm |
| BAR        | Pass         | 2:09pm           |
| ${	t BT}$  | Pass         | 2:09pm           |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:10pm |

#### Printer Tests

| Test | Status | 'I'ıme |
|------|--------|--------|
| PRNT | Pass   | 2:10pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:10pm |
| CAL  | Pass   | 2:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County S   | uilford Instrument Location Szeensboro JAil   |
|--|---|
| Instrument Seria   | al No. <u>008638</u>  |
| The preventive if four months are  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.        |
| procedures wer   | the 22 day of 50 he, 20 8, the foregoing preventive maintenance be performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OF HE STATE OF THE | Signature of Certifying Official Certificate Number   |

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 06/22/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 12:59pm<br>1:00pm<br>1:00pm |
| AIR BLK                     | .00                | 1:02pm                      |
| SUB TEST                    | .00                | 1:02pm                      |
| AIR BLK                     | .00                | 1:03pm                      |
| SUB TEST                    | .00                | 1:05pm                      |
| AIR BLK                     | .00                | 1:06pm                      |
|                             |                    |                             |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 3524 Test Time: 1:06pm EDT Test Date: 06/22/2018

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            | Pass   | 1:07pm |
| SRC            | Pass   | 1:07pm |
| $\mathtt{DET}$ | Pass   | 1:07pm |
| BAR            | Pass   | 1:07pm |
| ${	t BT}$      | Pass   | 1:07pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:08pm |

# Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 1:08pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 1:08pm<br>1:08pm |

Preventive Maintenance Status: Pass

1:08pm

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

|  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County A   | LIFAX Instrument Location HALIFAX Co SHERIFF'S OF  |
| Instrument Se  | rial No. 008695 355 FIERRELLW HALIFAX, NC  |
| The preventive four months a   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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;   |
| ** <b>7.</b>   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before 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   |
| TALESTALL OF THE CORE AT 15 TO | CAROLL CA |

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

Signature of Certifying Official

Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 06/14/2018

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, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test                | g/210L             | Time                    |
|---------------------|--------------------|-------------------------|
| DIAG<br>AIR BLK     | Pass<br>.00        | 4:57pm<br>4:57pm        |
| ACCY CHK            | .08                | 4:58pm                  |
| AIR BLK<br>SUB TEST | .00<br>. <b>00</b> | 4:59pm<br><b>5:00pm</b> |
| AIR BLK             | .00                | 5:01pm                  |
| SUB TEST            | .00                | 5:02pm                  |

5:03pm

Reported AC: .00/g/210L

.00

AIR BLK

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 06/14/2018 Test Record Number: 2541

Test Time: 5:04pm EDT

System Check: Passed

### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 5:04pm<br>5:04pm |
| FC        | Pass         | 5:05pm           |

### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 5:05pm |
| SRC           | Pass   | 5:05pm |
| DET           | Pass   | 5:05pm |
| BAR           | Pass   | 5:05pm |
| $\mathtt{BT}$ | Pass   | 5:05pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:05pm |

### Printer Tests

| CD C FF + |        |        |  |
|-----------|--------|--------|--|
| PRNT      | Pass   | 5:05pm |  |
| Test      | Status | Time   |  |

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| County 4   | INTUATIVE TERS, WIODEL INTUX ECTR II  LIFAX Instrument Location RGANUKE RAPIDS PO  |          |
|--|--|----------|
| Instrument S   | erial No. <u>208635</u> 1040 ROANOKE AVE ROANOKE RAPIL   | <u>.</u> |
| The preventi   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:  | у        |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;   | ow:      |
| 2.   | Verify instrument displays time and date;  |          |
| 3.   | Initiate breath test sequence;   |          |
| 4.   | Enter information as prompted;   |          |
| 5.   | Verify instrument accuracy;  | 性:       |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |          |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |          |
| 8.   | Print test record;   |          |
| 9,   | Verify Diagnostic Program; and   |          |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |          |
| procedures v   | on the   | се       |
| TANS INTO STATE OF THE STATE OF | Signature of Certifying Official  Certificate Number   |          |

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 06/14/2018

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sus D Smith Analyst

### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1656
Test Date: 06/14/2018 Test Time: 11:31am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:31am<br>11:31am |
| FC<br>FC  | Pass         | 11:31am            |

### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 11:31am<br>11:31am<br>11:31am<br>11:31am<br>11:31am |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:32am |

# Printer Tests

Test

Status

| PRNT        | Pass         | 11:32am            |
|-------------|--------------|--------------------|
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:32am<br>11:32am |

Time

Preventive Maintenance Status: Pass

Analyst

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

| County //  | ALIFAX Instrument Location ROANOX  |   |
|--|--|---|
| Instrument Se  | erial No. <u>008656</u> 1040 ROANOKER AVE  | ROANORE RAPID   |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:  | followed at least once every                                |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;  | h 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 Alc whichever occurs first. |   |
| procedures w   | on the   | rgoing preventive maintenance<br>nt regulations of the N.C. |
| STATION OF THE COREY LOVE OF THE CORE THE COREY LOVE OF THE CORE T | Signature of Certifying Official   | Certificate Number  |

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 06/14/2018

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, 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: AG716201 Exp Date: 06/11/2019

| Test                                   | g/210L                    | Time                                     |
|--|---------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07<br>.00 | 11:20am<br>11:21am<br>11:21am<br>11:22am |
| SUB TEST                               | .00                       | 11:23am                                  |
| AIR BLK                                | .00                       | 11:24am                                  |
| SUB TEST                               | .00                       | 11:25am                                  |
| AIR KIK                                | [][]                      | : : · /6/am                              |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 616 Test Date: 06/14/2018 Test Time: 11:29am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status | Time    |
|-----------|--------|---------|
| IR<br>FLO | Pass   | 11:29am |
| FLO       | Pass   | 11:29am |
| FC        | Pass   | 11:29am |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 11:29am                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:30am |

# Printer Tests

Status

Test

CAL

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

Time

11:30am

Preventive Maintenance Status: Pass

Pass

Analyst

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

| County 1/2   | Instrument Location BATWobile Unit!   |
|--|---|
|  | erial No  |
| 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.      |
| procedures w   | on the day of , 20/6 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATION OF THE CORE AT THE |   |

#### HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008698 Test Date: 06/30/2018

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, 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                | g/210L     | Time               |
|---------------------|------------|--------------------|
| DIAG                | Pass       | 10:44pm            |
| AIR BLK<br>ACCY CHK | .00<br>.08 | 10:45pm            |
| ACCI CHK            | .00        | 10:46pm<br>10:47pm |
| SUB TEST            | .00        | 10:47pm            |
| AIR BLK             | .00        | 10:48pm            |
| SUB TEST            | .00        | 10:50pm            |
| AIR BLK             | .00        | 10:51pm            |

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

# HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008698 Test Record Number: 1370 Test Date: 06/30/2018 Test Time: 10:52pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:53pm |
| FLO  | Pass   | 10:53pm |
| FC   | Pass   | 10:53pm |

### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:53pm |
| SRC  | Pass   | 10:53pm |
| DET  | Pass   | 10:53pm |
| BAR  | Pass   | 10:53pm |
| BT   | Pass   | 10:53pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:54pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:54pm |

### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:54pm |
| CAL  | Pass   | 10:54pm |

Preventive Maintenance Status: Pass

-Analyst

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

| County /   | mest Instrument Location BAT Mobile Unit /   |
|--|--|
| Instrument Ser   | rial No. 008600 SHP  |
| 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.       |
| procedures we  | on the 30 day of , 20 / the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S |  |

#### HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008600 Test Date: 06/30/2018

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

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

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

Analyst's Name: SMITH, 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<br>AIR BLK | Pass   | 10:43pm<br>10:44pm |
| ACCY CHK        | .07    | 10:45pm            |
| AIR BLK         | .00    | 10:46pm            |
| SUB TEST        | .00    | 10:47pm            |
| AIR BLK         | .00    | 10:48pm            |
| SUB TEST        | .00    | 10:49pm            |
| AIR BLK         | .00    | 10:50pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008600

Test Record Number: 1812 Test Time: 10:52pm EDT

Test Date: 06/30/2018

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:52pm |
| FLO  | Pass   | 10:52pm |
| FC   | Pass   | 10:52pm |

### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 10:53pm |
| SRC           | Pass   | 10:53pm |
| DET           | Pass   | 10:53pm |
| BAR           | Pass   | 10:53pm |
| $\mathtt{BT}$ | Pass   | 10:53pm |
|               |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:53pm |

#### Printer Tests

Test

|      |           | •       |
|------|-----------|---------|
| PRNT | Pass      | 10:53pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
|      |           |         |

Status

Time

COMP 10:53pm Pass CAL Pass 10:53pm

Preventive Maintenance Status: Pass

Analyst

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

| County HER?   | TEORD Instrument Location Ahoskie P.P.  |
|---|---|
| Instrument Serial N   | 10. 008848 705 W. MAIN ST., Ahoskie, N.C.   |
| The preventive mai four months are:   | intenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
|   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 4 degrees, plus or minus .2 degree centigrade;  |
| 2. V  | Verify instrument displays time and date;   |
| 3. II   | nitiate breath test sequence;   |
| 4. E  | Enter information as prompted;  |
| 5. V  | Verify instrument accuracy;   |
| 6. V  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7. V  | When "PLEASE BLOW" appears, collect breath sample,  |
| 8. P  | Print test record;  |
| 9. V  | Perify Diagnostic Program; and  |
| S   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath imulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|   | day of  |
| O THE STATE ON NO PART OF THE |   |
| William Tables  | Signature of Certifying Official Certificate Number   |

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 06/21/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:58am |
| AIR BLK  | .00    | 10:59am |
| ACCY CHK | .08    | 11:00am |
| AIR BLK  | .00    | 11:01am |
| SUB TEST | .00    | 11:01am |
| AIR BLK  | .00    | 11:02am |
| SUB TEST | .00    | 11:04am |
| ATR BLK  | .00    | 11:05am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lind feel
Analyst

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1335
Test Date: 06/21/2018 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:06am |
| FLO  | Pass   | 11:06am |
| FC   | Pass   | 11:06am |

### Temperature Tests

| Test           | Status | Time    |
|----------------|--------|---------|
| FC1            | Pass   | 11:06am |
| SRC            | Pass   | 11:06am |
| $\mathtt{DET}$ | Pass   | 11:06am |
| BAR            | Pass   | 11:06am |
| BT             | Pass   | 11:06am |

### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:07am |

#### Printer Tests

Test

| PRNT        | Pass         | 11:07am            |
|-------------|--------------|--------------------|
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:07am<br>11:07am |

Status

Time

Preventive Maintenance Status: Pass

Analyst Reese

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

| County /                                      | Instrument Location HOK   |   |
|---|---|---|
| Instrument Ser                                | ial No. 008852 RAE  | EGDETENTION (<br>FORD, NC   |
|   |   |   |
| 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 34 degrees, plus or minus .2 degree centigrade;   | breath simulator thermometer show                                       |
| 2.  | Verify instrument displays time and date;   |   |
| 3.  | Initiate breath test sequence;  |   |
| 4.  | Enter information as prompted;  |   |
| 5.  | Verify instrument accuracy;   |   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  |   |
|   |   |   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |   |
| 8.  | Print test record;  |   |
| 9.  | Verify Diagnostic Program; and  |   |
| 10.   | Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 12 whichever occurs first. | ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| I certify that of procedures we Department of | on the  | current regulations of the N.C.   |
|   |   |   |
| OF THE STATE                                  |   |   |
| OREA  | CAROL   |   |
| APRIL E. WIS                                  | all Rose  | 648   |
|   | Signature of Certifying Official  | Certificate Number  |

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 06/05/2018

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

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

Subject's Sex: Male

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

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

Effective:

07/01/2017-07/01/2019

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

Test Type: Breath Test

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

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 1:24pm<br>1:24pm<br>1:25pm |
| AIR BLK<br>SUB TEST         | .00<br>.00         | 1:26pm<br>1:26pm           |
| AIR BLK                     | .00                | 1:20pm                     |
| SUB TEST                    | .00                | 1:29pm                     |
| AIR BLK                     | .00                | 1:30pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 869
Test Date: 06/05/2018 Test Time: 1:33pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:33pm<br>1:33pm |
| FC        | Pass         | 1:33pm           |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 1:33pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:34pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:34pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:34pm |
| CAL  | Pass      | 1:34pm |

Preventive Maintenance Status: Pass

Analyst

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

| County                         | OKE   | Instrument Location                   | HOKE (              | O DETENTION                                     |
|--------------------------------|---|---------------------------------------|---------------------|---|
| Instrument Seri                | ial No. <u>008855</u>   | · · · · · · · · · · · · · · · · · · · | RAEFO               | DETENTION RD, NC                                |
| The preventive four months are | maintenance procedures for the In   | toximeters, Model Intox               | EC/IR II to be fol  | lowed at least once every                       |
| 1.                             | Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.                |                                       | alcoholic breath si | mulator thermometer show                        |
| 2.                             | Verify instrument displays time   | and date;                             |                     |   |
| 3.                             | Initiate breath test sequence;  | e<br>Nas                              |                     |   |
| 4.                             | Enter information as prompted;  |                                       |                     |   |
| 5.                             | Verify instrument accuracy;   |                                       | e.                  |   |
| 6.* *                          | When "PLEASE BLOW" appe   | ars, collect breath sample            | e;                  |   |
| <b>7.</b>                      | When PLEASE BLOW appe   | ars, collect breath sample            | e;                  |   |
| 8,                             | Print test record;  |                                       |                     |   |
| 9.                             | Verify Diagnostic Program; and  | I                                     |                     |   |
| 10.                            | Verify that the ethanol gas canisimulator solution is being charwhichever occurs first. |                                       |                     |   |
|                                | theday of<br>re performed on the instrument ind<br>Health and Human Services, and t     | icated above, in accordar             | nce with current re | ng preventive maintenance gulations of the N.C. |
| -                              | •   |                                       |                     |   |
| OF THE STATE OF WAY 20, 1775   | NOM   |                                       |                     |   |
|                                |   |                                       |                     |   |
| 3                              |   |                                       |                     |   |
| ARIL 12, 178                   | all P   | 11300                                 |                     | 648   |
| ٠.,.                           | Sign  | ature of Certifying Offic             | ial                 | Certificate Number                              |

