PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ALAMANCE Instrument Location ALAMANCE G JAIL
Instrumer	109 5 Maple 57 (ORAHAM, NC
	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	hat on theday of
GREAT ST	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 03/01/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:09pm 1:10pm 1:11pm 1:12pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST AIR BLK	.00 .00	1:15pm 1:17pm
ATK DUV	.00	/Pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 3095

Test Date: 03/01/2018 Test Time: 1:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:19pm 1:19pm
FC	Pass	1:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT -	Pass	1:19pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time
		**
PRNT	Pass	1:19pm

CRC Tests

rest	Status	i	TIME
COMP CAL	Pass Pass		1:20pm 1:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\sum_{\text{\text{-}}} \)	1amance Instrument Location Bat Mabile Unit
Instrument S	erial No 8615 Haw River PD
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
. 4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 8 000

Serial Number: 008615 Test Date: 03/03/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINITENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:41pm
AIR BLK	.00	11:42pm
ACCY CHK	.07	11:43pm
AIR BLK	.00	11:44pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:45pm
SUB TEST	.00	11:47pm
AIR BLK	.00	11:47pm
	• • •	/DIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB SKm

ALAMANCE COUNTY BAT MOBILE UNIT 8 000

Serial Number: 008615 Test Record Number: 5524 Test Date: 03/03/2018 Test Time: 11:49pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:50pm
SRC	Pass	11:50pm
DET	Pass	11:50pm
BAR	Pass	11:50pm
\mathtt{BT}	Pass	11:50pm

Blank Tests

Test	Status	Time
AIR	Pass	11:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:51pm

11:51pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	amance Instrument Location Bat Mobile Unit
İnstrument Seria	al No. 608816 Haw River PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	theday of, 20, 20, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF AN AND THE STATE OF AND THE STATE OF AN AND THE STATE	Daya B Sknn 444 Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 8 000

Serial Number: 008816 Test Date: 03/04/2018

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: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	.00	12:06am 12:07am 12:08am 12:09am 12:10am 12:11am 12:12am 12:13am
	. 0 0	+5 · 1 > 0.111

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 8 000

Serial Number: 008816 Test Record Number: 7385 Test Date: 03/04/2018 Test Time: 12:15am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15am
FLO	Pass	12:15am
FC	Pass	12:15am

Temperature Tests

Test	Status	Time
FC1	Pass	12:15am
SRC	Pass	12:15am
DET	Pass	12:15am
BAR	Pass	12:15am
BT	Pass	12:15am

Blank Tests

Test Status Time

AIR Pass 12:16am

Printer Tests

Test Status Time
PRNT Pass 12:16am

CRC Tests

Test Status Time

COMP Pass 12:16am
CAL Pass 12:16am

Preventive Maintenance Status: Pass

Analyst

a		E MAINTENANCE REC RS, MODEL INTOX EC	
County	Hexamples	Instrument Location Alexander	nder County Si
Instrument S	Gerial No. <u>008813</u>	91 Commercial Po	ck Ave., Taylorsvi
The prevention four months	ve maintenance procedures for the In	ntoximeters, 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	displays pressure, or the alcoholic bre gree centigrade;	ath 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	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration ged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or procedures we Department of			rgoing preventive maintenance at regulations of the N.C.
OTHE STATE OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OF THE OTHER PROPERTY OF THE OTHER PROPERTY OTHE	A CONTRACTOR OF THE PARTY OF TH		656
	Signatu	ure of Certifying Official	Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 03/01/2018

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: 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
emperation and the second		
DIAG	Pass	8:27am
AIR BLK	.00	8:28am
ACCY CHK	.08	8:29am
AIR BLK	.00	8:30am
SUB TEST	.00	8:31am
AIR BLK	.00	8:32am
SUB TEST	.00	8:33am
AIR BLK	.00	8:34am

Reported ACs 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1736
Test Date: 03/01/2018 Test Time: 8:36am/EST Test Record Number: 1736

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:36am
FLO	Pass	8:36am
FC	Pass	8:36am

Temperature Tests

Test	Status	Time
FC1	Pass	8:36am
SRC	Pass	8:36am
DET	Pass	8:36am
BAR	Pass	8:36am
BT	Pass	8:36am

Blank Tests

Test	Status	Time
AIR	Pass	8:37am

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	8:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	8 • 37am

Preventive Maintenance Status: Pass

Pass

Analyst

1 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Ave</u>	Instrument Location Avery Co. Jail
Instrument Serial	No. 808664 Newland, Mc
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	ne 23 day of ///och , 20/8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF VICTOR	A CAROLLA CARO
* EDE QUAM VIDEN	644
	Signature of Certifying Official Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 03/23/2018

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	2:36pm 2:37pm 2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 903

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

Blank Tests

Test	Status	Time
AIR	Pass	2:45pm

Printer Tests

rest	status	rime
	A Section	1.0
PRNT	Pass	2:45pm

CRC Tests

Test	Status	Time
COMP	Pass	2:45pm
CAL	Pass	2:45pm

Preventive Maintenance Status: Pass

Analyst

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 03/23/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:20pm 2:21pm 2:21pm 2:22pm
SUB TEST	.00	2:23pm
AIR BLK	00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:27pm

Reported A/2 / .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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 1348

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test		Status	Time
AIR	:	Pass	2:28pm

Printer Tests

1000	blatus	TTITE
PRNT	Pass	2:28pm

CRC Tests

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

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

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

Signature of Certifying Official

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 03/23/2018

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: RHODES, KENNETH C Permit Number: 5329E Effective:

05/01/2017-05/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	2:33pm 2:34pm 2:34pm
AIR BLK SUB TEST	.00	2:36pm 2:37pm
AIR BLK	.00	2:38pm
SUB TEST AIR BLK	.00 .00	2:39pm 2:40pm

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894

Test Record Number: 1072

Test Date: 03/23/2018

Test Time: 2:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	2:41pm
LTO	Pass	2:41pm
FC	Pass	2:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:42pm
SRC	Pass	2:42pm
DET	Pass	2:42pm
BAR	Pass	2:42pm
BT	Pass	2:42pm

Blank Tests

Test Status Time

AIR Pass 2:43pm

Printer Tests

Test	Status	Time

PRNT Pass 2:43pm

CRC Tests

iest	Status	Time
COMP	Pass	2:43pm

CAL Pass 2:43pm 2:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

Carinetes average	INTOXIMETERS, MODEL INTOX EC/IR II
County	Signswick Instrument Location Ogk Island
Instrument Se	erial No. OOS648 Police Departmen
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
COREATOR STATE OF THE STATE OF	/Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 03/15/2018

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: RHODES, K
Permit Number:
Effective:
00/00/0000-00/00/0000

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

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

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: / 00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1558
Test Date: 03/15/2018 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	and the second	Statu	ıs Time
ing the second s	100		
FC1		Pass	11:30am
SRC		Pass	11:30am
DET		Pass	11:30am
BAR		Pass	11:30am
BT		Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

Test	Status Time
PRNT	Pass 11:31am
	CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

Approximated to Surging	INTOXIMETERS, MODEL INTOX EC/IR II
County_58	UNSWICK Instrument Location Brunswick Com
Instrument Seria	al No. 00 8585 Sheriff Depg Amen
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 tests, whichever occurs first.
I certify that on t procedures were Department of H	the day of day of , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
CREAT OF WAY OF THE PARTY OF TH	OP IN CAROL
* ESE QUAN VIDEN *	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 03/15/2018

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: 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

rest.	g/210L	Time
DIAG	Pass	1:11pm
AIR BLK	0.0	1:11pm
ACCY CHK	07	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

Reported AC: ,00/g/21pl

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 4038
Test Date: 03/15/2018 Test Time: 1:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test		St	atus	, i T	ime.	
. •				100	44.52	
5					- 1	

AIR Pass 1:24pm

Printer Tests

Test	Status	Time

PRNT Pass 1:24pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	unswick Instrument Location Brunswick County
Instrument Seria	and an el in
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he, 20
THE STATE OF NO.	8. C. Chodes 601

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 03/15/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Time Test 1:08pm DIAG Pass AIR BLK .00 1:09pmACCY CHK .08 1:10pm AIR BLK .00 1:11pm SUB TEST .00 1:12pm AIR BLK .00 1:13pm SUB TEST .00 1:14pm AIR BLK .00 1:15pm

Reported AC: ... 0/0 g

0/0 g/2/10L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 3990

Test Date: 03/15/2018 Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 1:23pm