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 06/05/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:11pm |
| AIR BLK  | .00    | 2:11pm |
| ACCY CHK | .07    | 2:12pm |
| AIR BLK  | . 00   | 2:13pm |
| SUB TEST | .00    | 2:13pm |
| AIR BLK  | .00    | 2:14pm |
| SUB TEST | .00    | 2:16pm |
| AIR BLK  | .00    | 2:17pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 06/05/2018 Test Record Number: 1377
Test Time: 2:18pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:19pm |
| FLO  | Pass   | 2:19pm |
| FC   | Pass   | 2:19pm |

# Temperature Tests

| FC1 Pass 2:19pm<br>SRC Pass 2:19pm |   |
|------------------------------------|---|
| DET Pass 2:19pm                    | n |
| BAR Pass 2:19pm                    | n |
| BT Pass 2:19pm                     | n |

### Blank Tests

Test Status Time

AIR Pass 2:20pm

#### Printer Tests

Test Status Time

PRNT Pass 2:20pm

CRC Tests

Test Status Time

COMP Pass 2:20pm

Preventive Maintenance Status: Pass

Pass

2:20pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Is   | Instrument Location States (1) PD  |
|---|--|
| Instrument Seri   | al No. 008619 3005 TallSt., States Ville   |
| 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. 7. ·   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before 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 wei  | the <u>J15+</u> day of <u>J000</u> , 20 <u>J8</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE   |  |
| 3 S S S S S S S S S S S S S S S S S S S   |  |
| A THE CALL OF THE | 656  |
|   | Signature of Certifying Official Certificate Number  |

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 06/21/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| g/210L | Time                         |
|--------|------------------------------|
| Pass   | 12:01pm                      |
| .00    | 12:02pm                      |
| .07    | 12:03pm                      |
| .00    | 12:04pm                      |
| .00    | 12:05pm                      |
| .00    | 12:06pm                      |
| .00    | 12:07pm                      |
| .00    | 12:08pm                      |
|        | Pass .00 .07 .00 .00 .00 .00 |

Reported AC: .. 00 g/210L

Signature of Chemical A

nalyst

Court CVR

Analyst

### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619

Test Record Number: 1442

Test Date: 06/21/2018

Test Time: 12:09pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:10pm |
| FLO  | Pass   | 12:10pm |
| FC   | Pass   | 12:10pm |

### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 12:10pm<br>12:10pm<br>12:10pm<br>12:10pm<br>12:10pm |
|                                |                                      | _   |

#### Blank Tests

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

AIR Pass 12:10pm

#### Printer Tests

PRNT Pass 12:10pm

### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:11pm |

Preventive Maintenance Status: Pass

**Analyst** 

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

| County Le  | noir Instrument Location Kinshon P.D.  |
|--|--|
| Instrument Seri  | al No. DO 8624 205 E. King St., Kinston, N.C.  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | the  |
| OF THE STATE OF TH | Signature of Certifying Official Certificate Number  |

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 06/29/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:04am |
| AIR BLK  | .00    | 9:04am |
| ACCY CHK | .08    | 9:05am |
| AIR BLK  | .00    | 9:06am |
| SUB TEST | .00    | 9:06am |
| AIR BLK  | .00    | 9:07am |
| SUB TEST | .00    | 9:09am |
| ATR BLK  | . 00   | 9:10am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1705

Test Date: 06/29/2018 Test Time: 9:11am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:11am |
| FLO  | Pass   | 9:11am |
| FC   | Pass   | 9:12am |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:12am |
| SRC  | Pass   | 9:12am |
| DET  | Pass   | 9:12am |
| BAR  | Pass   | 9:12am |
| BT   | Pass   | 9:12am |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:12am |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:12am |
|      | CRC Tests |        |
|      |           |        |

| ICSC | Status | TTIIG  |
|------|--------|--------|
| COMP | Pass   | 9:13am |
| CAL  | Pass   | 9:13am |

Preventive Maintenance Status: Pass

Analyst

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

| County Lene  | Dir Instrument Location Kinston PD  |
|--|---|
| Instrument Serial  | No. 008918 205 E. Kingst, Kinston, NC.  |
| The preventive ma  | aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
|  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
|  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| procedures were p  | day of June, 20/8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. sealth and Human Services, and the instrument is functioning properly.      |
| STATE OF NO.   | CAROLINA  |
| The state of the s | Signature of Certifying Official Certificate Number   |

LENOIR COUNTY KINSTON PD 530

Serial Number: 008918 Test Date: 06/12/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG805801

Exp Date: 02/27/2020

| Test                        | g/210L      | Time                          |
|-----------------------------|-------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00 | 10:20am<br>10:21am<br>10:21am |
| AIR BLK<br>SUB TEST         | .00         | 10:22am<br>10:23am            |
| AIR BLK                     | .00         | 10:24am                       |
| SUB TEST                    | .00         | 10:25am                       |
| AIR BLK                     | .00         | 10:26am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lety & Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008918

Test Record Number: 624

Test Date: 06/12/2018

Test Time: 10:27am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:27am |
| FLO  | Pass   | 10:27am |
| FC   | Pass   | 10:28am |

#### Temperature Tests

| Test      | Status | Time    |
|-----------|--------|---------|
| FC1       | Pass   | 10:28am |
| SRC       | Pass   | 10:28am |
| DET       | Pass   | 10:28am |
| BAR       | Pass   | 10:28am |
| ${	t BT}$ | Pass   | 10:28am |
|           |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:28am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:28am |
|      | CRC Tests |         |
| Test | Status    | Time    |
|      |           |         |

COMP Pass 10:28am CAL Pass 10:28am

Preventive Maintenance Status: Pass

Analyst

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

| County Le  | noil Instrument Location Lenoir (a. S.O.   |
|--|--|
| Instrument Se  | rial No. 008639 130 Queen St., Kinston, N.C.   |
| The preventiv  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| procedures w   | on the day of  |
|  |  |
| STATION OF THE STATIO | SA NORTH CONTROL OF THE CONTROL OF T |
| Canada   | Signature of Certifying Official Certificate Number  |

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 06/12/2018

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

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

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

Analyst's Name: 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<br>AIR BLK | Pass   | 9:15am<br>9:16am |
| ACCY CHK        | .07    | 9:10am<br>9:17am |
| AIR BLK         | .00    | 9:18am           |
| SUB TEST        | .00    | 9:18am           |
| AIR BLK         | .00    | 9:19am           |
| SUB TEST        | .00    | 9:21am           |
| AIR BLK         | .00    | 9:22am           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tuy S. Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 3165

Test Date: 06/12/2018

Test Time: 9:23am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:23am |
| SRC  | Pass   | 9:23am |
| DET  | Pass   | 9:23am |
| BAR  | Pass   | 9:23am |
| BT   | Pass   | 9:23am |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:24am |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 9:24am           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 9:24am<br>9:24am |

Preventive Maintenance Status: Pass

Analyst

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

| County M   | artin  | Instrument Location Mark  | in 65.0.                        |
|--|--|---|---------------------------------|
| Instrument Se  | rial No. <u>00 89/2</u>  | 305 E. Main St  | ; Williamston,                  |
|  |  |   |                                 |
| The preventive four months as  | •  | Intoximeters, Model Intox EC/IR II to   | be followed at least once every |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d  | r displays pressure, or the alcoholic bre<br>legree centigrade;                   | ath simulator thermometer shows |
| 2.   | Verify instrument displays tin   | ne and date;  |                                 |
| 3.   | Initiate breath test sequence;   |   |                                 |
| 4.   | Enter information as prompte   | d;  |                                 |
| 5.   | Verify instrument accuracy;  |   |                                 |
| 6.   | When "PLEASE BLOW" ap  | pears, collect breath sample;   |                                 |
| 7.   | When "PLEASE BLOW" ap  | pears, collect breath sample;   | •                               |
| 8.   | Print test record;   |   |                                 |
| 9.   | Verify Diagnostic Program; a   | nd  |                                 |
| 10.  |  | nister is being changed before expiration anged every four months or after 125 A  |                                 |
|  |  |   |                                 |
|  | ere performed on the instrument in   | ndicated above, in accordance with current the instrument is functioning properly |                                 |
| THE STATE OF THE S | NO CAROLINIA CAR | 1 // C  | 6112                            |
|  | Si   | ghature of Certifying Official  | Certificate Number              |

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 06/01/2018

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

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

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

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

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

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

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 10:23am<br>10:23am<br>10:24am<br>10:25am |
| SUB TEST                               | .00                | 10:26am                                  |
| AIR BLK                                | .00                | 10:27am                                  |
| SUB TEST                               | .00                | 10:29am                                  |
| ATR BLK                                | .00                | 10:29am                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1367
Test Date: 06/01/2018 Test Time: 10:30am 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  | Pass   | 10:31am   |
| SRC  | Pass   | 10:31am   |
| DET  | Pass   | 10:31am   |
| BAR  | Pass   | 10:31am   |
| BT   | Pass   | - 10:31am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
|      | •      | •       |
| AIR  | Pass   | 10:32am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:32am |
|      | CRC Tests | •       |

| rest | 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 M   |   | Instrument Location Of   |                                       |
|--|---|--|---------------------------------------|
| Instrument Serial  | Marian  | 21440 Catawba.   |                                       |
|  |   |  |                                       |
| The preventive m four months are:  | naintenance procedures fo                           | or the Intoximeters, Model Intox EC/IR   | II to be followed at least once every |
| 1.   | Verify the ethanol gas c<br>34 degrees, plus or min | anister displays pressure, or the alcoholius .2 degree centigrade;                 | c breath simulator thermometer show   |
| 2.   | Verify instrument displa                            | ays time and date;   |                                       |
| 3.   | Initiate breath test seque                          | ence;  | 4                                     |
| 4.   | Enter information as pro                            | ompted;  |                                       |
| 5.   | Verify instrument accur                             | acy;   |                                       |
| 6.   | When "PLEASE BLOV                                   | " appears, collect breath sample;  | i p                                   |
| 7.   | When "PLEASE BLOV                                   | V" appears, collect breath sample;   |                                       |
| 8.   | Print test record;                                  |  |                                       |
| 9.   | Verify Diagnostic Progr                             | ram; and   |                                       |
| 10.  |   | gas canister is being changed before exp<br>ing changed every four months or after |                                       |
| I certify that on t  | he Day day of                                       | June 20 18   | the forgoing preventive maintenance   |
|  |   | nent indicated above, in accordance with es, and the instrument is functioning pro |                                       |
| STATE OF MAN TO THE STATE OF MAN TO THE STATE OF THE STAT | OR THE CAROLINA                                     | And Haw  | 656                                   |
| en de la companya de  |   | Signature of Certifying Official   | Certificate Number                    |

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 06/22/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:49am<br>11:50am |
| ACCY CHK        | .08    | 11:50am            |
| AIR BLK         | .00    | 11:51am            |
| SUB TEST        | .00    | 11:52am            |
| AIR BLK         | .00    | 11:53am            |
| SUB TEST        | .00    | 11:54am            |
| AIR BLK         | .00    | 11:55am            |

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 2799 Test Date: 06/22/2018

Test Time: 11:58am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR        | Pass         | 11:59am            |
| FLO<br>FC | Pass<br>Pass | 11:59am<br>11:59am |

#### Temperature Tests

| Test              | Status               | Time                          |
|-------------------|----------------------|-------------------------------|
| FC1<br>SRC<br>DET | Pass<br>Pass<br>Pass | 11:59am<br>11:59am<br>11:59am |
| BAR               | Pass                 | 11:59am                       |
| BT                | Pass                 | 11:59am                       |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:00pm |
|      |        |         |

#### Printer Tests

| Test | Status    | lime    |
|------|-----------|---------|
| PRNT | Pass      | 12:00pm |
|      | CRC Tests |         |

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

Preventive Maintenance Status: Pass

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

| County $M_i$   | tchell Instrument Location Spruce Pine P.D.  |
|--|--|
| Instrument Seri  | ial No. 008726 Sprace Pine NC  |
|  |  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o<br>procedures we<br>Department of   | on the   |
| STATE OF THE STATE |  |

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 06/05/2018

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: AG621403 Exp Date: 08/01/2018

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 1:29pm<br>1:30pm |
| ACCY CHK        | .08    | 1:31pm           |
| AIR BLK         | .00    | 1:32pm           |
| SUB TEST        | .00    | 1:33pm           |
| AIR BLK         | .00    | 1:34pm           |
| SUB TEST        | .00    | 1:35pm           |
| AIR BLK         | .00    | 1:36pm           |
|                 |        |                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 927
Test Date: 06/05/2018 Test Time: 1:37pm 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   |
|------|--------|--------|
| AIR  | Pass   | 1:39pm |

#### Printer Tests

| Test | Status       | Time   |
|------|--------------|--------|
| PRNT | Pass         | 1:39pm |
|      | CRC Tests    |        |
| Test | Status       | Time   |
| COMP | Pass<br>Pass | 1:39pm |

Preventive Maintenance Status: Pass

Analyst

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

| County                       | 10025   | Instrument Location_                                 | MOORE  | COUNTY JAIL   |
|------------------------------|---|--|--|---|
| Instrument Se                | rial No. <u>008735</u>  | ·  | CARTH  | IAGE, NC  |
|                              |   |  |  |   |
| The preventive four months a | e maintenance procedures for the Intre:   | oximeters, Model Intox                               | EC/IR II to be folk  | owed at least once every                              |
| 1.                           | Verify the ethanol gas canister d<br>34 degrees, plus or minus .2 deg   | isplays pressure, or the a ree centigrade;           | llcoholic breath sin   | ulator 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                           | 3;   |   |
| 7.                           | When "PLEASE BLOW" appe   | ars, collect breath sample                           | e;   |   |
| 8.                           | Print test record;  |  |  |   |
| 9.                           | Verify Diagnostic Program; and  | I  |  |   |
| 10.                          | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.  | ster is being changed before ged every four months o | ore expiration date<br>r after 125 Alcoho  | , or the alcoholic breath lic Breath Simulator tests, |
|                              |   |  |  |   |
| nrocedures w                 | on the day of cree performed on the instrument ind of Health and Human Services, and the control of the control | icated above, in accordar                            | nce with current re  | g preventive maintenance gulations of the N.C.        |
|                              | •   |  |  |   |
| OF THE STAT                  | E of NOA  |  | . *  |   |
|                              |   |  |  |   |
| 3                            |   |  |  |   |
| * FOR QUAM                   | Ol  | R 3-   | The state of the s | 648   |
|                              | Sign  | ature of Certifying Offic                            | ial  | Certificate Number                                    |