Printer Tests

rest	Status	Time
	_	

PRNT Pass 1:24pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

C. C	INTOXIMETERS, MODEL INTOX EC/IR	II.
County	runswick Instrument Location 545et	Beach
Instrument Seri	ial No. 008874 Police Dep	ortment
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fole:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shov
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath lic Breath Simulator tests,
	the	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	NOTIFICATION OF THE CARD	
ARE IS TO	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 03/15/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	д/210Г	Time
DIAG	Pass	9:26am
AIR BLK	.00	9:26am
ACCY CHK	.08	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am

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

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 626

System Check: Passed

Baseline Tests

Test	Status Time
IR	Pass 9:35am
FLO	Pass 9:35am
FC	Pass 9:35am

Temperature Tests

Test	Status	Time
FC1	Pass	9:35am
SRC	Pass	9:35am
DET	Pass	9:35am
BAR	Pass	9:35am
BT	Pass	9:35am

Blank Tests

Т	e	Si	t			•	٢	3t	a	t.	us	3		Time	
											17		100		

AIR Pass 9:36am

Printer Tests

Τ.	65	<u> </u>	1	 2	えしに	0	TTIME
	- 7						

PRNT Pass 9:36am

CRC Tests

4.7	_	· .			
$T \land c \leftarrow$			tatus		Time
Test		- 5	Latus		TTIIIG
	**				

COMP Pass 9:36am CAL Pass 9:36am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 03/18/2018

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: 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 AIR BLK	Pass .00	10:00pm 10:01pm
ACCY CHK	.08	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	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

Analyst

Chv ?

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 03/18/2018

Test Record Number: 467 Test Time: 10:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:08pm
FLO	Pass	10:08pm
FC	Pass	10:08pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:08pm 10:08pm 10:08pm 10:08pm
D I	1 000	TO.Oobu

Blank Tests

Test	Status	Time
AIR	Pass	10:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:09pm

Preventive Maintenance Status: Pass

Pass

10:09pm

CAL

/4 V 20

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ial No. Coss 31 Morgan ton 114
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
the
Signature of Certifying Official Certificate Number

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 03/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734102

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:25pm 1:26pm 1:27pm 1:28pm 1:29pm 1:30pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831

Test Record Number: 1958

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	1:34pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

CRC Tests

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \mathbb{Z}_{ℓ}	WKC Instrument Location Burke	
Instrument Se	erial No. OOG904 Morganton	, AC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be forme:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath a 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
procedures w	on the	oing preventive maintenance regulations of the N.C.
STATE OF STA	CONTROL DE LA CO	
* ESSE QUAM VI		649
	Signature of Certifying Official	Certificate Number

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 03/19/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK ACCY CHK	.00	1:25pm 1:26pm
AIR BLK SUB TEST	.00 .00	1:27pm 1:28pm
AIR BLK SUB TEST	.00	1:29pm 1:31pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Record Number: 2184
Test Date: 03/19/2018 Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
		-
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

Blank Tests

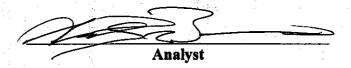
Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass



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



Signature of Certifying Official

Certificate Number

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 03/15/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:42am 9:43am 9:44am 9:45am 9:46am 9:47am 9:49am
AIR BLK	.00	9:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 2913 Test Date: 03/15/2018 Test Time: 9:51am EDT

System Check: Passed

Baseline Tests

Test		Status	Time
IR	4	Pass	9:51am
FLO		Pass	9:51am
FC		Pass	9:52am

Temperature Tests

Status	Time
Pass	9:52am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔTR	Pagg	9.52am

Printer Tests

rest	Status	TIME
PRNT	Pass	9:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:53am

9:53am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARteret Instrument Location CARteret County
Instrumen	t Serial No. 008882 SHERIFF'S OFFice
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 13 day of MARCA, 20 8, the foregoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
SO SECTION AND ASSESSED ASSESS	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)

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 03/13/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:25am 11:25am 11:26am
AIR BLK	.00	11:28am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half Knalyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1691 Test Date: 03/13/2018 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:32am
FLO	Pass	11:32am
FC	Pass	11:32am

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:33an

Printer Tests

Test	Status	Time
PRNT	Pass	11:33am
	CRC Tests	•
Test	Status	Time
COMP	Pass	11:33am

Preventive Maintenance Status: Pass

Pass

11:33am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>CA</u>	Rteret Instrument Location CARteret County
Instrument Seri	al No. 008605 SHERIFF'S OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 03/13/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:27am 11:28am
ACCY CHK	.07	11:28am
AIR BLK	.00	11:30am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 3704
Test Date: 03/13/2018 Test Time: 11:34am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:35am

Printer Tests

Test	Status	Time
PRNT	Pass	11:36am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:36am

11:36am

COMP

CAL

Rand & Half

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LA	ARTERET Instrument Location Morehead City A
Instrument Ser	rial No. <u>008731</u>
The preventive four months ar	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.
rocedures were	the
OF THE STATE OF N	Signature of Certifying Official Certificate Number

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 03/13/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408

Exp Date: 08/12/2019

Test	g/210L	Time
	4	
DIAG	Pass	12:12p

12:13pm AIR BLK .00 12:13pm ACCY CHK .08 12:14pm AIR BLK .00 SUB TEST .00 12:15pm

12:16pm AIR BLK .00

SUB TEST .00 12:17pm AIR BLK .00 12:18pm

Reported_AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

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

Kand E Half

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 2018
Test Date: 03/13/2018 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:19pm 12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:20pm 12:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARTERET Instrument Location Atlan	utic Beach AD
Instrume	ent Serial No. <u>00 8 785</u>	
The preve	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to nths are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath alcoholic Breath Simulator tests,
procedure	that on the <u>13</u> day of <u>MARC 11</u> , 20 <u>/8</u> , the fore res were performed on the instrument indicated above, in accordance with cur nent of Health and Human Services, and the instrument is functioning proper	rent regulations of the N.C.
S S S S S S S S S S S S S S S S S S S		354 Certificate Number
	- · · · · · · · · · · · · · · · · · · ·	

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

DHHS 4080 (11/07)

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 03/13/2018

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK		12:49pm 12:50pm 12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1002 Test Date: 03/13/2018 Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
14.		and the second
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

Temperature Tests

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

Blank Tests

Test	Status	Time
	and the second second	

AIR Pass 12:57pm

Printer Tests

Test	 Status	Time

PRNT Pass 12:57pm

CRC Tests

lest		Status	1. 1	Time
•	1.			

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET Instrument Location EMERALD ISLE AS
Instrument	Serial No. <u>008620</u>
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	at on theday of
THE CHEAT SET OF THE CH	

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

DHHS 4080 (11/07)

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 03/13/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Record Number: 1929

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:49pm
FLO	Pass	1:49pm
FC	Pass	1:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

Blank Tests

Test	Status	s Time
ATR	Pagg	1 · 50pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm
-		

CRC Tests

Test	Status	Time
	et example of	
COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

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

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

Signature of Certifying Official

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008968 Test Date: 03/16/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:58pm 10:59pm 11:00pm 11:01pm 11:01pm 11:04pm 11:04pm 11:05pm
/	_	// 1

Reported AC:

g/210L

Signature of Chemical Analyst

ourt/cvr

Analyst

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008968 Test Record Number: 233 Test Date: 03/16/2018 Test Time: 11:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:06pm
SRC	Pass	11:06pm
DET	Pass	11:06pm
BAR	Pass	11:06pm
BT	Pass	11:06pm

Blank Tests

Test	Status	Time
AIR	Pass	11:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:07pm

CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CATAWBA Instrument Location BAT MOBILE 7
Instrumen	t Serial No
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on the 16th day of MARCH, 20/8 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. into f Health and Human Services, and the instrument is functioning properly.
SO SE AT SES	CANOO

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

DHHS 4080 (11/07)

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008971 Test Date: 03/16/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:54pm 9:55pm
ACCY CHK AIR BLK	.07	9:56pm 9:57pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm

Reported AC: .00 g/2/10:

Signature of Chemical Analyst

Court evr

Analyst

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008971 Test Record Number: 206
Test Date: 03/16/2018 Test Time: 10:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:02pm
FLO	Pass	10:02pm
FC	Pass	10:02pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:02pm 10:02pm 10:02pm 10:02pm 10:02pm
		_

Blank Tests

Test	Status	Time
Z T D	Dagg	10.03pm

Printer Tests

CRC Tests

Test	Status	Time	
COMP	Pass	10:03pm	
CAL	Pass	10:03pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Nathan Ca. Instrument Location Chatham Co. JA.
Instrument S	erial No. 00859/ P. Hsbord
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed we be common to the c	on theday of
STATE OF THE STATE	(1 King 654)
	Signature of Certifying Official Certificate Number

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

CHATHAM COUNTY JAIL 180

Serial Number: 008591 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported Ag: .00 /g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY JAIL 180

Serial Number: 008591

Test Record Number: 1967

Test Date: 03/09/2018 Test Time: 12:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:29pm	

Printer Tests

rest	Status	rime
PRNT	Pass	12: 29pm

CRC Tests

Test	Status	Time	
COMP	Pass Pass	12:30pm 12:30pm	

Preventive Maintenance Status: Pass

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ChauAN Instrument Location Chows N Co. 1.	
Instrument	Serial No. DO8588 Safety CTR. Edentud	M.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least are:	t once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	nometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholid simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	olic breath nulator tests,
I certify that procedures Department	at on theday of, 20 the forgoing preventive a were performed on the instrument indicated above, in accordance with current regulations of the tof Health and Human Services, and the instrument is functioning properly.	maintenance e N.C.
STATE COREATER CONTROL OF THE CONTRO	THE ON THE CARD	

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

Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008588 Test Date: 04/10/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008588
Test Date: 04/10/2018

Test Record Number: 954
Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:32am
FLO	Pass	11:32am
FC	Pass	11:33am

Temperature Tests

Test	Status	Time
FC1	Pass	11:33am
SRC	Pass	11:33am
DET	Pass	11:33am
BAR	Pass	11:33am
BT	Pass	11:33am

Blank Tests

Test	Status	Time
λΤD	Dagg	11.22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:33am
	CRC Tests	-

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

Preventive Maintenance Status: Pass

Analyst

	INTOXIMETERS, MO	· ·	
County	10.10	ment Location Clevek	and CountySDA
Instrument Ser	ial No. <u>008887 407</u>	7M=BroyerSt.,	Shelby '
The preventive four months ar	maintenance procedures for the Intoximeter	s, Model Intox EC/IR II to be	followed at least once every
1,	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centig	ressure, or the alcoholic breath	n 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	t breath sample;	
7.,	When "PLEASE BLOW" appears, collect	t breath 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 whichever occurs first.	g changed before expiration d four months or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
I certify that or procedures wer Department of	theday ofMa(ch) e performed on the instrument indicated abo Health and Human Services, and the instrum	ve, in accordance with current	going preventive maintenance regulations of the N.C.
STATE OF STA	Washington Market Land	M	6.56
	Signature of Co	eptifying Official	Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

> Serial Number: 008887 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:39pm 3:40pm 3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Chemical Analyst Signatur

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Record Number: 2595 Test Date: 03/09/2018

Test Time: 3:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO .	Pass	3:48pm
FC	Pass	3:48pm

Temperature Tests

Status	Time
Pass	3:48pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm

CRC Tests

rest	Status	Time
COMP	Pass	3:49pm
CAL	Pass	3:49pm

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 03/14/2018

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: RHODES, KENNETH C

Permit Number: 5329E Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG Pass 4:41pm.00 AIR BLK 4:42pmACCY CHK .08 4:42pmAIR BLK .00 4:44pmSUB TEST .00 4:44pm .00 AIR BLK 4:45pmSUB TEST .00 4:46pmAIR BLK .00 4:47pm

Perceted AC: //go

/ø0 g/k/10L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 1354
Test Date: 03/14/2018 Test Time: 4:54pm EDT

System Check: Passed

Baseline Tests

Temperature Tests

Test	Status	Time
FC1	Pass	4:54pm
SRC	Pass	4:54pm
DET	Pass	4:54pm
BAR	Pass	4:54pm
BT	Pass	4:54pm

Blank Tests

Test	Status	Time
AIR	Pass	4:55pm

Printer Tests

rest	Status	rime
PRNT	Pass	4:55pm

CRC Tests

Test	Status	Time
COMP	Pass	4:55pm
CAL	Pass	4:55pm

Preventive Maintenance Status: Pass

K.C. Knalyst

PREVENTIVE MAINTENANCE RECORD

port	INTOXIMETERS, MODEL INTOX EC/H	RII
County	Olumbus Instrument Location Colu	inbus_
Instrument Seri	al No. 00 8875 Country She	Wiff Defort
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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that on procedures were Department of I	the	oing preventive maintenance regulations of the N.C.
THE STATE OF AN AUTOMATICAL PROPERTY OF A STATE OF AN AUTOMATICAL PROPERTY OF A STATE OF	Signature of Certifying Official	Certificate Number

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 03/14/2018

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: 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	Pass	4:38pm
AIR BLK	.00	4:38pm
ACCY CHK	.08	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm

Reported AC:

0/g/21/0L

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 2019 Test Date: 03/14/2018 Test Time: 4:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:47pm
FLO	Pass	4:47pm
FC	Pass	4:47pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	4:47pm 4:47pm 4:47pm 4:47pm 4:47pm

Blank Tests

Test	Status	Time
AIR	Pass	4:48pm

Printer Tests

rest	Status	Time
PRNT	Pass	4:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:48pm 4:48pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 03/15/2018

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

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

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

rest	. 3/'SIOD .	rime
DIAG	Pass	9:12am
AIR BLK	.00	9:13am
ACCY CHK	.08	9:13am
AIR BLK	.00	9:14am
SUB TEST		9:15am
AIR BLK		9:16am
SUB TEST	.00	9:17am
AIR BLK	.00	9:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800

Test Record Number: 1135

System Check: Passed

Baseline Tests

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

Temperature Tests

Test		Status		Time
	19		, * j	
FC1		Pass	٠.	9:19am
SRC		Pass	19.54 A	9:19am
DET		Pass		9:19am
BAR		Pass	4 1 N	9:19am
BT		Pass		9:19am

Blank Tests

Test		Sta	tus	 Ti	ne
	1.				and the second
				1000	Apr. 424.0

AIR	Pass	 9:2	0am

Printer Tests

Te:				tus		
						ľime

PRNT	. 1	Pass	9:2	0.am
			 10 PM	100

CRC Tests

Test	· /*3 a		Time
11.57 CL E		itus -	3.11112
1000	#	2. C. C. C. C.	LILL

COMP		Pass	9:20am
CAL	 .:	Pass	9:20am

Preventive Maintenance Status: Pass

Karel E Hall

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN Instrument Location MCAS CHERRY POINT
Instrument	Serial No. 010819 AMO
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
S S S S S S S S S S S S S S S S S S S	TATE ON DELLA STATE ON THE STATE OF THE STAT
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 03/15/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	9:44am
AIR BLK	.00	9:44am
ACCY CHK	.08	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 528 Test Date: 03/15/2018

Test Time: 9:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:50am
FLO	Pass	9:50am
FC	Pass	9:51am

Temperature Tests

Test	Status	Time
FC1	Pass	9:51am
SRC	Pass	9:51am
DET	Pass	9:51am
BAR	Pass	9:51am
BT	Pass	9:51am

Blank Tests

Test	Status	Time
1.14		
AIR	Pass	9:51am

Printer Tests

Test	Status	Time
PRNT	Pass	9:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:52am

Preventive Maintenance Status: Pass

Pass

9:52am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	RAVEN Instrument Location New 15	CRN PD
	al No. 008817	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sir 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 simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
procedures W	on theday of	g preventive maintenance regulations of the N.C.
OF THE STATE OF TH	Carce E Hall	354
	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 03/15/2018

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: HALL, RANDY E
Permit Number: 3462E
Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time :
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.07	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:49am
ATD BIK	0.0	10.49am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Record Number: 1347

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

Temperature Tests

Test Status Time	J. 4.
<u>고 있</u> 으니 그는 전기 교통을 하셨다. 중요점	
FC1 Pass 10.52a	
SRC Pass 10:52a	
DET Pass 10:52a	
BAR Pass 10:52a	ım.
BT Pass 10:52a	ım

Blank Tests.