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 06/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                | g/210L     | Time               |
|---------------------|------------|--------------------|
| DIAG<br>AIR BLK     | Pass       | 10:51am<br>10:51am |
| ACCY CHK<br>AIR BLK | .08<br>.00 | 10:52am<br>10:53am |
| SUB TEST            | .00        | 10:53am            |
| AIR BLK             | .00        | 10:54am            |
| SUB TEST            | .00        | 10:56am            |
| ATR BLK             | .00        | 10:57am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 2110
Test Date: 06/18/2018 Test Time: 10:57am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:58am |
| FLO  | Pass   | 10:58am |
| FC   | Pass   | 10:58am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:58am |
| SRC  | Pass   | 10:58am |
| DET  | Pass   | 10:58am |
| BAR  | Pass   | 10:58am |
| BT   | Pass   | 10:58am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:58am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:58am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:59am |

Preventive Maintenance Status: Pass

CAL

Pass

Analyst

10:59am

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

| County/  | 100RE  | Instrument Location                                | PINEHU  | 257 (                           | DLICE .                       |
|--|--|--|---|---------------------------------|-------------------------------|
|  | ial No. <u>008710</u>  | Instrument Docaron_                                | PINEHU  | LST, A                          | IC                            |
| The preventive four months are   | maintenance procedures for the Ine:  | toximeters, Model Intox                            | EC/IR II to be follo                            | wed at least                    | once every                    |
| 1.   | Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.   |  | alcoholic breath sin                            | ulator therm                    | ometer shows                  |
| 2.   | Verify instrument displays time  | and date;  |   |                                 | •                             |
| 3.   | Initiate breath test sequence;   |  |   |                                 |                               |
| 4.   | Enter information as prompted;   |  |   |                                 |                               |
| 5.   | Verify instrument accuracy;  |  |   |                                 |                               |
| 6.   | When "PLEASE BLOW" appe  | ars, collect breath sample                         | e;  | •                               |                               |
| 7.   | When "PLEASE BLOW" appe  | ears, collect breath sample                        | e;  |                                 |                               |
| 8.   | Print test record;   |  |   |                                 |                               |
| 9.   | Verify Diagnostic Program; and   | i  |   |                                 |                               |
| 10.  | Verify that the ethanol gas cani<br>simulator solution is being char<br>whichever occurs first.  | ster is being changed bef                          | ore expiration date<br>or after 125 Alcohol     | or the alcoholic Breath Sin     | olic breath<br>nulator tests, |
| I certify that o<br>procedures we<br>Department of   | n the 8 day of 50 day of 5 | icated above, in accordance instrument is function | 18 the forgoinnce with current reging properly. | g preventive<br>gulations of th | maintenance<br>ne N.C.        |
| THE STATE STATE OF THE STATE OF | Ol Ra  | Banks Office Control                               |   | Co 4                            |                               |
|  | Sign   | nature of Certifying Office                        | nai   | Certificate                     | Number                        |

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 06/18/2018

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

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

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

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

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

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

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 9:07am<br>9:08am |
| ACCY CHK        | .07         | 9:08am           |
| AIR BLK         | .00         | 9:09am           |
| SUB TEST        | .00         | 9:10am           |
| AIR BLK         | .00         | 9:11am           |
| SUB TEST        | .00         | 9:12am           |
| AIR BLK         | .00         | 9:13am           |
|                 |             |                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colon Ra Banas Analyst

#### MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 1503 Test Date: 06/18/2018 Test Time: 9:14am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:14am |
| SRC  | Pass   | 9:14am |
| DET  | Pass   | 9:14am |
| BAR  | Pass   | 9:14am |
| BT   | Pass   | 9:14am |
|      |        |        |

#### Blank Tests

| Test | Status | Time     |
|------|--------|----------|
| Z TD | Dagg   | 9 • 15am |

#### Printer Tests

| Test | Status       | Time             |
|------|--------------|------------------|
| PRNT | Pass         | 9:15am           |
|      | CRC Tests    |                  |
| Test | Status       | Time             |
| COMP | Pass<br>Pass | 9:15am<br>9:15am |

Preventive Maintenance Status: Pass

aluka Bans

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

| County He  | w Manager Instrument Location BAT Mobile Unit 12   |
|--|--|
| Instrument Ser   | rial No. 008698 New Hanoves SO   |
|  |  |
| 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 theday of, 20, 20 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. |
| THE STATE OF THE S |  |
| QUANT  | Signature of Certifying Official Certificate Number  |
|  | Digitative of Control of Control   |

NEW HANOVER BAT MOBILE UNIT 12 640

Serial Number: 008698 Test Date: 06/02/2018

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: 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   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.08<br>.00 | 10:20pm<br>10:21pm<br>10:22pm<br>10:22pm<br>10:24pm |
| AIR BLK  | .00                       | 10:25pm   |
| SUB TEST   | .00                       | 10:27pm   |
| AIR BLK  | .00                       | 10:27pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER BAT MOBILE UNIT 12 640

Serial Number: 008698 Test Record Number: 1362
Test Date: 06/02/2018 Test Time: 10:31pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:31pm |
| FLO  | Pass   | 10:31pm |
| FC   | Pass   | 10:32pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 10:32pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:32pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:32pm |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:32pm |
| CAL  | Pass   | 10:32pm |

Preventive Maintenance Status: Pass

Analyst

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

| County No  | ew Honover Instrumen   | t Location <u>BAT Ma</u>                               | obile unit 12   |
|--|--|--|---|
| Instrument Se  | erial No. 008788 Mc  | s Harares SE   | )   |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, N  | Iodel Intox EC/IR II to be for                         | ollowed at least once every                                 |
| 1.   | Verify the ethanol gas canister displays press<br>34 degrees, plus or minus .2 degree centigrad                    | ure, or the alcoholic breath                           | simulator thermometer shows                                 |
| 2.   | Verify instrument displays time and date;  | ·<br>•   |   |
| 3.   | Initiate breath test sequence;   |  | *10 <sub>0</sub> **********************************         |
| 4.   | Enter information as prompted;   |  |   |
| 5.   | Verify instrument accuracy;  |  |   |
| 6.   | When "PLEASE BLOW" appears, collect b  | reath sample;  |   |
| 7.   | When "PLEASE BLOW" appears, collect b  | reath sample;  |   |
| 8.   | Print test record;   |  |   |
| 9.   | Verify Diagnostic Program; and   |  |   |
| 10.  | Verify that the ethanol gas canister is being simulator solution is being changed every fo whichever occurs first. | changed before expiration dur months or after 125 Alco | ate, or the alcoholic breath sholic Breath Simulator tests, |
| I certify that<br>procedures v<br>Department   | on the day of  | in accordance with current                             | oing preventive maintenance regulations of the N.C.         |
| STAN STAN 20. 12 OF THE STAN 20. | Signature of Cert  | ifving Official  | 660<br>Certificate Number                                   |

NEW HANOVER BAT MOBILE UNIT 12 640

Serial Number: 008788 Test Date: 06/02/2018

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: 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     | Pass   | 10:23pm |
| AIR BLK  | .00    | 10:24pm |
| ACCY CHK | .07    | 10:25pm |
| AIR BLK  | .00    | 10:25pm |
| SUB TEST | .00    | 10:26pm |
| AIR BLK  | .00    | 10:27pm |
| SUB TEST | .00    | 10:29pm |
| AIR BLK  | .00    | 10:30pm |

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

#### NEW HANOVER BAT MOBILE UNIT 12 640

Serial Number: 008788 Test Record Number: 1346
Test Date: 06/02/2018 Test Time: 10:30pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:31pm |
| FLO  | Pass   | 10:31pm |
| FC   | Pass   | 10:31pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:31pm |
| SRC  | Pass   | 10:31pm |
| DET  | Pass   | 10:31pm |
| BAR  | Pass   | 10:31pm |
| BT . | Pass   | 10:31pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:32pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:32pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:32pm |
| CAL  | Pass   | 10:32pm |

Preventive Maintenance Status: Pass

Analyst

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

| County No                                    | ORTHAMPTON Instrument Location No.  | PETHAMPTON CO. SHERIFFS C   |
|--|---|---|
| Instrument Se                                | erial No. <u>008688</u> 105 W. JEFFER   | SON ST. JACKSON, NO   |
| The prevention four months                   | ve maintenance procedures for the Intoximeters, Model Intox EC/are:   | IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcol 34 degrees, plus or minus .2 degree centigrade;                                     | nolic breath simulator thermometer shows  |
| 2.   | Verify instrument displays time and date;   |   |
| 3.   | Initiate breath test sequence;  |   |
| 4.   | Enter information as prompted;  |   |
| 5.   | Verify instrument accuracy;   |   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |   |
| š 7.   | When "PLEASE BLOW" appears, collect breath sample;  |   |
| 8.   | Print test record;  |   |
| 9.   | Verify Diagnostic Program; and  |   |
| 10.  | Verify that the ethanol gas canister is being changed before a simulator solution is being changed every four months or aft whichever occurs first. | expiration date, or the alcoholic breath<br>ter 125 Alcoholic Breath Simulator tests, |
| I certify that<br>procedures v<br>Department | on the  | the forgoing preventive maintenance with current regulations of the N.C. properly.    |
|  |   |   |
| STATE  | E O TO T   |   |
| + EST QUAM                                   | Signature of Certifying Official  | Certificate Number  |
|  | Signature of Contrying Official   | Continuos manipol   |

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 06/14/2018

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, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:44pm |
| AIR BLK  | .00    | 2:45pm |
| ACCY CHK | .07    | 2:45pm |
| AIR BLK  | .00    | 2:46pm |
| SUB TEST | .00    | 2:48pm |
| AIR BLK  | .00    | 2:49pm |
| SUB TEST | .00    | 2:50pm |
| ATR BLK  | .00    | 2:51pm |

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 781
Test Date: 06/14/2018 Test Time: 2:52pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:53pm |
| FLO  | Pass   | 2:53pm |
| FC   | Pass   | 2:53pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:53pm |
| SRC  | Pass   | 2:53pm |
| DET  | Pass   | 2:53pm |
| BAR  | Pass   | 2:53pm |
| BT   | Pass   | 2:53pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:54pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:54pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 2:54pm |
| CAL  | Pass      | 2:54pm |

Preventive Maintenance Status: Pass

Analyst

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

| County No.                                   | DRTHAMPTUN   | Instrument Location VORT HAP   |   |
|--|--|--|---|
| Instrument So                                | erial No. <u>008607</u>  | 105 W. VEFFERSON   | ST. JACKSON, A  |
| The prevention four months                   |  | the Intoximeters, Model Intox EC/IR II to  | be followed at least once every                                       |
| 1.   | Verify the ethanol gas can<br>34 degrees, plus or minus  | ister displays pressure, or the alcoholic bre<br>.2 degree centigrade;                   | eath simulator thermometer shows                                      |
| 2.   | Verify instrument displays   | s time and date;   |   |
| 3.   | Initiate breath test sequence  | ce;  |   |
| 4.   | Enter information as prom  | pted;  |   |
| 5.   | Verify instrument accurac  | у;   |   |
| 6.   | When "PLEASE BLOW"   | appears, collect breath sample;  |   |
| -<br>* 7.                                    | When "PLEASE BLOW"   | appears, collect breath sample;  |   |
| 8.   | Print test record;   |  |   |
| 9.   | Verify Diagnostic Program  | m; and   |   |
| 10.  | Verify that the ethanol ga   | s canister is being changed before expiration g changed every four months or after 125 A | on date, or the alcoholic breath<br>Alcoholic Breath Simulator tests, |
| I certify that<br>procedures v<br>Department | were performed on the instrume   | nt indicated above, in accordance with cur and the instrument is functioning properly    | forgoing preventive maintenance rent regulations of the N.C.          |
|  |  |  |   |
| OF THE SIAI                                  | IE OF THE STATE OF |  |   |
|  |  |  |   |
| THE COURT                                    | 3  | Signature of Certifying Official   | Certificate Number  |
|  |  | organitate of Countying Official   | Committee Transcor  |

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 06/14/2018

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

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

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:45pm |
| AIR BLK  | .00    | 2:46pm |
| ACCY CHK | 0.7    | 2:47pm |
| AIR BLK  | .00    | 2:48pm |
| SUB TEST | .00    | 2:48pm |
| AIR BLK  | .00    | 2:49pm |
| SUB TEST | .00    | 2:51pm |
| AIR BLK  | 00     | 2:52pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

Analyst

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 947

Test Date: 06/14/2018 Test Time: 2:53pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:53pm |
| FLO  | Pass   | 2:53pm |
| FC   | Pass   | 2:53pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:53pm |
| SRC  | Pass   | 2:53pm |
| DET  | Pass   | 2:53pm |
| BAR  | Pass   | 2:53pm |
| BT   | Pass   | 2:53pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:54pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:54pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:54pm<br>2:54pm |