Test Status Time

10:53am AIR Pass

Printer Tests

Test Status Time

PRNT Pass 10:53am

CRC Tests

Test Status Time

COMP 10:53am Pass Pass 10:53am CAL

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN Instrument Location CRAVEN COUNTY
Instrumer	at Serial No. 0087.32 SHERIFF'S OFFICE
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
COREAT SE	Signature of Certifying Official Signature Signature Official

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 03/15/2018

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: HALL, RANDY E
Permit Number: 3462E
Effective:

05/01/2017-05/01/2019

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

Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time

DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST		11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 2031 Test Date: 03/15/2018 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11:38am
ATK	Pass	TT:30all

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Court	berland Co. Instrument Location Cumberland Co. Det. CTR.
Instrument Seria	al No. 008632 Fayetteville MC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF THE S	

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 03/07/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:00pm 12:01pm 12:01pm 12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 4035

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
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	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\bigcap	healand Co. Instrument Location Company Co. Det. Center
County	
Instrument Seria	al No. 008672 FAYETTEVILLE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of
OF ALL STATE OF VAN 10, 1775	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 03/07/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

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rest	9/2101	TTIIIG
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHK	.08	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 5914 Test Date: 03/07/2018 Test Time: 12:12pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
\mathtt{DET}	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

Blank Tests

rest	Status	Time
ATR	Dagg	12 • 13 mm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:14pm 12:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	umberland Co. Instrument Location Cumber	LANDCO. Deto CH
Instrument Se	rial No. 008633 Fayetteville	, VC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fre:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer 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 d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
I certify that oprocedures we Department of	on the	oing preventive maintenance regulations of the N.C.
AND SECTION OF SECTION	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 03/07/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:02pm 12:03pm 12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Chemical Analyst signature

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 4686

System Check: Passed

Baseline Tests

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

Temperature Tests

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

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	inheritard Co. Instrument Location Comberland Co. Det. Certe	
Instrument S	erial No. 00%/4 Fayetteville, MC	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	гу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	юw
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
	on theday of	nce
THE STATION OF THE ST	Signature of Certifying Official Certificate Number	_

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 03/07/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:03pm
AIR BLK	.00	12:04pm
ACCY CHK	.08	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

m - - - -

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 03/07/2018 Test Record Number: 3989 Test Time: 12:11pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	·
Test	Status	Time

12:13pm

12:13pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Class	Instrument Locatio	Curritack (o. S.O Corolley
Instrument Se	rial No. <u>DD 8949</u> 1123 000	an Trail, Corolla, N.C.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Into	x EC/IR II to be followed at least once every
1	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	e alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	·
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
· · 6.	When "PLEASE BLOW" appears, collect breath samp	ile;
7.	When "PLEASE BLOW" appears, collect breath samp	ile;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	the	ince with current regulations of the N.C.
STATE OF STA	ACOUNT CAROLINA	
COE QUAM VIDER	Keulr	643
	Signature of Certifying Office	cial Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 03/06/2018

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:36am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 450

Test Date: 03/06/2018

Test Time: 11:44am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:45am 11:45am 11:45am 11:45am 11:45am
		,

Blank Tests

Test	Status	Time

AIR Pass 11:45am

Printer Tests

Test	Status	TTIIIE	

PRNT Pass 11:45am

CRC Tests

Test	Status	Time	

COMP Pass 11:46am CAL Pass 11:46am

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 03/14/2018

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: RHODES, KENNETH C Permit Number: 5329E Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:41pm 12:42pm
ACCY CHK	.08	12:42pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:47pm
AIR BLK	. 0.0	12:48pm

Reported AC: /,00/g/2101/

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 838 Test Date: 03/14/2018 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

CRC Tests

Test	Status	Time
COMP	Pass	12:51pm
CAL	Pass	12:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/JR II

Instrument Serial No. Description of the Intoximeters, Model Intox EC/IR II to be followed at least once of four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath.	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once of four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath sample.	lica
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br	
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br	every
 Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath sample; 	er show
 Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath sample; 	
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath sample; 	
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath sample; 	
 When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath sample; 	
 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br 	
 Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br 	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath or tests,
I certify that on the day of and and an arrow, 20 / 8 the forgoing preventive maintenance 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.	itenance C.
TATE OF CHANGE AND THE STATE O	-) _/

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 01/31/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:59am
ACCY CHK		12:00pm
ACCI CHK	.08	12:00pm
SUB TEST	.00	12:01pm 12:02pm
AIR BLK	.00	12:02pm
SUB TEST		12:04pm
AIR BLK	00	12:05pm

Reported AC:

//g/210**//**/

Signature of themical Analyst

Court CVR

K.C.M.

Khalyst

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Date: 01/31/2018 Test Time: 12 07

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test		Status	Time
7 TD	٠.	D	10.05
AIR		Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:07pm
CAL	Pass	12:07pm
		T.

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

MINTO MA. NAME	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Duplin County
Instrument Se	erial No. 008864 Sheriff DeSartment
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20/8 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	

DUPLIN COUNTY DUPLIN CO SD 300'

Serial Number: 008864 Test Date: 03/23/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:57am
ACCY CHK	.08	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:04am

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY DUPLIN CO SD 300.

Serial Number: 008864 Test Record Number: 3330 Test Date: 03/23/2018 Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status Time	
IR	Pass 10:05aff	l
FLO	Pass 10:05am	l
FC	Pass 10:05am	ì

Temperature Tests

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

Blank Tests

Test	Status	Time
	The state of the s	
AIR	Pass	10:06am

Printer Tests

Test	Status	Time -
DDNT	Dagg	10.06am

CRC Tests

Test	Status	Time

COMP	Pass	10:06am
CAL	Pass	10:06am

Preventive Maintenance Status: Pass

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DIGTUMNE Instrument Location NAT MODE UNIT 10
Instrument S	Serial No. OO8580
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on theday ofday (N, 20_/, 20_/\sqrt{
A STATE CHANGE OF THE STATE OF	
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

EDGECOMBE COUNTY BAT MOBILE UNIT 10 320

Serial Number: 008580 Test Record Number: 2417 Test Date: 03/10/2018 Test Time: 8:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:23pm
SRC	Pass	8:23pm
DET	Pass	8:23pm
BAR	Pass	8:23pm
\mathtt{BT}	Pass	8:23pm

Blank Tests

Test	Status	Time
AIR	Pass	8:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:24pm 8:24pm

Preventive Maintenance Status: Pass

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 10 320

Serial Number: 008580 Test Date: 03/10/2018

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: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
1000	9/21011	11111

DIAG	Pass	8:10pm
AIR BLK	.00	8:11pm
ACCY CHK	.07	8:12pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Forsyth Instrument Location Bad mobile Unit 1]
Instrume	nt Serial No. <u>00 8970</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
. 8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedi	that on theday ofday of, 20, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
A CREAT OF S	STATE ON THE TAXABLE OF CARTIFICIAL SIGNATURE Number

FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008970 Test Date: 03/15/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, $CHAD\ V$

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:29pm 8:30pm 8:31pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chr V DY
Analyst

FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008970 Tes Test Date: 03/15/2018 Te

Test Record Number: 440
Test Time: 8:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:37pm 8:37pm
FC.	Pass	8:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:37pm
SRC	Pass	8:37pm
DET	Pass	8:37pm
BAR	Pass	8:37pm
BT	Pass	8:37pm

Blank Tests

Test	Status	Time
AIR	Pass	8:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:37pm

CRC Tests

Test	Status	Time
COMP	Pass	8:38pm
CAL	Pass	8:38pm

Preventive Maintenance Status: Pass

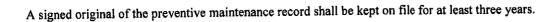
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II <u>th County Detention</u> on-Sakm, N.C. 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; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record: 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. $\underline{}$, 20 $\underline{\hspace{0.1cm}/\hspace{0.1cm}}$, 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



FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008683 Test Date: 03/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:55am 9:55am 9:56am 9:57am 9:58a m
AIR BLK	.00	9:50am
SUB TEST	.00	10:00am
ATR BLK1	. 0.0	10:01am

Reported AC: .00.0

Signature of Chemical Analyst

Court CVR

Analysi

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008683 Test Record Number: 613 Test Date: 03/24/2018

Test Time: 10:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:04am 10:04am
DET	Pass Pass	10:04am
BAR	Pass	10:04am
\mathtt{BT}	Pass	10:04am

Blank Tests

Test	Status	Time

AIR Pass 10:04am

Printer Tests

Test	Status	Time	

PRNT 10:04am Pass

CRC Tests

Test	Status	Time
COMP	Pass	10:04am
CAL	Pass	10:04am

Preventive Maintenance Status: Pass

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 03/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:00am
AIR BLK	.00	10:01am
ACCY CHK	.08	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:07am
AIR BLK	. .00	10:07am

Reported AC: 00 g/210I

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660

Test Record Number: 3945

Test Date: 03/24/2018

Test Time: 10:08am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:09am
FLO	Pass	10:09am
FC	Pass	10:09am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:09am 10:09am
DET	Pass	10:09am
BAR BT	Pass Pass	10:09am 10:09am

Blank Tests

Test	Status	Time
AIR	Pass	10:09an

Printer Tests

Test

PRNT	Pass	10:09am
	CRC Tests	
Test	Status	Time

Status

Time

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

Preventive Maintenance Status: Pass

Analysť

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

مب	INTOAIMETERS, MODEL INTOA LOAM
County FRA	Instrument Location FRANKLIN & LEC
Instrument Serial	1No. 008933 285 T: Kemp RD Cousburg. NC
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday of, 20_/ \{\}, the foregoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE COUNTY OF TH	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 03/08/2018

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: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:42pm
ACCY CHK	.08	1:42pm
AIR BLK SUB TEST	.00 .00	1:44pm 1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:45pm
ATR BIK	.00	1:47pm

Reported AC:

,00 a/210I

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 960 Test Date: 03/08/2018 Test Time: 1:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:49pm
FLO	Pass	1:49pm
FC	Pass	1:49pm

Temperature Tests

Test		Status	Time
FC1		Pass	1:49pm
SRC		Pass	1:49pm
DET		Pass	1:49pm
BAR	e de la companya de l	Pass	1:49pm
BT		Pass	1:49pm

Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm

CRC Tests

Test	Status	Time
COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance

// Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FA	ANK Lin Instru	ment Location Franklin	
<u></u>	orial No. <u>00894</u> 28.		
	e maintenance procedures for the Intoximeter	· ·	and the second s
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centi	ressure, or the alcoholic breath s grade;	imulator thermometer show
2.	Verify instrument displays time and date	;	1
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, colle	ct breath sample;	
7.	When "PLEASE BLOW" appears, colle	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed ever whichever occurs first.	ing changed before expiration da y four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
procedures v	on the day ofMALCH were performed on the instrument indicated a of Health and Human Services, and the instr	above, in accordance with current	ng preventive maintenance t regulations of the N.C.
STATE STATE OF THE CORE AT THE) token		662
	Signature of	Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 03/08/2018

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: NCNE

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: AG702302 Exp Date: 01/23/2019

Test	d/510P	rime
DIAG	Pass	11:40am
AIR BLK		11.41am
ACCY CHK	.07	11:42am
AIR BLK	.00	11:43am
SUB TEST		
AIR BLK	.00.	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:45am

Reported AC:

.00/9/210L

Signature of Zhemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 03/08/2018

Test Record Number: 1396 Test Time: 1:32pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

Blank Tests

Test		Status		1.TWG
•			-	•
AIR	٠.	Pass		1:34pm

Printer Tests

Test		Statu	lS	Time
	1			
PRMT		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 C	raham		raham Co. S.o.
Instrument Seri	al No. 008915	Robbinsvil	1/e, NC
The preventive four months are		Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		olic breath simulator thermometer sho
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and .	•
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before en anged every four months or afte	xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator test
procedures we	n the day of/ re performed on the instrument in Health and Human Services, and	ndicated above, in accordance w	the forgoing preventive maintenan ith current regulations of the N.C. roperly.
THE STATE OF THE S	Ding.	gnature of Certifying Official	635 Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 03/22/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.08	12:25pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 734 Test Date: 03/22/2018 Test Time: 12:32pm

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

Temperature Tests

Test	Stat	us 71	ne 🦠
			Santa Santa (Santa)
FC1	Pass	1. (:32pm,
SRC)`Pass	12	:32pm
DET	Pass	12	:32pm
BAR	Pass	12	:32pm
BT	Pass	12	:32pm

Blank Tests

Test	* 1	Status	Time
		And the second second	

AIR Pass 12:33pm

Printer Tests

 1.10			
 1 (2) 	Sta	+- 11	Time

PRNT Pass 12:33pm

CRC Tests

Test Status Time

COMP Pass 12:33pm CAL Pass 12:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	GUILFORD Instrument Location GREENSBORD JAIL
Instrument Se	erial No. <u>008638</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
The STAT.	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 03/13/2018

Citation Number: M0000000-0

Subject's Name:

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

Subject's Sex: Male

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

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

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:32pm 2:33pm
ACCY CHK	.08	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638

Test Record Number: 3393

Test Date: 03/13/2018

Test Time: 2:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC DET	Pass Pass	2:40pm 2:40pm
BAR	Pass	2:40pm
${f BT}$	Pass	2:40pm

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm

CRC Tests

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance Status: Pass

L'Herricheck Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD Instrument Location GREENSBORD JAI
Instrument Se	STAIL 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
. 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
COLUMN STATION OF THE COLUMN O	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718 Test Date: 03/13/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:05pm 2:05pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:07pm
SUB TEST AIR BLK	.00 .00	2:08pm 2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718

Test Record Number: 1725

Test Date: 03/13/2018

Test Time: 2:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
\mathtt{BT}	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm

CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
\mathtt{CAL}	Pass	2:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINETERS, NODEL INTOXICATION
County	GUILFORD Instrument Location GREENSBORO JAI
Instrument	Serial No. 008794
The preven four month	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departme	at on theday of
COLATE GREAT SEL	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 03/13/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:57pm 12:57pm 12:58pm 12:59pm 1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Test Record Number: 5936 Serial Number: 008794

Test Time: 1:04pm EDT Test Date: 03/13/2018

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:04pm 1:04pm
FC	Pass	1:04pm

Temperature Tests

Test Status Time	
FC1 Pass 1:04	
SRC Pass 1:05	ρm
DET Pass 1:05	om
BAR Pass 1:05	pm
BT Pass 1:05	pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Suilforc

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;
- Verify instrument accuracy; 5.
- When "PLEASE BLOW" appears, collect breath sample; 6.
- When "PLEASE BLOW" appears, collect breath sample; 7.
- Print test record;
- Verify Diagnostic Program; and
- Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

, 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.



GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 03/30/2018

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

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210 L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:53pm 10:54pm 10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKYNON Analyst

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Record Number: 5534
Test Date: 03/30/2018 Test Time: 11:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02pm 11:02pm
FLO	Pass	_
FC	Pass	11:02pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:02pm 11:02pm
DET	Pass	11:02pm
BAR	Pass	11:02pm
\mathtt{BT}	Pass	11:02pm

Blank Tests

Test	Status	Time
AIR	Pass	11:03pm

Printer Tests

Status	Time
Pass	11:03pm
CRC Tests	
	Pass

Test	Status	TTIME
COMP	Pass	11:03pm
CAL	Pass	11:03pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

÷	INTOXIMETERS, MODEL INTOX EC/IR II
County	HALIFAX Instrument Location ROANORE RAPICS PD
-	t Serial No. 008656 1040 Royanoke Are Downske Papids, NC
21.0.1	Roanske PAPIDS, NC
The preve	
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.
neocodu	that on theday of
GREAT ST	STATE OF TOWN AND THE COUNTY OF THE COUNTY O

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

DHHS 4080 (11/07)

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:41pm
AIR BLK	.00	2:42pm
ACCY CHK	.07	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 602

Test Date: 03/09/2018

Test Time: 2:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET.	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

Blank Tests

Test	Status	Time
ATR	Pass	2:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm

CRC Tests

Test	Status	Time
COMP	'Pass	2:49pm
CAL	Pass	2:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	KS, MODE	INIUA ECIR	" 2 95
County H	ALIFAX	Instrument Lo	cation_koanoke_	RAPIDS PD
Instrument Se	rial No. <u>008635</u>	1040 ROA	cation hoande Roanoke moke Rapic	Ave 25, NC
The preventiv	re maintenance procedures for the lare:		•	The second secon
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, egree centigrade;	, or the alcoholic breath s	imulator thermometer show
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breat	h sample;	
7.	When "PLEASE BLOW" ap	pears, collect breat	h sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	ınd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being char anged every four r	nged before expiration da nonths or after 125 Alcol	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that procedures v Department	t on theday of were performed on the instrument t of Health and Human Services, a	indicated above, in	n accordance with curren	ng preventive maintenance t regulations of the N.C.
THE STATE OF THE S		ignature of Certify	ing Official	Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTATIVE, MAINTENANCE

Subject'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: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
	-	1.7

	3.5	
DIAG	Pass	2 : 4 0 pm
AIR BLK	.00	2:40pm
ACCY CHK	.08	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:45pm
ATR BLK	.00	2 465m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1635
Test Date: 03/09/2018 Test Time: 2:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC :	Pass	2:47pm

Temperature Tests

Test	Status	Time
eci (Bass	2,47pm
šrc	Pass	2:47pm
	Pass	2:47pm:
BAR BT	Pass Pass	2:47pm 2:47pm