Preventive Maintenance Status: Pass

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

| County   | DNSIOW  | Instrument Location SATA   | 10MIF UNIT 10                   |
|--|---|--|---------------------------------|
| Instrument Se  | erial No. <u>008637</u>   |  |                                 |
| The prevention four months   | ve maintenance procedures for the In  | toximeters, Model Intox EC/IR II to  | be followed at least once every |
| 1.   | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg                           | lisplays pressure, or the alcoholic brogree centigrade;  | eath simulator thermometer show |
| 2.   | Verify instrument displays time   | and date;  |                                 |
| 3.   | Initiate breath test sequence;  |  |                                 |
| 4.   | Enter information as prompted;  |  |                                 |
| 5.   | Verify instrument accuracy;   |  |                                 |
| 6.   | When "PLEASE BLOW" appe   | ars, collect breath sample;  |                                 |
| 7.   | When "PLEASE BLOW" appe   | ars, collect breath sample;  |                                 |
| 8.   | Print test record;  |  |                                 |
| 9.   | Verify Diagnostic Program; and  | I  |                                 |
| 10.  |   | ster is being changed before expirations of a ster is being changed every four months or after 125 A |                                 |
| procedures v   | t on the day of<br>were performed on the instrument in<br>t of Health and Human Services, and | dicated above, in accordance with cu   | irrent regulations of the N.C.  |
| TATE OF THE PROPERTY OF THE PR | E AO  |  | L63                             |
|  | Sign  | ature of Certifying Official   | Certificate Number              |

#### ONSLOW COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008637 Test Date: 06/08/2018

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

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

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

Analyst's Name: 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<br>AIR BLK<br>ACCY CHK | Pass .00 .07 | 11:09pm<br>11:10pm<br>11:11pm |
| AIR BLK<br>SUB TEST         | .00<br>.00   | 11:11pm<br>11:12pm            |
| AIR BLK                     | .00          | 11:12pm                       |
| SUB TEST                    | .00          | 11:14pm                       |
| ATR BLK                     | .00          | 11:15pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008637 Test Record Number: 2909 Test Date: 06/08/2018 Test Time: 11:17pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:17pm |
| FLO  | Pass   | 11:17pm |
| FC   | Pass   | 11:17pm |

#### Temperature Tests

| Test       | Status       | Time               |
|------------|--------------|--------------------|
| FC1<br>SRC | Pass<br>Pass | 11:17pm<br>11:17pm |
| DET        | Pass         | 11:17pm            |
| BAR        | Pass         | 11:17pm            |
| BT         | Pass         | 11:17pm            |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:18pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:18pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:18pm |
| CAL  | Pass   | 11:18pm |

Preventive Maintenance Status: Pass

Analyst

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

| County                                   | Instrument Location SAT MON DIC UNIT 10  |
|--|--|
| Instrument                               | Serial No. OOV 179   |
| The prevent                              | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.                                       | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.  |
|  | t on theday of, 20/\frac{1}{2              |
| SE S | TE 8 TO STATE OF THE STATE OF T |
|  | digitative of Certifying Citician Continuate Number  |

ONSLOW COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008779 Test Date: 06/08/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

| g/210L | Time                          |
|--------|-------------------------------|
| Pass   | 11:11pm<br>11:12pm<br>11:12pm |
| .00    | 11:13pm                       |
| .00    | 11:13pm                       |
| .00    | 11:14pm                       |
| .00    | 11:16pm                       |
| .00    | 11:17pm                       |
|        | Pass .00 .07 .00 .00 .00 .00  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ONSLOW COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008779 Test Record Number: 3482 Test Date: 06/08/2018 Test Time: 11:18pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:19pm<br>11:19pm |
| FC        | Pass         | 11:19pm            |

## Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 11:19pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

## Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:19pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:19pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:20pm |

11:20pm

Preventive Maintenance Status: Pass

Pass

CAL

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOANVIETERS, WODEL INTOX ECONO  |
|--|---|
| County C   | PRANGE Instrument Location Hillsburoish PD  |
| Instrument Ser   | rial No. 008799 127 N. Chutm ST<br>14.11s borough, NC   |
| 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<br>procedures w<br>Department   | on the  |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number   |

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 06/08/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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   | 7:21am |
| AIR BLK  | .00    | 7:22am |
| ACCY CHK | .08    | 7:23am |
| AIR BLK  | .00    | 7:24am |
| SUB TEST | .00    | 7:24am |
| AIR BLK  | .00    | 7:25am |
| SUB TEST | .00    | 7:27am |
| ATP BLK  | 0.0    | 7:28am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 2800

Test Date: 06/08/2018

Test Time: 7:28am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 7:29am<br>7:29am |
| FC        | Pass         | 7:29am           |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:29am |
| SRC  | Pass   | 7:29am |
| DET  | Pass   | 7:29am |
| BAR  | Pass   | 7:29am |
| BT   | Pass   | 7:29am |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:29am |

## Printer Tests

| PRNT Pass 7:29am | Test | Status | Time   |
|------------------|------|--------|--------|
|                  | PRNT | Pass   | 7:29am |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 7:30am |
| CAL  | Pass   | 7:30am |

Preventive Maintenance Status: Pass

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

| County OR  | ANGE Instrument Location Chapel   | 4.11 PD  |
|--|---|--|
| Instrument Ser   | ial No. 008839 828 MARTIN Letter<br>Chapel Hill, NC   |  |
| The preventive four months ar  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed  |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath signal 34 degrees, plus or minus .2 degree centigrade;   | mulator thermometer shows                                  |
| 2.   | Verify instrument displays time and date;   |  |
| 3.   | Initiate breath test sequence;  |  |
| 4.   | Enter information as prompted;  |  |
| 5.   | Verify instrument accuracy;   |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |  |
| 8.   | Print test record;  | ·  |
| 9.   | Verify Diagnostic Program; and  |  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.           | e, or the alcoholic breath<br>olic Breath Simulator tests, |
| procedures w   | on theday of, 20/8, the foregoin rere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly. | g preventive maintenance<br>regulations of the N.C.        |
| STATE STATE  STA | Adkes Englas  | 662  |
|  | Signature of Certifying Official  | Certificate Number   |



ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 06/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, 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: AG621404 Exp Date: 08/01/2018

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.08<br>.00 | 10:06am<br>10:07am<br>10:08am<br>10:09am<br>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

Anatyst

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Record Number: 1660

Test Date: 06/14/2018 Test Time: 10:15am EDT

System Check: Passed

## Baseline Tests

| Test  | Status | Time    |
|-------|--------|---------|
| IR    | Pass   | 10:15am |
| FLO . | Pass   | 10:15am |
| FC    | Pass   | 10:15am |

## Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:15am<br>10:15am<br>10:15am<br>10:15am<br>10:15am |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:16am |

## Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:16am |
|      | CRC Tests |         |

| Test     | Status       | Time               |
|----------|--------------|--------------------|
| COMP CAL | Pass<br>Pass | 10:16am<br>10:16am |

Preventive Maintenance Status: Pass

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

| County OR                     | ANGE Instrument Location Chape 1 4.11 PD  |
|-------------------------------|---|
| -                             | ial No. 008856 828 MArtin Litter King Blud  |
| ·                             | Chapel H.II, NC   |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:   |
| 1.                            | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.                            | Verify instrument displays time and date;   |
| 3.                            | Initiate breath test sequence;  |
| 4.                            | Enter information as prompted;  |
| 5.                            | Verify instrument accuracy;   |
| 6.                            | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.                            | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.                            | Print test record;  |
| 9.                            | Verify Diagnostic Program; and  |
| 10.                           | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                              |
| nrocedures w                  | on the $\frac{14}{2}$ day of $\frac{3}{2}$ , 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. |
| OF THE STATE                  |   |
| NAMO SEPA                     | Signature of Certifying Official  Certificate Number  |

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 06/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:07am |
|          |        |         |
| AIR BLK  | .00    | 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 |
| AIR BLK  | .00    | 10:13am |

Reperted AC+ .00 g/210L

**ℒ**ourt CVR

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2452 Test Date: 06/14/2018 Test Time: 10:15am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 10:15am |
| SRC           | Pass   | 10:15am |
| DET           | Pass   | 10:15am |
| BAR           | Pass   | 10:15am |
| $\mathtt{BT}$ | Pass   | 10:15am |
|               |        |         |

## Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:16am |

## Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:16am |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:16am |
| CAL  | Pass   | 10:16am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| -   | INTOXIMETERS, MODEL INTOX EC/IR II   | ***         |
|---|--|-------------|
| County  | Person Instrument Location Bar-Mabile U  | <u>v;+,</u> |
| Instrument Ser  | rial No. 008575 Person Co So   |             |
|   |  |             |
| The preventive four months ar   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once:  | ce every    |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade;   | eter shows  |
| 2.  | Verify instrument displays time and date;  |             |
| 3.  | Initiate breath test sequence;   |             |
| 4.  | Enter information as prompted;   |             |
| 5.  | Verify instrument accuracy;  |             |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |             |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |             |
| 8.  | Print test record;   |             |
| 9.  | Verify Diagnostic Program; and   |             |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simul whichever occurs first. |             |
|   | on theday of   |             |
| THE COMMUNICATION OF THE PARTY | Signature of Certifying Official Certificate Nu  | nber        |

#### PERSON COUNTY BAT MOBILE UNIT 9 720

Serial Number: 008575 Test Date: 06/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 10:32pm<br>10:33pm<br>10:33pm |
| AIR BLK<br>SUB TEST         | .00<br>.00         | 10:34pm<br>10:35pm            |
| AIR BLK                     | .00                | 10:36pm                       |
| SUB TEST                    | .00                | 10:38pm                       |
| ATR BLK                     | . 0 0              | 10:39pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKynns Analyst

## PERSON COUNTY BAT MOBILE UNIT 9 720

Serial Number: 008575 Test Record Number: 1091 Test Date: 06/02/2018 Test Time: 10:41pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:41pm |
| FLO  | Pass   | 10:41pm |
| FC   | Pass   | 10:41pm |

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:41pm |
| SRC  | Pass   | 10:41pm |
| DET  | Pass   | 10:41pm |
| BAR  | Pass   | 10:41pm |
| BT   | Pass   | 10:41pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:42pm |

## Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:42pm            |
|             | CRC Tests    | -                  |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:42pm<br>10:42pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| and the state of the state of  | INTOXIMETERS, MODEL INTOX EC/IR II  |
|--|---|
| County   | erson Instrument Location Bat Mobile Unit   |
| Instrument Se  | erial No(008707 SHP-Person Ca   |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy,   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  |
| I certify that<br>procedures w<br>Department o   | on theday of, 20 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. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number   |

PERSON COUNTY BAT MOBILE UNIT 9 720

Serial Number: 008707 Test Date: 07/01/2018

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<br>AIR BLK | Pass   | 12:02am<br>12:03am |
| ACCY CHK        | .08    | 12:04am            |
| AIR BLK         | .00    | 12:04am            |
| SUB TEST        | .00    | 12:06am            |
| AIR BLK         | .00    | 12:07am            |
| SUB TEST        | .00    | 12:08am            |
| AIR BLK         | .00    | 12:09am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PERSON COUNTY BAT MOBILE UNIT 9 720

Serial Number: 008707 Test Date: 07/01/2018

Test Record Number: 2502 Test Time: 12:19am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:20am |
| FLO  | Pass   | 12:20am |
| FC   | Pass   | 12:20am |

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:20am |
| SRC  | Pass   | 12:20am |
| DET  | Pass   | 12:20am |
| BAR  | Pass   | 12:20am |
| BT   | Pass   | 12:20am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:20am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:21am |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:21am |
| CAL  | Pass   | 12:21am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Constitution of the same of  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County_  | Instrument Location Bat Mobile. Unit   |
| Instrument Se  | rial No.0088ac SHP-Person CO   |
| The preventive four months a   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on the   |
| THE CHESTATE OF THE PROPERTY O | 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)

#### PERSON COUNTY BAT MOBILE UNIT 9 720

Serial Number: 008826 Test Date: 06/30/2018

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<br>AIR BLK | Pass   | 11:09pm<br>11:10pm |
| ACCY CHK        | .08    | 11:11pm            |
| AIR BLK         | .00    | 11:12pm            |
| SUB TEST        | .00    | 11:12pm            |
| AIR BLK         | .00    | 11:13pm            |
| SUB TEST        | .00    | 11:15pm            |
| AIR BLK         | .00    | 11:16pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### PERSON COUNTY BAT MOBILE UNIT 9 720

Serial Number: 008826 Test Record Number: 8055 Test Date: 06/30/2018 Test Time: 11:22pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR        | Pass<br>Pass | 11:22pm            |
| FLO<br>FC | Pass<br>Pass | 11:22pm<br>11:22pm |
|           |              | <u>-</u>           |

## Temperature Tests

| Test St | atus Time   |
|---------|-------------|
| FC1 Pa  | ass 11:22pm |
| SRC Pa  | nss 11:22pm |
| DET Pa  | nss 11:22pm |
| BAR Pa  | ıss 11:22pm |
| BT Pa   | ss 11:22pm  |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:23pm |

#### Printer Tests

Test

COMP

CAL

| Pass      | 11:23pm   |
|-----------|-----------|
| CRC Tests |           |
| Status    | Time      |
|           | CRC Tests |

Status

Time

11:23pm

11:23pm

Preventive Maintenance Status: Pass

Pass

Pass

D OKUN Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County H   | andolph Instrument Location Bot Mobile Unit  |
| Instrument Seri  | ial No.008575 Archdale P.D   |
| 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. |
|  | n the  |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number  |

## RANDOLPH COUNTY BAT MOBILE UNIT 9 750

Serial Number: 008575 Test Date: 06/09/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA
Permit Number: 13651E
Effective:

08/01/2017-08/01/2019

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

Test Type: Breath Test

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:25pm<br>11:26pm |
| ACCY CHK        | .08    | 11:26pm            |
| AIR BLK         | .00    | 11:27pm            |
| SUB TEST        | .00    | 11:28pm            |
| AIR BLK         | .00    | 11:29pm            |
| SUB TEST        | .00    | 11:30pm            |
| AIR BLK         | .00    | 11:31pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB 5Kmn-Analyst

## RANDOLPH COUNTY BAT MOBILE UNIT 9 750

Serial Number: 008575 Test Record Number: 1094
Test Date: 06/09/2018 Test Time: 11:33pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:34pm |
| FLO  | Pass   | 11:34pm |
| FC   | Pass   | 11:34pm |