Blank Tests

Tes	t.	ៈនេ	atus		ime
	7	7	and the second second	*	

AIR Pass 2:48pm

Printer Tests

Test Status Time

PRNT Pass 2:48pm

CRC Tests

Test Status Time

COMP Pass 2 48 pm

Preventive Maintenance Status Pass

Analyst :

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	HALIFAX Instrument Location HALIFAX G. SHRIFF: OFFICE
Instrume	ent Serial No. 008695 355 Ferrell Cn 1+ALIFAX, NC
	ItALIFAX, NC
	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths 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	7. When "PLEASE BLOW" appears, collect breath sample;
1	Print test record;
•	9. Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	fy that on theday of
CREAT S.C.	Signature of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:29pm 1:30pm 1:30pm 1:31pm 1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
ATR BLK	.00	1:35pm

Reported/AC:

Court CVR

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 2451

Test Date: 03/09/2018

Test Time: 1:38pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
· ·		
[∆] 'a T D	Dagg	1 - 40 mm

Printer Tests

Test	Status	Time
DDNT	Dagg	1 · 4 0 mm

CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location BAT M	06/eU/212
Instrument S	erial No.008788 Harett Co SHF	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 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 day simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	holic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	regulations of the N.C.
STAIS ITS.	TE OF NO PERSONAL PROPERTY OF THE PERSONAL PRO	
APRIL 12.	THE PARTY OF THE P	660
	Signature of Certifying Official	Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 12 420

Serial Number: 008788 Test Date: 03/16/2018

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: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:28pm 10:29pm
ACCY CHK	.07	10:30pm
AIR BLK SUB TEST	.00 .00	10:30pm 10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm

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

HARNETT COUNTY BAT MOBILE UNIT 12 420

Serial Number: 008788 Test Record Number: 1333
Test Date: 03/16/2018 Test Time: 10:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:36pm
BT	Pass	10:36pm
And the second second second second		

Blank Tests

Test	Status	Time	

AIR Pass 10:37pm

Printer Tests

Test	Status	Time

PRNT Pass 10:37pm

CRC Tests

	and the second of the second o	
TD	Status	Time
Test	SIALUS	1 1 11111
	D C C C C C C	

COMP Pass 10:37pm CAL Pass 10:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/16	(11
County Hay	NOOD Instrument Location Hay WOO	Co. Jail
	Instrument Location Haywood INO. 008714 Waynesville, No.	
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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath oholic Breath Simulator tests,
procedures wer	the 20 day of March, 20/8 the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OF COLUMNISM	Signature of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 03/20/2018

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 03/20/2018 Test Record Number: 1468
Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
\mathtt{BT}	Pass	11:08am

Blank Tests

Test	Status	Time
3. T.D	D	. 11 00
AIR	Pass	11:09am

Printer Tests

Test	Status	Time
PRNT	Pass	11:09am
С	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:09am 11:09am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\mathbf{I}	NTOXIMETE	RS, MODEL INTOX	EC/IR II	
County Haywood		Instrument Location <u>//a</u>	ywood Co.	_Tai/_
		Waynesville		
		·		
The preventive maintenance four months are:	e procedures for the I	ntoximeters, Model Intox EC/II	R II to be followed at lea	ast once every
1. Verify th 34 degre	e ethanol gas canister es, plus or minus .2 de	displays pressure, or the alcohor egree centigrade;	olic breath simulator the	rmometer show
2. Verify in	strument displays tim	e and date;		
3. Initiate b	reath test sequence;		,	
4. Enter inf	ormation as prompted	i; .		
5. Verify in	strument accuracy;			
6. When "F	LEASE BLOW" app	pears, collect breath sample;		
7. When "I	LEASE BLOW" app	pears, collect breath sample;		
8. Print tes	t record;			
9. Verify D	riagnostic Program; a	nd		
simulato	nat the ethanol gas can r solution is being cha er occurs first.	nister is being changed before eanged every four months or afte	xpiration date, or the alc er 125 Alcoholic Breath	oholic breath Simulator tests,
procedures were performe	d on the instrument in	dicated above, in accordance we the instrument is functioning p	vith current regulations of	ive maintenance of the N.C.
OTHE STATE OF AND THE S		R Cuther	·	35
The state of the s	- Corrido	gnature of Certifying Official		ate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 03/20/2018

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:59am 11:00am 11:01am 11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
ATR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 2017

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:07am 11:07am
FC	Pass	11:08am

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11:08an

Printer Tests

rest	Status	TTITLE
PRNT	Pass	11:08am

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County He	Instrument Location Bry Mobile Unit 11
Instrument Se	rial No. 008973
Instrument oc	
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 séquence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	ton the 31 day of Much, 2018, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. to Health and Human Services, and the instrument is functioning properly.
STAIL	

HENDERSON BAT MOBILE UNIT 11 440

Serial Number: 008973 Test Date: 03/31/2018

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

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

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

Analyst's Name: 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 AIR BLK	Pass	7:57pm 7:58pm
ACCY CHK	.08	7:59pm
AIR BLK	.00	mq00:8
SUB TEST	.00	mq00:8
AIR BLK	.00	8:01pm
SUB TEST	.00	mqE0:8
ATR BLK	.00	8:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Chr US

HENDERSON BAT MOBILE UNIT 11 440

Serial Number: 008973

Test Record Number: 476

Test Date: 03/31/2018

Test Time: 8:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:05pm
FLO	Pass	8:05pm
FC	Pass	8:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:05pm
SRC	Pass	8:05pm
\mathtt{DET}	Pass	8:05pm
BAR	Pass	8:05pm
BT	Pass	8:05pm

Blank Tests

Test	Status	Time
ATR	Pass	8:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:06pm

CRC Tests

Test	Status	Time
COMP	Pass	8:06pm
CAL	Pass	8:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ERTFORD		cation_ <i>HHOSK</i>	ie P.D.
Instrument Se	erial No. 008848			
The preventiv	ve maintenance procedures for th	e Intoximeters, Mode	I Intox EC/IR II to be t	followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, degree centigrade;	or the alcoholic breath	simulator thermometer shows
2.	Verify instrument displays t	time and date;		
3.	Initiate breath test sequence	;;		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy	•		
6.	When "PLEASE BLOW" a	appears, collect breat	a sample;	
7.	When "PLEASE BLOW"	appears, collect breat	n 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 char changed every four n	ged before expiration on this or after 125 Alco	date, or the alcoholic breath oholic Breath Simulator tests,
			f girano	
procedures w	on theday ofday ofwere performed on the instrument of Health and Human Services, a	t indicated above, in	accordance with curren	going preventive maintenance t regulations of the N.C.
STATION STATION OF THE STATION OF TH	E 8 A CO A STATE OF THE STATE O			
AREL 12. C	Wilder & March	ico A. Ken	Frank Commence.	647
		Signature of Certifyi		Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 03/21/2018

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 AIR BLK	Pass	12:33pm 12:34pm
ACCY CHK	08	12:34pm
AIR BLK		12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1317

Test Date: 03/21/2018

Test Time: 12:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:41pm

Temperature Tests

Test	Status	Time
1.1		
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

Blank Tests

Test	Status	Time

AIR Pass 12:42pm

Printer Tests

Test	Status	Time

Pass 12:42pm PRNT

CRC Tests

Test	Status	Time
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance Status: Pass

	PREVENTIVE MAINTENANCE RECORD
County	INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location States (i) (P)
Instrument Se	MORIO 200 C TO 1/St State 1/6
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w	on the day of MacO, 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.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 03/01/2018

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: 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

iest	9/2101	TIME
DIAG	Pass	9:28am
AIR BLK	.00	9:29am
ACCY CHK	.07	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619

Test Record Number: 1394

Test Date: 03/01/2018

Test Time: 9:36am EST

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	9:36am
SRC	Pass	9:36am
DET	Pass	9:36am
BAR	Pass	9:36am
BT	Pass	9:36am

Blank Tests

Test	Status	Time
	the state of the s	

AIR Pass 9:37am

Printer Tests

IESU	Status	TTIIIG
		3.35
PRNT	Pass	9:37am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

County I	INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location I (Land SD)
Instrument Se	erial No. 008809 20) E. WaterSt., Statesville
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE ONE STATE OF THE OWNER OF THE OWNER OF THE OWNER OWN WATER OF THE OWN WATER OWN	Signature of Certifying Official Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

-- /OI OT

m:

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:58pm 12:59pm 1:00pm 1:00pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
ATR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemica Analyst

Court CVR

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

Analyst

Rev. 12/2007

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 3840

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	1 • 0.7 mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	JONES Instrument Location Jones County
Instrument S	Serial No. <u>008705</u> SHERIFF'S OFFICE
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures	at on theday ofARCh, 20/S, the foregoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
STATE COLUMN TO STATE OF STATE	

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 03/15/2018

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: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
•		
DIAG	Pass	12:22pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
AIR BLK		12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 1204
Test Date: 03/15/2018 Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time
•		
AIR	Pass	12:30pm

Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ENOIR Instrument Location Levo	R CO. S.D.
Instrument Se	erial No. 008639 130 Queen 57.	KINSTON, N. C.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to lare:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer 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 A whichever occurs first.	Alcoholic Breath Simulator tests,
procedures v	on the day of MACC 4 , 20 /8 the were performed on the instrument indicated above, in accordance with curr of Health and Human Services, and the instrument is functioning properly	rent regulations of the N.C.
STATE OF THE STATE	E Or N Op H	647

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 03/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:16am 10:17am 10:17am
AIR BLK	.00	10:19am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:22am
ATR BLK	.00	10:23am

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

Lind Heest Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 3126

Test Date: 03/07/2018

Test Time: 10:23am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:25ar

Printer Tests

Test	Status	Time
PRNT	Pass	10:25am
	CRC Tests	
Tect	Status	Time

1000	200000	220		
COMP	Pass	10:25am		
CAL	Pass	10:25am		

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ENOIR		tion KINSTON		
Instrument Se	erial No. 00 8624	205 E.	KiNG 51.	KINSTE	N. N.
The preventive four months a	ve maintenance procedures for the I	ntoximeters, Model I	ntox EC/IR II to be 1	followed at least	t once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or	the alcoholic breath	simulator thern	nometer show
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	!;			
5.	Verify instrument accuracy;				4. 4 4. 4
6.	When "PLEASE BLOW" app	ears, collect breath s	ample;		
7.	When "PLEASE BLOW" app	ears, collect breath s	ample;		
8.	Print test record;				
9.	Verify Diagnostic Program; at	nd			
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being change anged every four mor	d before expiration d ths or after 125 Alco	late, or the alcoloholic Breath Si	holic breath imulator tests,
I certify that procedures v Department	on theday ofday of	A LC H dicated above, in acc the instrument is fun	ordance with current	going preventive t regulations of	e maintenance the N.C.
MAND SEPTIME CAREATOR	E Or NO PLANT OF THE PARTY OF T	enature of Certifying		6	Y Z

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 03/07/2018

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2017-08/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:49am 10:50am
ACCY CHK	.07	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:52am
AIR BLK	00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1670

Test Date: 03/07/2018

Test Time: 10:56am EST

System Check: Passed

Baseline Tests

Test	Status	Time		
	Y 1994	1.14. (1.14.)		
IR .	Pass	10:57am		
FLO	Pass	10:57am		
FC	Pass	10:57am		

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:57am 10:57am 10:57am 10:57am 10:57am
	1.5	the state of the s

Blank Tests

Test	 Status	Time
+	Deacas	22

AIR Pass 10:57am

Printer Tests

Status Time Test

PRNT Pass 10:58am

CRC Tests

Test Status Time

COMP 10:58am Pass CAL Pass 10:58am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

W	INTOXIMETERS, MODEL INTOX EC/IR II
County_	ecklessurg Instrument Location Genetics PD
Instrument Ser	ial No. 008692 2140 Catawas Ave. Cornelius

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 march, 2000 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 03/01/2018

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: HAYS, MARK D
Permit Number: 15924E
Effective:

01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:24pm
ATD DIV	00	1.25pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 2768

Test Date: 03/01/2018 Test Time: 1:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:27pm
SRC	Pass	1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
BT	Pass	1:27pm

Blank Tests

Test		Status	Time	

AIR Pass 1:27pm

Printer Tests

Test	٠			Status	Time		
						3 .	

1:27pm Pass PRNT

CRC Tests

Test	Status	Time
COMP	Dogg	1.0000
COMP	Pass	1:28pm
CAL	Pass	1 : 28pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX E Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record: 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of

rtifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 03/16/2018

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: HAYS, MARK D

Permit Number: 15924E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:40pm
ACCY CHK	.08	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 7198
Test Date: 03/16/2018 Test Time: 2:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
*		10
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:48pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm

CRC Tests

Test	Status	Time
COMP	Pass	2:49pm
CAL	Pass	2:49pm

Preventive Maintenance Status: Pass

Analyst

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

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Date: 03/17/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test

1000	9/2101	TTIIC
DIAG	Pass	10:06pm
AIR BLK	.00	10:07pm
ACCY CHK	.08	10:08pm
AIR BLK	.00	10:09pm
SUB TEST	.00	10:11pm
AIR BLK	.00	10:12pm
SUB TEST	.00	10:13pm
AIR BLK	/ 00	10:14pm

a/210T.

Time

Reported AC: .00 \$124

Signature of Chemical Analyst

Court CVK

Analyst

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

Rev. 12/2007

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969

Test Record Number: 217

Test Date: 03/17/2018

Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:16pm 10:16pm 10:16pm 10:16pm 10:16pm
		· . -

Blank Tests

Test	Status	Time

AIR Pass 10:17pm

Printer Tests

Test	Status	Time
		~

PRNT Pass 10:17pm

CRC Tests

Test	Status	Time

COMP Pass 10:17pm CAL Pass 10:17pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	cklenburg Instrument Location Matthews PD
	INO. 008699 1201 Crews Rd Matthews
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 <u>22 nd</u> day of <u>Marda</u> , 20 <u>V</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.
THE STATE OF WAY 20, 1775	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 03/22/2018

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: HUTCHINSON, JOSEPH

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:21pm
AIR BLK	.00	4:22pm
ACCY CHK	.07	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:27pm
ATR BLK	. 0.0	4:28pm

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

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2628

Test Date: 03/22/2018 Test Time: 4:29pm EDT

System Check: Passed

Baseline Tests

Test Sta tus	Time
IR Pass	4:29pm
FLO Pass	4:29pm
FC Pass	4:30pm

Temperature Tests

Sta tus	Time
Pas s	4:30pm
Pas s	4:30pm
Pass	4:30pm
Pas s	4:30pm
Pas s	4:30pm
	Pass Pass Pass Pass

Blank Tests

Test	Sta tus	Time
AIR	Pass	4:30pm

Printer Tests

Test	Status	Time
PRNT	Pas s	4:30pm

CRC Tests

Test	Status	Time
COMP	Pass	4:30pm
CAL	Pass	4:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	Mecklewburg Instrument Location BAT MOBILE 7 Trial No. 008972
Instrument Se	rial No. 0089 72
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3. (a)	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 29 day of Mach, 20/8 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 03/29/2018

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: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:18pm 11:19pm 11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:21pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:24pm

Reported AC:

6∕α/210Tu

Signature of Chemical Analyst

Court CVR

Analyst/

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Record Number: 288
Test Date: 03/29/2018 Test Time: 11:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:27pm
FLO	Pass	11:27pm
FC	Pass	11:27pm

Temperature Tests

Test Status Time	
FC1 Pass 11:27	om
SRC Pass 11:27	рm
DET Pass 11:27	om
BAR Pass 11:27	om
BT Pass 11:27	om

Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

Printer Tests

IESL	Status	TIME
PRNT	Pass	11:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:28pm
CAL	Pass	11:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Mecklen Bur 6 Instrument Location BAT MOBILE
Instrument Se	Mecklenburg Instrument Location BAT MOBILE / erial No. 008968
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 273 day of Merch , 20/8 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 03/29/2018

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: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST/	Pass .00 .07 .00 .00	10:16pm 10:17pm 10:18pm 10:19pm 10:19pm 10:20pm
AIR BLK	.00	10:23pm

Reported AC:

Signature of Chemica/ Analyst

Court

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Record Number: 237
Test Date: 03/29/2018 Test Time: 10:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:26pm 10:26pm
DET	Pass Pass	10:26pm
BAR BT	Pass Pass	10:26pm 10:26pm
-	1 (100	10.20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:27pm

CAL

Analys

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 /	Neckhenburg Instrument Location BAT MOBILE 7
Instrument So	PECKLENBURG Instrument Location BAT MOBILE 7 erial No. 008971
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 29 ^{TA} day of Narch, 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.
STATE STATE OF THE OWNER OWNER OF THE OWNER OWN	659
A signed orig	Signature of Certifying Official Certificate Number ginal of the preventive maintenance record shall be kept on file for at least three years.