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:34pm |
| SRC  | Pass   | 11:34pm |
| DET  | Pass   | 11:34pm |
| BAR  | Pass   | 11:34pm |
| BT   | Pass   | 11:34pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:34pm |

## Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:34pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:35pm |

11:35pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Secretaria de la constitución de | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County   | andolph Instrument Location Bat Mobile Unit  |
| Instrument Se  | rial No.008707 Archdale PD   |
| The preventiv  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.     |
| I certify that opposed ures we Department of   | on theday of, 20, 20 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. |
| TATION OF THE PARTY OF THE PART | Signature of Certifying Official Certificate Number  |

#### RANDOLPH COUNTY BAT MOBILE UNIT 9 750

Serial Number: 008707 Test Date: 06/09/2018

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

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

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

Analyst's Name: SKINNER, TONYA
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:11pm<br>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    | 11:18pm            |
| AIR BLK         | .00    | 11:19pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY BAT MOBILE UNIT 9 750

Serial Number: 008707 Test Date: 06/09/2018

Test Record Number: 2482

Test Time: 11:19pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:20pm |
| FLO  | Pass   | 11:20pm |
| FC   | Pass   | 11:20pm |

## Temperature Tests

| Test              | Status               | Time                          |
|-------------------|----------------------|-------------------------------|
| FC1<br>SRC<br>DET | Pass<br>Pass<br>Pass | 11:20pm<br>11:20pm<br>11:20pm |
| BAR               | Pass                 | 11:20pm                       |
| BT                | Pass                 | 11:20pm                       |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:21pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:21pm |
|      | CRC Tests |         |
| Test | Status    | Time    |

COMP Pass 11:21pm CAL Pass 11:21pm

Preventive Maintenance Status: Pass

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

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 06/19/2018

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: 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 | 3:07pm   |
|----------|------|----------|
| AIR BLK  | .00  | 3:08pm   |
| ACCY CHK | .08  | 3:08pm   |
| AIR BLK  | .00  | 3:09pm   |
| SUB TEST | .00  | 3:10pm   |
| AIR BLK  | .00  | 3:11pm   |
| SUB TEST | .00  | 3:12pm   |
| ATR BLK  | .00  | 3 · 13mm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1259

Test Date: 06/19/2018

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<br>SRC | Pass<br>Pass | 3:15pm<br>3:15pm |
| DET        | Pass         | 3:15pm           |
| BAR        | Pass         | 3:15pm           |
| BT         | Pass         | 3:15pm           |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:16pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:16pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:16pm |
| CAL  | Pass   | 3:16pm |

Preventive Maintenance Status: Pass

Analyst

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

| County R   | CHMOND   | Instrument Location RICHMUND   | CO PLAGISTRATE'S  |
|--|--|--|---|
| Instrument Ser   | rial No. <u>008863</u>   | ROCKING  | GHAM, NC  |
| The preventive four months ar  |  | ntoximeters, Model Intox EC/IR II to be f  | ollowed at least once every                                   |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                                | displays pressure, or the alcoholic breath egree centigrade;                           | simulator thermometer shows                                   |
| 2.   | Verify instrument displays time  | e and date;  |   |
| 3.   | Initiate breath test sequence;   |  |   |
| 4.   | Enter information as prompted  | <b>;</b>   |   |
| <b>5.</b> :  | 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  | <b>d</b>   |   |
| 10.  | Verify that the ethanol gas can<br>simulator solution is being char<br>whichever occurs first. | ister is being changed before expiration danged every four months or after 125 Alcol   | ate, or the alcoholic breath<br>holic Breath Simulator tests, |
| I certify that o   | n theday of  | 00E, $20B$ , the foregoi   | ng preventive maintenance                                     |
|  | re performed on the instrument ir  | ndicated above, in accordance with curren<br>I the instrument is functioning properly. | t regulations of the N.C.                                     |
| ·*\  |  |  |   |
| ONE STATE OF THE S | CARO   |  |   |
| A SEC CLIAM VIDE   | Clu  | Ra Berson  | 648   |
|  | Sign   | nature of Certifying Official  | Certificate Number  |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008863 Test Date: 06/21/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 12:37pm<br>12:38pm<br>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

Analyst

#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008863 Test Record Number: 583 Test Date: 06/21/2018

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<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 12:45pm<br>12:45pm<br>12:45pm<br>12:45pm<br>12:45pm |
|                                | - 0.00                               | 12.15p  |

## Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:46pm |

#### Printer Tests

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

12:46pm

Preventive Maintenance Status: Pass

Pass

CAL

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

| County   | RICHMOND Instrument Location RICHMONS   | Co                      |  |
|--|---|-------------------------|--|
| Instrumen  | t Serial No. 008840 MAG157 ROCKINGHA  | RUTE'S OFF.             |  |
| The preve  | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follo   |                         |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;  | ulator 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 Alcoholi whichever occurs first. |                         |  |
| I certify that on theday of, 20 16, 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.  |   |                         |  |
| STATE OF THE CONTRACT OF THE C | TATE OF NOTAN   |                         |  |
| * EST Q  | Signature of Certifying Official  | Certificate Number      |  |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

> Serial Number: 008840 Test Date: 06/21/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test   | g/210L                   | Time   |
|--|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 .00 | 12:36pm<br>12:37pm<br>12:38pm<br>12:39pm<br>12:39pm<br>12:40pm |
| SUB TEST                                       | .00                      | 12:42pm  |
| AIR BLK  | .00                      | 12:43pm  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2136
Test Date: 06/21/2018 Test Time: 12:44pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:44pm |
| FLO  | Pass   | 12:44pm |
| FC   | Pass   | 12:44pm |

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:44pm |
| SRC  | Pass   | 12:44pm |
| DET  | Pass   | 12:44pm |
| BAR  | Pass   | 12:44pm |
| BT   | Pass   | 12:44pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:45pm |

## Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 12:45pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:45pm<br>12:45pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II OBESON Instrument Location ROBESON CO JAIL Instrument Serial No. 008836 LUMBERTON, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 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; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. TUDE ,20/8 the forgoing preventive maintenance

I certify that on the <u>AU</u> day of <u>JUNE</u>, 20/6 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

#### ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008836 Test Date: 06/20/2018

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: 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: AG734101 Exp Date: 12/07/2019

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 9:17am<br>9:18am |
| ACCY CHK        | .08    | 9:19am           |
| AIR BLK         | .00    | 9:19am           |
| SUB TEST        | .00    | 9:20am           |
| AIR BLK         | .00    | 9:21am           |
| SUB TEST        | .00    | 9:23am           |
| AIR BLK         | .00    | 9:23am           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008836

Test Record Number: 4823

Test Date: 06/20/2018

Test Time: 9:25am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:25am |
| FLO  | Pass   | 9:25am |
| FC   | Pass   | 9:25am |

### Temperature Tests

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

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:26am |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 9:26am           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 9:26am<br>9:26am |

Preventive Maintenance Status: Pass

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

| County Ro                      | BESON  | Instrument Location          | PEMBROKE POLICE  |
|--------------------------------|--|------------------------------|--|
| Instrument Seria               | al No. <u>008721</u>   |                              | PEMBROKE POLICE<br>PEMBROKE, NC  |
| The preventive four months are |  | Intoximeters, Model Intox    | EC/IR II to be followed at least once every  |
| 1.                             | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d                      |                              | lcoholic breath simulator thermometer shows  |
| 2.                             | Verify instrument displays tin   | ne and date;                 |  |
| 3.                             | Initiate breath test sequence;   | A.                           |  |
| 4.                             | Enter information as prompte   | d;                           |  |
| 5.                             | Verify instrument accuracy;  |                              |  |
| 6.                             | When "PLEASE BLOW" ap  | pears, collect breath sample | 3  |
| 7.                             | When "PLEASE BLOW" ap  | pears, collect breath sample | <b>;</b>   |
| 8.                             | Print test record;   |                              |  |
| 9.                             | Verify Diagnostic Program; a   | nd                           |  |
| 10.                            |  |                              | ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests, |
|                                | the day of day of le performed on the instrument in Health and Human Services, and | ndicated above, in accordan  | the forgoing preventive maintenance ce with current regulations of the N.C. ng properly. |
| TEE QUAM WIND                  |  | 29 Ban                       | 648  |

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008721 Test Date: 06/20/2018

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: 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: AG702302 Exp Date: 01/23/2019

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:23am<br>11:24am |
| ACCY CHK        | .07    | 11:25am<br>11:25am |
| SUB TEST        | .00    | 11:25am            |
| AIR BLK         | .00    | 11:27am            |
| SUB TEST        | .00    | 11:28am            |
| AIR BLK         | .00    | 11:29am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008721 Test Date: 06/20/2018

Test Record Number: 966
Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:30am<br>11:30am |
| FC        | Pass         | 11:30am            |

## Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 11:30am<br>11:30am<br>11:30am<br>11:30am<br>11:30am |
|                                |                                      |   |

### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:31an |

### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:31am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:31am<br>11:31am |

Preventive Maintenance Status: Pass

Analyst

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



ignature of Certifying Official

Certificate Number

# RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 06/18/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 9:41am<br>9:42am |
| ACCY CHK        | .08    | 9:42am           |
| AIR BLK         | .00    | 9:44am           |
| SUB TEST        | .00    | 9:45am           |
| AIR BLK         | .00    | 9:45am           |
| SUB TEST        | .00    | 9:47am           |
| AIR BLK         | .00    | 9:48am           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst/

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914

Test Record Number: 1991

Test Date: 06/18/2018

Test Time: 9:49am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:49am |
| FLO  | Pass   | 9:49am |
| FC   | Pass   | 9:49am |

### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 9:50am                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test Status Time  |
|-------------------|
| lest Status IIIIe |

AIR Pass 9:50am

#### Printer Tests

PRNT Pass 9:50am

#### CRC Tests

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

COMP Pass 9:50am CAL Pass 9:50am

Preventive Maintenance Status: Pass

Analyst

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

| County                                  | 5 AMPSON  | Instrument Location_              | SAMPSON                  | COUNTY                |
|---|---|-----------------------------------|--------------------------|-----------------------|
| Instrumen                               | t Serial No. <u>008877</u>  |                                   | SHERIFA                  | 3 OFFIC               |
|   | <u> </u>  | ·                                 |                          |                       |
| The preve                               | ntive maintenance procedures for the hs are:  | Intoximeters, Model Intox         | EC/IR II to be followed  | l at least once every |
| 1.                                      | Verify the ethanol gas caniste 34 degrees, plus or minus .2   |                                   | alcoholic breath simulat | or thermometer show   |
| 2.                                      | Verify instrument displays ti   | ne and date;                      |                          |                       |
| 3.                                      | Initiate breath test sequence;  |                                   |                          |                       |
| 4.                                      | Enter information as prompte  | ed;                               |                          |                       |
| 5.                                      | Verify instrument accuracy;   |                                   |                          |                       |
| 6.                                      | When "PLEASE BLOW" ap   | pears, collect breath sample      | <b>;</b> ;               |                       |
| 7.                                      | When "PLEASE BLOW" ap   | pears, collect breath sample      | <b>;</b> ;               |                       |
| 8.                                      | Print test record;  |                                   |                          |                       |
| 9.                                      | Verify Diagnostic Program;  | and                               |                          |                       |
| 10.                                     | Verify that the ethanol gas ca<br>simulator solution is being cl<br>whichever occurs first.                       |                                   |                          |                       |
| procedur                                | hat on the <u>25</u> day of <u></u><br>es were performed on the instrument<br>ent of Health and Human Services, a |                                   | ince with current regula |                       |
| G S S S S S S S S S S S S S S S S S S S | TATE OCAROLINA CAROLINA LE ITE ITE ITE ITE ITE ITE ITE ITE ITE IT   | Ry Bangarana of Certifying Offici | ial Ca                   | 648                   |
|   | **  | 5                                 |                          |                       |

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 06/25/2018

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

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

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

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.08<br>.00 | 12:00pm<br>12:01pm<br>12:01pm<br>12:02pm<br>12:03pm |
| AIR BLK  | .00                       | 12:04pm   |
| SUB TEST   | .00                       | 12:06pm   |
| AIR BLK  | .00                       | 12:06pm   |
|  |                           |   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Test Date: 06/25/2018 Test

Test Record Number: 2852 Test Time: 12:08pm EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

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

## Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:09pm |

#### Printer Tests

| Test | Status       | Time    |
|------|--------------|---------|
| PRNT | Pass         | 12:09pm |
|      | CRC Tests    |         |
| Test | Status       | Time    |
| COMP | Pass<br>Pass | 12:10pm |

Preventive Maintenance Status: Pass

Analyst

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

| /  |   | KS, MODEL INTOX E   |                                  |
|--|---|---|----------------------------------|
| County 5   | 1AMPSON   | Instrument Location 511   | 1PSON COUNTY                     |
| Instrument Seri  | ial No. <u>00 88</u> 35   | 514   | ERRIF'S OFFI                     |
| The preventive four months are   | -   | ntoximeters, Model Intox EC/IR II to  | be followed at least once every  |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic b<br>gree centigrade;                                       | reath 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   | ears, collect breath sample;  |                                  |
| 7.   | When "PLEASE BLOW" appe   | ears, collect breath sample;  |                                  |
| 8.   | Print test record;  |   |                                  |
| 9.   | Verify Diagnostic Program; and                                  | i   |                                  |
| 10.  |   | ster is being changed before expirat<br>aged every four months or after 125                     |                                  |
| procedures we  | re performed on the instrument in                               | しんこ, 20 18, the fo<br>dicated above, in accordance with o<br>the instrument is functioning prop | urrent regulations of the N.C.   |
| THE STATE OF THE S | Alm K   | ature of Certifying Official  | Certificate Number               |
|  |   |   |                                  |

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 06/25/2018

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: 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: AG702401 Exp Date: 01/24/2019

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 12:09pm<br>12:10pm<br>12:10pm<br>12:11pm |
| SUB TEST                               | .00                | 12:12pm                                  |
| AIR BLK                                | .00                | 12:13pm                                  |
| SUB TEST                               | .00                | 12:14pm                                  |
| AIR BLK                                | .00                | 12:15pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 2486

Test Date: 06/25/2018 Test Time: 12:16pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:17pm |
| FLO  | Pass   | 12:17pm |
| FC   | Pass   | 12:17pm |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:17pm |
| SRC  | Pass   | 12:17pm |
| DET  | Pass   | 12:17pm |
| BAR  | Pass   | 12:17pm |
| BT   | Pass   | 12:17pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:18pm |

Status

Time

#### Printer Tests

Test

| PRNT        | Pass         | 12:18pm            |
|-------------|--------------|--------------------|
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:18pm<br>12:18pm |

Preventive Maintenance Status: Pass

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

| County_   | SAMPSON   | Instrument Location DAT MO   | DE UNITIO                      |
|-----------|---|--|--------------------------------|
| Instrumer | nt Serial No. <u>OO (779</u>                                    |  | <del></del>                    |
| The preve | •   | Intoximeters, Model Intox EC/IR II to b  | e followed at least once every |
| 1.        | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | r displays pressure, or the alcoholic brea<br>egree centigrade;                    | th simulator thermometer show  |
| 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; as                                   | nd   |                                |
| 10.       |   | nister is being changed before expiration anged every four months or after 125 Al  |                                |
| procedu   | res were performed on the instrument i                          | indicated above, in accordance with cur<br>ad the instrument is functioning proper | rent regulations of the N.C.   |
| OREAT SE  | STATE ON OOK CARD   |  | 667                            |
|           | Sig   | gnature of Certifying Official   | Certificate Number             |

#### SAMPSON COUNTY BAT MOBILE UNIT 10 810

Serial Number: 008779 Test Date: 06/15/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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<br>AIR BLK<br>ACCY CHK | Pass<br>.00 | 5:09pm<br>5:10pm<br>5:10pm |
| AIR BLK                     | .00         | 5:11pm                     |
| SUB TEST                    | .00         | 5:11pm                     |
| AIR BLK                     | .00         | 5:12pm                     |
| SUB TEST                    | .00         | 5:14pm                     |
| AIR BLK                     | .00         | 5:15pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# SAMPSON COUNTY BAT MOBILE UNIT 10 810

Serial Number: 008779 Test Record Number: 3486 Test Date: 06/15/2018 Test Time: 5:16pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:17pm |
| FLO  | Pass   | 5:17pm |
| FC   | Pass   | 5:17pm |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 5:17pm |
| SRC           | Pass   | 5:17pm |
| DET           | Pass   | 5:17pm |
| BAR           | Pass   | 5:17pm |
| $\mathtt{BT}$ | Pass   | 5:17pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
|      | 4      |        |
| AIR  | Pass   | 5:18pm |

#### Printer Tests

| rest | Status    | TIME   |
|------|-----------|--------|
| PRNT | Pass      | 5:18pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 5:18pm |

Preventive Maintenance Status: Pass

Pass

5:18pm

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 leafour months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator ther 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first. | 10                        |
|--|---------------------------|
| 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator ther 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.   |                           |
| 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.   | at once every             |
| <ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.</li> </ol>   | mometer show              |
| <ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Swhichever occurs first.</li> </ol> I certify that on the   |                           |
| <ol> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.</li> </ol>   |                           |
| <ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.</li> </ol>  |                           |
| <ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.</li> </ol> I certify that on the  |                           |
| <ul> <li>8. Print test record;</li> <li>9. Verify Diagnostic Program; and</li> <li>10. Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.</li> <li>I certify that on the/</li></ul>   |                           |
| 9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.  I certify that on the  |                           |
| 10. Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.  I certify that on the   |                           |
| simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.  I certify that on the   |                           |
| I certify that on the 15 day of 5WF, the foregoing preventive  |                           |
| procedures were performed on the instrument indicated above, in accordance with current regulations of Department of Health and Human Services, and the instrument is functioning properly.  | maintenance<br>f the N.C. |
| Signature of Certifying Official  Certificat   |                           |

SAMPSON COUNTY BAT MOBILE UNIT 10 810

Serial Number: 008637 Test Date: 06/15/2018

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

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

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

Analyst's Name: 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   | 5:07pm |
| AIR BLK  | .00    | 5:08pm |
| ACCY CHK | .07    | 5:09pm |
| AIR BLK  | .00    | 5:10pm |
| SUB TEST | .00    | 5:10pm |
| AIR BLK  | .00    | 5:11pm |
| SUB TEST | .00    | 5:12pm |
| AIR BLK  | .00    | 5:13pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SAMPSON COUNTY BAT MOBILE UNIT 10 810

Serial Number: 008637

Test Record Number: 2915
Test Time: 5:15pm EDT

Test Date: 06/15/2018

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:15pm |
| FLO  | Pass   | 5:15pm |
| FC   | Pass   | 5:15pm |

# Temperature Tests

| Status | Time                 |
|--------|----------------------|
| Pass   | 5:15pm               |
|        | Pass<br>Pass<br>Pass |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:16pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 5:16pm           |
| •           | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 5:16pm<br>5:16pm |

Preventive Maintenance Status: Pass

**Analyst** 

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

| County 5   | cotland  | Instrument Location 3A7  | mobile Vn.7/6   |
|--|--|--|---|
| Instrument Se  | rial No. <u>008188</u>   | Lourinburg PO  | ·   |
| The preventive four months a   |  | ntoximeters, Model Intox EC/IR II to   | be followed at least once every                                       |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de  | displays pressure, or the alcoholic b<br>gree centigrade;                                | reath simulator thermometer shows                                     |
| 2.   | Verify instrument displays time  | e and date;  |   |
| 3.   | Initiate breath test sequence;   |  |   |
| 4.   | Enter information as prompted;   | ;  |   |
| 5.   | Verify instrument accuracy;  |  |   |
| 6.   | When "PLEASE BLOW" appe  | ears, collect breath sample;   |   |
| 7.   | When "PLEASE BLOW" appe  | ears, collect breath sample;   |   |
| 8.   | Print test record;   |  |   |
| 9.   | Verify Diagnostic Program; and   | d  |   |
| 10.  | Verify that the ethanol gas cani<br>simulator solution is being char<br>whichever occurs first.  | ster is being changed before expiratinged every four months or after 125                 | on date, or the alcoholic breath<br>Alcoholic Breath Simulator tests, |
|  | ere performed on the instrument ind  | , 20 / & the licated above, in accordance with cur he instrument is functioning properly | rent regulations of the N.C.  |
| THE STATE OF THE S | CAROLINIA CAROLI |  | 660   |
|  | Sign   | ature of Certifying Official   | Certificate Number  |

SCOTLAND COUNTY BAT MOBILE UNIT 12 820

Serial Number: 008788 Test Date: 06/10/2018

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

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

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

| Test   | g/210L                           | Time   |
|--|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass<br>.00<br>.07<br>.00<br>.00 | 12:14am<br>12:15am<br>12:16am<br>12:17am<br>12:18am<br>12:18am |
| SUB TEST                                       | .00                              | 12:20am  |
| AIR BLK  | .00                              | 12:21am  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### SCOTLAND COUNTY BAT MOBILE UNIT 12 820

Serial Number: 008788 Test Record Number: 1349
Test Date: 06/10/2018 Test Time: 12:22am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:22am |
| FLO  | Pass   | 12:22am |
| FC   | Pass   | 12:22am |

### Temperature Tests

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

### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:23am |

### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:23am |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:23am |
| CAL  | Pass   | 12:23am |

Preventive Maintenance Status: Pass

Analyst

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

| County_S   | otland Instrument Location BAT Mobile Unit 12  |
|--|--|
| Instrument Ser   | rial No. 008600 Laurin burg PD   |
| 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. |
|  | n the  |
| THE STATE OF THE S | 660  |
|  | Signature of Certifying Official Certificate Number  |

#### SCOTLAND COUNTY BAT MOBILE UNIT 12 820

Serial Number: 008600 Test Date: 06/09/2018

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

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

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145

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<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass .00 .07 .00 .00 | 10:00pm<br>10:01pm<br>10:02pm<br>10:03pm<br>10:03pm |
| AIR BLK  | .00                  | 10:04pm   |
| SUB TEST   | .00                  | 10:06pm   |
| AIR BLK  | .00                  | 10:07pm   |

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

# SCOTLAND COUNTY BAT MOBILE UNIT 12 820

Serial Number: 008600 Test Record Number: 1805 Test Date: 06/09/2018

Test Time: 10:08pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:09pm |
| FLO  | Pass   | 10:09pm |
| FC   | Pass   | 10:09pm |

## Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:09pm<br>10:09pm<br>10:09pm<br>10:09pm<br>10:09pm |
|                                |                                      | - 1   |

### Blank Tests

| 'l'est | Status | Time    |
|--------|--------|---------|
| AIR    | Pass   | 10:09pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:10pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:10pm<br>10:10pm |

Preventive Maintenance Status: Pass

Analyst

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

| <u>~</u>   | INTUXIMET  | ERS, MODEL INTOX EC   | n N                               |
|--|--|---|-----------------------------------|
| County   | May  | Instrument Location LOCA  | 157 Y U                           |
| Instrument Ser   | rial No. <u>008 706</u>                                    | 186 Ray Kennedy   | Dr. Locust                        |
|  |  |   |                                   |
| The preventive four months ar  |  | e Intoximeters, Model Intox EC/IR II to   | o be followed at least once every |
| 1.   | Verify the ethanol gas canist 34 degrees, plus or minus .2 | ter displays pressure, or the alcoholic b degree centigrade;                      | reath simulator thermometer show  |
| 2. ·   | Verify instrument displays t                               | ime and date;   |                                   |
| 3.   | Initiate breath test sequence                              | ;   | ₹.                                |
| 4.   | Enter information as prompt                                | ed;   | W. Carrier                        |
| 5.   | Verify instrument accuracy;                                |   | e                                 |
| 6.   | When "PLEASE BLOW" a                                       | ppears, collect breath sample;  |                                   |
| 7.   | When "PLEASE BLOW" a                                       | ppears, collect breath sample;  | <b>A</b> - 7                      |
| 8.   | Print test record;   |   |                                   |
| 9.   | Verify Diagnostic Program;                                 | and   |                                   |
| 10.  |  | anister is being changed before expirat<br>changed every four months or after 125 |                                   |
|  | re performed on the instrument                             | indicated above, in accordance with cured the instrument is functioning proper    |                                   |
| STATE OF OUR WAY TO OUR WAY THE OUR WAY TO OUR WAY TO OUR WAY THE OUR WAY | CAROUN MONEY   | ignature of Certifying Official   | 656<br>Certificate Number         |

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 06/28/2018

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

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

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:41am |
| AIR BLK  | .00    | 10:42am |
| ACCY CHK | .08    | 10:42am |
| AIR BLK  | .00    | 10:43am |
| SUB TEST | .00    | 10:45am |
| AIR BLK  | .00    | 10:46am |
| SUB TEST | .00    | 10:47am |
| ATR BLK  | .00    | 10:48am |

Reported AC: .00 g/210L

Signature of Chemica Analyst

Court CVR

**Analyst** 

### STANLY LOCUST PD 830

Serial Number: 008706

Test Record Number: 3490

Test Date: 06/28/2018

Test Time: 10:50am EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:50am |
| FLO  | Pass   | 10:50am |
| FC   | Pass   | 10:50am |

## Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:50am<br>10:50am<br>10:50am<br>10:50am<br>10:50am |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:51am |

#### Printer Tests

Status

Time

10:51am

Test

CAL

| PRNT | Pass      | 10:51am |
|------|-----------|---------|
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:51am |

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| <i>(</i>   | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County >   | tanly Instrument Location Stanly County SD   |
| Instrument Ser   | rial No. 008824 1265.3 14St. Albemarle   |
|  |  |
| The preventive four months ar  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4  | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | n the day of, 20   |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number  |

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 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: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

| g/210L             | Time                             |
|--------------------|----------------------------------|
| Pass<br>.00<br>.08 | 12:27pm<br>12:27pm<br>12:28pm    |
| .00                | 12:30pm                          |
| .00                | 12:30pm                          |
| .00                | 12:31pm                          |
| .00                | 12:32pm                          |
| .00                | 12:33pm                          |
|                    | Pass .00 .08 .00 .00 .00 .00 .00 |

Repprod AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 1313 Test Date: 06/28/2018 Test Time: 12:35pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:36pm<br>12:36pm |
| FC        | Pass         | 12:36pm            |

### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:36pm |
| SRC  | Pass   | 12:36pm |
| DET  | Pass   | 12:36pm |
| BAR  | Pass   | 12:36pm |
| BT   | Pass   | 12:36pm |

### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:36pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:37pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:37pm |
| CAL  | Pass   | 12:37pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County —   | INTOXIMETERS, MODEL INTOX ECTR II  Stanly County SD  Instrument Location Stanly County SD  |
|--|--|
| Instrument Se  | erial No. 008842 1265,345t, Albemade   |
|  |  |
| 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.               |
| procedures w   | on the 28th day of Tone, 2018 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. |
| STATION STATION OF THE COLOR OF | Signature of Certifying Official Certificate Number  |

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 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: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 11:54am<br>11:55am<br>11:55am |
| AIR BLK                     | .00                | 11:56am                       |
| SUB TEST                    | .00                | 11:57am                       |
| AIR BLK                     | .00                | 11:58am                       |
| SUB TEST                    | .00                | 11:59am                       |
| AIR BLK                     | .00                | 12:00pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst/

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 2153
Test Date: 06/28/2018 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:03pm |
| FLO  | Pass   | 12:03pm |
| FC   | Pass   | 12:04pm |

### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:04pm |

#### Printer Tests

Test

| PRNT | Pass      | 12:04pm |
|------|-----------|---------|
|      | CRC Tests |         |
| Test | Status    | Time    |

Status

Time

COMP Pass 12:04pm CAL Pass 12:04pm

Preventive Maintenance Status: Pass

Analyst

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

| County     | STANLY Instrument Location DAT MODERE UNIT 10  |
|------------|--|
| Instrumer  | nt Serial No   |
| 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. |
| procedu    | that on the  |
| GOEAT CALL | STATE OF LOCAL VIDENTS OF Signature of Certifying Official  Certificate Number   |

#### STANLY COUNTY BAT MOBILE UNIT 10 830

Serial Number: 008776 Test Date: 06/23/2018

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: 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: AG710701 Exp Date: 04/17/2019

| Test                        | g/210L     | Time             |
|-----------------------------|------------|------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass       | 5:36pm<br>5:37pm |
| ACCY CHK                    | .07<br>.00 | 5:38pm<br>5:39pm |
| SUB TEST                    | .00        | 5:39pm           |
| AIR BLK                     | .00        | 5:40pm           |
| SUB TEST                    | .00        | 5:42pm           |
| AIR BLK                     | .00        | 5:43pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY BAT MOBILE UNIT 10 830

Serial Number: 008776

Test Record Number: 3452 Test Time: 5:47pm EDT

Test Date: 06/23/2018

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:47pm |
| FLO  | Pass   | 5:47pm |
| FC   | Pass   | 5:47pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:48pm |
| SRC  | Pass   | 5:48pm |
| DET  | Pass   | 5:48pm |
| BAR  | Pass   | 5:48pm |
| BT   | Pass   | 5:48pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:48pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 5:48pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 5:48pm<br>5:48pm |

Preventive Maintenance Status: Pass

5:48pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXIEC/IR II

|  | INTOXIMETE   | ERS, MODEL INT               | OX-EC/IR II  |
|--|--|------------------------------|--|
| County   | Durry  | Instrument Location_         | +110+ Mountain   |
| Instrument S   | Serial No. <u>00 8938</u>                                      |                              | Police Department  |
| The preventi   |  | 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 |                              | alcoholic breath simulator thermometer show  |
| 2.   | Verify instrument displays tim                                 | ıe 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 | <b>2</b> ;   |
| 7.   | When "PLEASE BLOW" app   | pears, collect breath sample | <b>9</b> ;   |
| 8.   | Print test record;   |                              |  |
| 9.   | Verify Diagnostic Program; as                                  | nđ                           |  |
| 10.  |  | anged every four months o    | ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,        |
| -  |  |                              | , the foregoing preventive maintenance unce with current regulations of the N.C. oning properly. |
| THE STATE OF THE S | Sig  | anature of Certifying Office | al Certificate Number  |

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 06/05/2018

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

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

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

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

| Test            | g/210L       | Time             |
|-----------------|--------------|------------------|
| DIAG<br>AIR BLK | Pass         | 9:44am<br>9:45am |
| ACCY CHK        | . 08         | 9:46am           |
| AIR BLK         | .00          | 9:47am           |
| SUB TEST        | .00          | 9:48am           |
| AIR BLK         | .00          | 9:48am           |
| SUB TEST        | .00          | 9:51am           |
| AIR BLK         | <b>7.</b> 00 | 9:52am           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### Intox EC/IR-II: Preventive Maintenance Burghall mer Soll

#### SURRY COUNTY PILOT MOUNTAIN PD 850

Test Date: 06/05/2018

Serial Number: 008938 Test Record Number: 614 Test Time: 9:57am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:57am |
| FLO  | Pass   | 9:57am |
| FC   | Pass   | 9:57am |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FCl  | Pass   | 9:57am |
| SRC  | Pass   | 9:57am |
| DET  | Pass   | 9:57am |
| BAR  | Pass   | 9:57am |
| BT   | Pass   | 9:57am |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| •    |        |        |
| AIR  | Pass   | 9:58am |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:58am |
|      | CRC Tests |        |

| Test | Status | 111116 |
|------|--------|--------|
| COMP | Pass   | 9:58am |
| CAL  | Pass   | 9:58am |

Preventive Maintenance Status: Pass

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

| County_50  | Instrument Location Mount Airy   |
|--|--|
| Instrument Ser   | ial No. 008943 Police Department   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1,   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | The R  |
| STATE OF CHANGE OF THE STATE OF |  |

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 06/05/2018

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:
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: AG702302 Exp Date: 01/23/2019

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.08<br>.00 | 8:50am<br>8:50am<br>8:51am<br>8:52am<br><b>8:52am</b> |
| AIR BLK<br>SUB TEST                                | .00                       | 8:53am<br><b>8:55am</b>                               |
| AIR BLK  | . 90                      | 8:55am  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 2019

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:57am |
| FLO  | Pass   | 8:57am |
| FC   | Pass   | 8:57am |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:57am |
| SRC  | Pass   | 8:57am |
| DET  | Pass   | 8:57am |
| BAR  | Pass   | 8:57am |
| BT   | Pass   | 8:57am |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:57am |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 8:58am |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:58am |
| CAL  | Pass   | 8:58am |

Preventive Maintenance Stazus: Pass

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | / INTOXIMETERS, MODEL INTOX EC/IR II  |
|--|---|
| County_  | urry Instrument Location Surry County Jail  |
| Instrument Se  | erial No. 008934  |
|  |   |
| 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 rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number   |

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 06/05/2018

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: 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: AG702302 Exp Date: 01/23/2019

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 8:07am |
| AIR BLK  | .00    | 8:08am |
| ACCY CHK | .07    | 8:09am |
| AIR BLK  | .00    | 8:10am |
| SUB TEST | .00    | 8:10am |
| AIR BLK  | .00    | 8:11am |
| SUB TEST | .90    | 8:13am |
| AIR BLK  | .00    | 8:14am |

Reported AC: .00

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 1889
Test Date: 06/05/2018 Test Time: 8:14am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:15am |
| FLO  | Pass   | 8:15am |
| FC   | Pass   | 8:15am |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:15am |
| SRC  | Pass   | 8:15am |
| DET  | Pass   | 8:15am |
| BAR  | Pass   | 8:15am |
| BT   | Pass   | 8:15am |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:16am |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:16am |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:16am |
| CAL  | Pass   | 8:16am |

Preventive Maintenance Status: Pass

Analyst

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

| County 5  | wain Instrument Location Cherokee Tribal De  |
|---|--|
| Instrument Ser  | ial No. 008782 Cherokee, 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;   |
| <b>2</b> .  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we   | n the day of, 20/8 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.   |
| OF LE STATE OF LEASE | Signature of Certifying Official Certificate Number  |

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 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: 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     | Pass   | 9:03am |
| AIR BLK  | .00    | 9:04am |
| ACCY CHK | .08    | 9:04am |
| AIR BLK  | .00    | 9:05am |
| SUB TEST | .00    | 9:05am |
| AIR BLK  | .00    | 9:06am |
| SUB TEST | .00    | 9:08am |
| AIR BLK  | .00    | 9:09am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1046
Test Date: 06/07/2018 Test Time: 9:10am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:10am |
| FLO  | Pass   | 9:10am |
| FC   | Pass   | 9:11am |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:11am |
| SRC  | Pass   | 9:11am |
| DET  | Pass   | 9:11am |
| BAR  | Pass   | 9:11am |
| BT   | Pass   | 9:11am |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
|      |        |        |
| AIR  | Pass   | 9:11am |

#### Printer Tests

|      | ·         | 1      |
|------|-----------|--------|
|      | CRC Tests |        |
| PRNT | Pass      | 9:11am |
| Test | Status    | Time   |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:11am |
| CAL  | Pass   | 9:11am |

Preventive Maintenance Status: Pass

Analyst

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

| area a   | INTOXIMETERS, MODEL INTOX ECITE II   |
|--|--|
| County   | Instrument Location / YRREU CO. S.O.   |
| Instrument Serie   | ARCCL Instrument Location TYRREU CO. S.O.  al No. DO8902 412 Main ST., Columbia, N.  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                         |
|  | the <u>Standard</u> day of <u>JUNE</u> , 20 8 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE | CANON LEVE   |

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

Certificate Number

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 06/28/2018

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

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

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

Analyst's Name: KEESLER, LINDA 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: AG734102 Exp Date: 12/07/2019

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 12:03pm<br>12:04pm |
| ACCY CHK        | .08.   | 12:05pm            |
| AIR BLK         | .00    | 12:06pm            |
| SUB TEST        | .00    | 12:07pm            |
| AIR BLK         | .00    | 12:07pm            |
| SUB TEST        | .00    | 12:09pm            |
| AIR BLK         | .00    | 12:10pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 756
Test Date: 06/28/2018 Test Time: 12:11pm EDT

System Check: Passed

#### Baseline Tests

| Test St                  | atus Time |
|--------------------------|-----------|
| IR Pa<br>FLO Pa<br>FC Pa | <u> </u>  |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:12pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:12pm |
|      |        |         |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:12pm |
| CAL  | Pass   | 12:12pm |

Preventive Maintenance Status: Pass

Analyst

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

| County WC  | Instrument Location Bot Mobile Unit  |
|--|--|
| Instrument Seria   | 1N6008575 Cary PD  |
| 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<br>procedures were<br>Department of I  | the, 20  |
| CHESTATE OF THE STATE OF THE ST | Signature of Certifying Official Certificate Number  |

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008575 Test Date: 06/22/2018

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 AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 11:23pm<br>11:24pm<br>11:25pm<br>11:25pm<br>11:26pm<br>11:27pm<br>11:28pm |
| AIR BLK   | .00                      | 11:29pm   |
|   |                          |   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKynnin Analyst

#### WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008575 Test Record Number: 1100 Test Time: 11:37pm EDT Test Date: 06/22/2018

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:37pm |
| FLO  | Pass   | 11:37pm |
| FC   | Pass   | 11:37pm |

#### Temperature Tests

| FC1 Pass 11:38pt                                   |             |
|--|-------------|
| SRC Pass 11:38pt DET Pass 11:38pt BAR Pass 11:38pt | n<br>n<br>n |
| BT Pass 11:38pt                                    | ŧ           |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:38pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:38pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:38pm<br>11:38pm |

Preventive Maintenance Status: Pass

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

| County ()   | ake Instrument Location Bat Mobile Unit  |
|---|--|
| Instrument Seri                                       | ial No 008575 Roles ville PD   |
| 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 or<br>procedures were<br>Department of | the day of , 20 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.      |
| WE STATE OF WASON AND THE COMMANDS                    | S C C C C C C C C C C C C C C C C C C C  |

#### WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008575 Test Date: 06/29/2018

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<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 11:12pm<br>11:13pm<br>11:14pm<br>11:14pm |
| SUB TEST                               | .00                | 11:15pm                                  |
| AIR BLK                                | .00                | 11:16pm                                  |
| SUB TEST                               | .00                | 11:18pm                                  |
| AIR BLK                                | .00                | 11:18pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008575 Test Record Number: 1104
Test Date: 06/29/2018 Test Time: 11:20pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:20pm |
| FLO  | Pass   | 11:20pm |
| FC   | Pass   | 11:20pm |

#### Temperature Tests

| FC1 Pass 11:20pr<br>SRC Pass 11:20pr |        |
|--------------------------------------|--------|
| DET Pass 11:20pm                     | m<br>m |
| BAR Pass 11:20pt                     |        |
| BT Pass 11:20pr                      | m      |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:21pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:21pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:21pm |
| CAL  | Pass   | 11:21pm |

Preventive Maintenance Status: Pass

Analyst

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

| County L   | Jake Instrument Location Bat Mobile Unit   |
|--|--|
| Instrument Se  | erial No. 10880Ce ROKSUITEPD   |
| The preventive four months a   | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on the   |
| THE STATE OF THE S |  |

#### WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008826 Test Date: 06/29/2018

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<br>AIR BLK | Pass   | 11:19pm<br>11:20pm |
| ACCY CHK        | .08    | 11:21pm<br>11:21pm |
| SUB TEST        | .00    | 11:22pm            |
| AIR BLK         | .00    | 11:23pm            |
| SUB TEST        | .00    | 11:25pm            |
| AIR BLK         | .00    | 11:26pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008826 Test Record Number: 8052 Test Date: 06/29/2018 Test Time: 11:29pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:29pm |
| FLO  | Pass   | 11:29pm |
| FC   | Pass   | 11:29pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:30pm |
| SRC  | Pass   | 11:30pm |
| DET  | Pass   | 11:30pm |
| BAR  | Pass   | 11:30pm |
| BT   | Pass   | 11:30pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:30pm |

#### Printer Tests

| <b>-</b> | <b>a</b>  | m-1     |
|----------|-----------|---------|
|          | CRC Tests |         |
| PRNT     | Pass      | 11:30pm |
| Test     | Status    | Time    |

| 1696 | bcacus | 11116   |
|------|--------|---------|
| COMP | Pass   | 11:30pm |
| CAL  | Pass   | 11:30pm |

Preventive Maintenance Status: Pass

Analyst

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

| County                  | NAREN CO. LEC   |
|-------------------------|---|
| Instrument S            | Serial No. 008793 128 RAFTER'S LN WARRENTON,  |
| The prevent four months | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.                      | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.                      | Verify instrument displays time and date;   |
| 3.                      | Initiate breath test sequence;  |
| 4.                      | Enter information as prompted;  |
| 5.                      | Verify instrument accuracy;   |
| 6.                      | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.                      | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.                      | Print test record;  |
| 9.                      | Verify Diagnostic Program; and  |
| 10.                     | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                    |
| procedures              | at on the 28 day of Julia , 20 /8 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly. |
| OF THE STA              | NIE OF ANDREWS AND  |
|                         |   |
| 3                       |   |
| APRIL 12                | Jus D Anith 637   |
|                         | Signature of Certifying Official Certificate Number   |

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 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: SMITH, BRIAN D Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

- /OI OT

md ma

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 4:26pm<br>4:26pm<br>4:27pm |
| AIR BLK                     | .00                | 4:28pm                     |
| SUB TEST                    | .00                | 4:28pm                     |
| AIR BLK                     | .00                | 4:29pm                     |
| SUB TEST                    | .00                | 4:30pm                     |
| AIR BLK                     | .00                | 4:31pm                     |

00 g/210L Reported AC:

Chemical Analyst Signature of

Court CVR

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1311
Test Date: 06/28/2018 Test Time: 4:32pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:32pm |
| FLO  | Pass   | 4:32pm |
| FC   | Pass   | 4:32pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:32pm |
| SRC  | Pass   | 4:32pm |
| DET  | Pass   | 4:32pm |
| BAR  | Pass   | 4:32pm |
| BT   | Pass   | 4:32pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:33pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 4:33pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 4:33pm<br>4:33pm |

Preventive Maintenance Status: Pass

Analyst

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

| County WA                     | 1222N Instrument Location Non LINA P. D  |
|-------------------------------|--|
| Instrument Ser                | rial No. 008945 101 MAIN ST. HORLINA, NE   |
| 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.   |
| procedures we                 | on the 28 day of JUNF, 2018 the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.   |
| STATE MAN                     | OF NORTH CAROLINA CAR |
| ARILIZ TE                     | Signature of Certifying Official Certificate Number  |

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 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: SMITH, BRIAN D
Permit Number: 08937E
Effective:
08/01/2017-08/01/2019

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

Test Type: Breath Test

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

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 3:11pm<br>3:11pm<br>3:12pm<br>3:13pm |
| SUB TEST                               | .00                | 3:14pm                               |
| AIR BLK                                | .00                | 3:15pm                               |
| SUB TEST                               | .00                | 3:16pm                               |
| AIR BLK                                | .00                | 3:17pm                               |

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 377
Test Date: 06/28/2018 Test Time: 3:19pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:19pm |
| SRC  | Pass   | 3:19pm |
| DET  | Pass   | 3:19pm |
| BAR  | Pass   | 3:19pm |
| BT   | Pass   | 3:19pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:20pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:20pm |
|      | CRC Tests |        |

| Test | Status   | Time   |
|------|----------|--------|
| COMP | <b>D</b> |        |
| COMP | Pass     | 3:21pm |
| CAL  | Pass     | 3:21pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| ,                             | INTOXIME  | LERS, MODEL INTOX EC  | /IR II   |
|-------------------------------|---|---|--|
| County In                     | ajne  | Instrument Location Sey mo  | Ur Johnsons A.F.   |
| Instrument Se                 | erial No. <u>008786</u>   | Instrument Location Sey mo  | rison Rd., Gallson   |
| The preventive four months a  |   | he Intoximeters, Model Intox EC/IR II to  | be followed at least once every                                  |
| 1.                            | Verify the ethanol gas cani<br>34 degrees, plus or minus                        | ster displays pressure, or the alcoholic bre<br>2 degree centigrade;                  | eath simulator thermometer shows                                 |
| 2.                            | Verify instrument displays  | time and date;  |  |
| 3.                            | Initiate breath test sequence   | e;  | •  |
| 4.                            | Enter information as prom   | oted;   |  |
| 5.                            | Verify instrument accuracy  | <b>5</b> , .  |  |
| 6.                            | When "PLEASE BLOW"  | appears, collect breath sample;   |  |
| 7.                            | When "PLEASE BLOW"  | appears, collect breath sample;   |  |
| 8.                            | Print test record;  |   |  |
| 9.                            | Verify Diagnostic Program   | ; 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 lcoholic Breath Simulator tests, |
|                               | · Jemm  | - Mileson   |  |
| I certify that o              | on theday of  | JUNE , 20 /8 the f  | orgoing preventive maintenance                                   |
| procedures we<br>Department o | ere performed on the instrument<br>f Health and Human Services, a               | t indicated above, in accordance with currend the instrument is functioning properly. | ent regulations of the N.C.                                      |
|                               |   |   |  |
| OF THE STATE                  | OF NO.  |   |  |
| SEA SEA                       | CARO  |   |  |
| TOR OLLM VID                  |   | Lincer Rush   | 647  |
|                               |   | Signature of Certifying Official  | Certificate Number   |

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 06/01/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 8:31am<br>8:32am |
| ACCY CHK        | .07    | 8:32am           |
| AIR BLK         | .00    | 8:33am           |
| SUB TEST        | .00    | 8:34am           |
| AIR BLK         | .00    | 8:35am           |
| SUB TEST        | .00    | 8:36am           |
| AIR BLK         | .00    | 8:37am           |
|                 |        |                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jind A. Leese
Analyst

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 298
Test Date: 06/01/2018 Test Time: 8:38am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:38am |
| FLO  | Pass   | 8:38am |
| FC   | Pass   | 8:38am |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:39am |
| SRC  | Pass   | 8:39am |
| DET  | Pass   | 8:39am |
| BAR  | Pass   | 8:39am |
| BT   | Pass   | 8:39am |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:39am |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 8:39am |
|      | CRC Tests |        |
| Test | Status    | Time   |

|      | 20000 | 1 41110 |
|------|-------|---------|
| COMP | Pass  | 8:39am  |
| CAL  | Pass  | 8:39am  |

Preventive Maintenance Status: Pass

Analyst

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

| County                       | AYNE  | Instrument Location DAT   | MODITIC UNIT 10                  |
|------------------------------|---|---|----------------------------------|
| Instrument Se                | rial No. 008176   |   |                                  |
| The preventive four months a |   | ntoximeters, Model Intox EC/IR II to  | be followed at least once every  |
| 1.                           | Verify the ethanol gas canister 34 degrees, plus or minus .2 de   | displays pressure, or the alcoholic begree centigrade;                                  | reath 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" appo   | ears, collect breath sample;  |                                  |
| 7.                           | When "PLEASE BLOW" appo   | ears, collect breath sample;  |                                  |
| 8.                           | Print test record;  |   |                                  |
| 9.                           | Verify Diagnostic Program; and  | d   |                                  |
| 10.                          |   | ister is being changed before expiratinged every four months or after 125               |                                  |
|                              | ere performed on the instrument in  | 37UNC, the fordicated above, in accordance with coll the instrument is functioning prop | urrent regulations of the N.C.   |
| CORTAL STATE                 | CAROLINI CAROLINI STATE OF THE |   |                                  |
| ESE QUAN VI                  |   |   | 663                              |
|                              | Sign  | nature of Certifying Official   | Certificate Number               |

#### WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: 008776 Test Date: 06/09/2018

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: 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: AG710701 Exp Date: 04/17/2019

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 11:15pm<br>11:16pm<br>11:17pm |
| AIR BLK                     | .00                | 11:17pm                       |
| SUB TEST                    | .00                | 11:18pm                       |
| AIR BLK                     | .00                | 11:19pm                       |
| SUB TEST                    | .00                | 11:20pm                       |
| AIR BLK                     | .00                | 11:21pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: 008776 Test Test Date: 06/09/2018 Test

Test Record Number: 3447
Test Time: 11:25pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:26pm<br>11:26pm |
| FC        | Pass         | 11:26pm            |

## Temperature Tests

| Test          | Status       | Time               |
|---------------|--------------|--------------------|
| FC1<br>SRC    | Pass         | 11:26pm            |
| DET           | Pass<br>Pass | 11:26pm<br>11:26pm |
| BAR           | Pass         | 11:26pm            |
| $\mathtt{BT}$ | Pass         | 11:26pm            |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:26pm |

Status

Time

## Printer Tests

Test

| PRNT | Pass      | 11:27pm |
|------|-----------|---------|
|      | CRC Tests |         |
| Test | Status    | Time    |

COMP Pass 11:27pm CAL Pass 11:27pm

Preventive Maintenance Status: Pass

**Analyst** 

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

| County                   | LJAYNE Ins   | trument Location <u>SAT /</u>   | MODEL UNIT 10   |
|--------------------------|--|---|---|
| Instrument               | t Serial No. OOYL Y 6  |   |   |
|                          |  |   |   |
| The preven four month    | ntive maintenance procedures for the Intoximons are:   | eters, Model Intox EC/IR II to b  | pe followed at least once every                                     |
| 1.                       | Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce   |   | ath simulator 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 evhichever occurs first.   |   |   |
| procedure                | hat on theday ofUNE_es were performed on the instrument indicateent of Health and Human Services, and the in   | , 20//, the fored above, in accordance with curstrument is functioning proper | going preventive maintenance<br>rent regulations of the N.C.<br>ly. |
| THE CONTRACTOR OF STREET | IL TO THE PARTY TO |   | 667   |
|                          | Signature of   | of Certifying Official  | Certificate Number  |

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: 008686 Test Date: 06/09/2018

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 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<br>AIR BLK           | Pass                      | 11:38pm<br>11:39pm            |
| ACCY CHK AIR BLK SUB TEST | .07<br>.00<br>. <b>00</b> | 11:39pm<br>11:40pm<br>11:41pm |
| AIR BLK<br>SUB TEST       | .00                       | 11:41pm<br>11:43pm            |
| AIR BLK                   | .00                       | 11:44pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: 008686 Test Record Number: 6570 Test Date: 06/10/2018 Test Time: 12:08am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:09am |
| FLO  | Pass   | 12:09am |
| FC   | Pass   | 12:09am |

## Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 12:09am                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:10am |

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:10am

CAL

Analyst

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

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

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: 008584 Test Date: 06/09/2018 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: 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 Test Pass 11:52pm DIAG 11:53pm AIR BLK .00 ACCY CHK .07 11:54pm AIR BLK .00 11:55pm SUB TEST .00 11:55pm 11:56pm

AIR BLK .00 11:56pm SUB TEST .00 11:57pm

AIR BLK .00 11:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: 008584 Test Record Number: 2204
Test Date: 06/10/2018 Test Time: 12:00am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:01am |
| FLO  | Pass   | 12:01am |
| FC   | Pass   | 12:01am |

## Temperature Tests

| Test     | Status | Time    |
|----------|--------|---------|
| FC1      | Pass   | 12:01am |
| SRC      | Pass   | 12:01am |
| DET      | Pass   | 12:01am |
| BAR      | Pass   | 12:01am |
| ${f BT}$ | Pass   | 12:01am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:02am |

## Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:02am |

#### CRC Tests

| Test | Status | Time      |
|------|--------|-----------|
| COMP | Pass   | 12:02am   |
| CAL  | Pagg   | 12 · 02am |

Preventive Maintenance Status: Pass

Analyst

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

| County 1/6   | tauga Instrument Location Watauga   | Co Ja:1  |
|--|---|--|
| Instrument S   | erial No. <u>OD 8715</u> Instrument Location <u>Westauga</u>  | NC   |
|  |   |  |
| The preventi   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:   | followed at least once every                                 |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;  | simulator thermometer 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 of simulator solution is being changed every four months or after 125 Alcowhichever occurs first. | date, or the alcoholic breath oholic Breath Simulator tests, |
| procedures v   | on the  | going preventive maintenance<br>t regulations of the N.C.    |
| STATE WAS TO STATE OF THE CONTROL OF | FOR NORTH   |  |
| A QUAM   |   | 649  |
|  | Signature of Certifying Official  | Certificate Number   |

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 06/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

| Test                | g/210L | Time             |
|---------------------|--------|------------------|
| DIAG                | Pass   | 2:53pm<br>2:54pm |
| AIR BLK<br>ACCY CHK | .00    | 2:54pm<br>2:55pm |
| ACCI CHK            | .00    | 2:55pm           |
| SUB TEST            | .00    | 2:57pm           |
| AIR BLK             | .00    | 2:58pm           |
| SUB TEST            | .00    | 2:59pm           |
| ATR BLK             | .00    | 3:00pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2109
Test Date: 06/06/2018 Test Time: 3:01pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass         | 3:01pm           |
| FLO<br>FC | Pass<br>Pass | 3:01pm<br>3:01pm |

## Temperature Tests

| Test           | Status | Time   |
|----------------|--------|--------|
| FC1            | Pass   | 3:01pm |
| SRC            | Pass   | 3:01pm |
| $\mathtt{DET}$ | Pass   | 3:01pm |
| BAR            | Pass   | 3:01pm |
| $\mathtt{BT}$  | Pass   | 3:01pm |

#### Blank Tests

| Test | Status | Time     |
|------|--------|----------|
| ATR  | Pass   | 3 • 02mm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 3:02pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 3:02pm<br>3:02pm |

Preventive Maintenance Status: Pass

Analyst

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

| County Wil   | Instrument Location Wilson Co. Detention  |
|--|---|
| Instrument Seria   | al No. 008652 100 E. Greene St., Wilson, N.C  |
| <u> </u>   |   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;   |
| <b>- 3.</b>  | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.        |
| procedures wer   | the 21 5th day of June, 20/8 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| TARE OF THE CORE AT THE CORE A | Tey Jones Gy3 Signature of Certifying Official Certificate Number   |

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 06/21/2018

Citation Number: M0000000-0
Subject's Name:

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

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

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

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

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

| Test            | g/210L      | Time               |
|-----------------|-------------|--------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 11:21am<br>11:22am |
| ACCY CHK        | .07         | 11:22am            |
| AIR BLK         | .00         | 11:23am            |
| SUB TEST        | .00         | 11:24am            |
| AIR BLK         | .00         | 11:25am            |
| SUB TEST        | .00         | 11:26am            |
| ATR BLK         | .00         | 11:27am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3121 Test Date: 06/21/2018 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

| Test          | Status       | Time               |
|---------------|--------------|--------------------|
| FC1<br>SRC    | Pass<br>Pass | 11:29am<br>11:29am |
| DET           | Pass         | 11:29am            |
| BAR           | Pass         | 11:29am            |
| $\mathtt{BT}$ | Pass         | 11:29am            |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:30am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:30am |
|      | CRC Tests |         |
| Test | Status    | Time    |

CAL Pass 11:30am

Preventive Maintenance

Status: Pass

Pass

11:30am

COMP

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County VVI   | Instrument Location WI 1507 CO. Verention  |
| Instrument Se  | Instrument Location Wilson Co. Detention rial No. 008627 100 E. Greene St., Wilson, N.C.   |
| · ;<br>· <del></del>   |  |
| The preventiv four months a  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department o   | on the   |
| STATE OF STA | Signature of Certifying Official Certificate Number  |

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 06/21/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

06/01/2017-06/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2222 Test Date: 06/21/2018 Test Time: 11:13am EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:13am<br>11:13am |
| FC        | Pass         | 11:13am            |

## Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 11:13am |
| SRC           | Pass   | 11:13am |
| DET           | Pass   | 11:13am |
| BAR           | Pass   | 11:13am |
| $\mathtt{BT}$ | 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