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Date: 03/29/2018

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: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test	g/210L	Time
エニシィ	Y/∠±ŲLi	TTIIIG

DIAG	Pass	10:06pm
AIR BLK	.00	10:07pm
ACCY CH	K .07	10:08pm
AIR BLK	.00	10:09pm
SUB TES	T .00	10:09pm
AIR BLK	00مر	10:10pm
SUB TES		10:12pm
AIR BLK	/ .00	1 0:139pm

Penorted AC.

Q√0 σ/2/10]

Signature of Chemical Analyst

Court OVR

Analyst,

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Record Number: 211 Test Date: 03/29/2018 Test Time: 10:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR .	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
${f BT}$	Pass	10:14pm

Blank Tests

Test	Status	Time
ATR	Pass	10:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm

CRC Tests

Test	Status	Time
COMP	Pass	10:15pm
CAL	Pass	10:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Necklenburg Instrument Location BAT MOBILE
Instrument Se	erial No. <u>008969</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 3075 day of March, 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.
STATI OF STATION OF ST	

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Date: 03/30/2018

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:32am 12:33am 12:33am
AIR BLK	.00	12:34am
SUB TEST	.00	12:35am
AIR BLK	.00	12:36am
SUB TEST	.00	12:37am
AIR BLK	.øo	12:38am

Reported AC: .00 g/210kg

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969

Test Record Number: 220

Test Date: 03/30/2018

Test Time: 12:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:42am 12:42am
FC	Pass	12:43am

Temperature Tests

Status	Time
Pass	12:43am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	

AIR Pass 12:43am

Printer Tests

Test Status Time

PRNT Pass 12:43am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	tchell	Instrument Location Spruce	Pine PD	
Instrument Se	erial No. <u>(10 & 72 6</u>	Spire !	Pine, NC	
The preventive four months a		eximeters, Model Intox EC/IR II to be for	ollowed at least once every	
1.	Verify the ethanol gas canister die 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath eee centigrade;	simulator thermometer show	
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration da ed every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,	
procedures w	on the <u>S</u> day of <u>Make</u> vere performed on the instrument indic of Health and Human Services, and the	the forg tated above, in accordance with current is functioning properly.	oing preventive maintenance regulations of the N.C.	
TATE TO CHEAT TO CHEA	CAROLL			
The state of the s	Siona	ture of Certifying Official	Certificate Number	
	0.6.10			

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 03/08/2018

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 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:35pm 1:36pm 1:37pm 1:38pm 1:38pm 1:39pm
SUB TEST	.00	1:41pm
AIR BLK	0.0	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 912 Test Date: 03/08/2018 Test Time: 1:43pm EST

System Check: Passed

Baseline Tests

Test		Status	Time
IR		Pass	1:43pm
FLO		Pass	1:43pm
FC	ř.	Pass	1:43pm

Temperature Tests

Test		Status	3	Time
FC1.		Pass		1:43pm
SRC		Pass		1:43pm
DET	100	Pass		1:43pm
BAR		Pass		1:43pm
BT	1.1	Pass		1:43pm

Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:44pm
CAL	Pass	1:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Moone Co. Instrument Location Pinchurs Police Deal.
Instrument Se	erial No. 008710 Pinehures T. NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 opposedures we Department of	on theday of, 20 / \frac{1}{20} the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 03/08/2018

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302

Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:49pm 12:50pm 12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 1471 Test Date: 03/08/2018 Test Time: 12:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:57pm 12:57pm
FC	Pass	12:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:57pm
SRC	Pass	12:57pm
DET	Pass	12:57pm
BAR	Pass	12:57pm
BT	Pass	12:57pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:58pm
\mathtt{CAL}	Pass	12:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_///	Instrument Location MAT MOSSIE 10
Instrument Se	rial No. 00 4580
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 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
STATE OF STA	

NASH COUNTY BAT MOBILE UNIT 10 630

Serial Number: 008580 Test Record Number: 2414

Test Date: 03/09/2018 Test Time: 8:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47pm
FLO	Pass	8:47pm
FC	Pass	8:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:47pm
SRC	Pass	8:47pm
DET	Pass	8:47pm
BAR	Pass	8:47pm
BT	Pass	8:47pm

Blank Tests

Test	Status	Time
ΔTD	Dagg	Q • 1 grom

Printer Tests

Test	Status	Time
PRNT	Pass	8:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:48pm

Preventive Maintenance Status: Pass

Analyst

NASH COUNTY BAT MOBILE UNIT 10 630

Serial Number: 008580 Test Date: 03/09/2018

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:
09/22/2017-09/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	8:38pm
AIR BLK	.00	8:39pm
ACCY CHK	.07	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:41pm
AIR BLK	.00	8:42pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVETERS, NIODEL INTUA EC/IR II
County_	NEW HANDVER Instrument Location BAT MOBILE ONIT
Instrumen	MEW HANDVER Instrument Location BAT MOBILE UNIT (t Serial No. 008647 WILMINGTON, NO.
	· · · · · · · · · · · · · · · · · · ·
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the day of MRCH, 2018 the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
IL CREAT SE	TATE OF TOP TO THE CAROLES
180 × 180 ×	alu Re B
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647 Test Date: 03/09/2018

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BARNES, 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

1000	9/2101	TIME
DIAG	Pass	8:02pm
AIR BLK	.00	8:03pm
ACCY CHK	.07	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm

 $\sigma/210T_{\rm c}$

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647

Test Record Number: 2394

Test Date: 03/09/2018

Test Time: 8:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:10pm
FLO	Pass	8:10pm
FC	Pass	8:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:10pm
SRC	Pass	8:10pm
DET	Pass	8:10pm
BAR	Pass	8:10pm
${ t BT}$	Pass	8:10pm

Blank Tests

Test	Status	Time
ΔTR	Pass	8:11pm

Printer Tests

PRNT Pass 8:11pm	Test	Status	rime
	PRNT	Pass	8:11pm

CRC Tests

Test	Status	Time
COMP	Pass	8:11pm
CAL	Pass	8:11pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NEW	HANDUER	Instrument Location	BATMO	BILE UNIT
Instrumer	nt Serial No	008704	Instrument Location	WILMIN	OTON, NO
The preve		nce procedures for the	Intoximeters, Model Intox E	C/IR II to be followed	l at least once every
1.		the ethanol gas caniste rees, plus or minus .2 o	er displays pressure, or the al degree centigrade;	coholic breath simulat	or thermometer shows
2.	Verify	instrument displays tir	me and date;		
3.	Initiate	breath test sequence;			
4.	Enter i	nformation as prompte	ed;		
5.	Verify	instrument accuracy;			
6.	When	"PLEASE BLOW" ar	pears, collect breath sample;		
7.	When	"PLEASE BLOW" ar	pears, collect breath sample;		
8.	Print to	est record;			
9.	Verify	Diagnostic Program; a	and		
10.	simula		unister is being changed before nanged every four months or		
I certify t procedure Departme	hat on thees were performent of Health an	day of Ned on the instrument ind Human Services, and	ndicated above, in accordance d the instrument is functioning	S the forgoing proper with current regulating properly.	eventive maintenance ions of the N.C.
CREAT SE	TATE OF NO.	<u> </u>	gnature of Certifying Officia	I Ce	648 rtificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008704 Test Date: 03/09/2018

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

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

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

Analyst's Name: BARNES, 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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	7:41pm 7:42pm
ACCY CHK	.08	7:43pm
AIR BLK SUB TEST	.00 .00	7:43pm 7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008704

Test Record Number: 503

Test Date: 03/09/2018 Test Time: 7:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:49pm
SRC	Pass	7:49pm
DET	Pass	7:49pm
BAR	Pass	7:49pm
BT	Pass	7:49pm

Blank Tests

Test	Status	Time
AIR	Pass	7:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:50pm

CRC Tests

Status	Time
Pass	7:50pm 7:50pm
	Pass Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MEW HAM	NER	Instrument Location	BAT	MOBILE UNI LINGTON, A	7
Instrument	Serial No. <u>つく</u>	08575	· · · · · · · · · · · · · · · · · · ·	WILA	LINGTON, A	<u> </u> -
The preven		ocedures for the I	ntoximeters, Model Into	x EC/IR II to be for	ollowed at least once every	
1.		nanol gas canister lus or minus .2 de		alcoholic breath	simulator thermometer show	VS.
2.	Verify instru	nent displays time	e and date;			
3.	Initiate breatl	test sequence;				
4.	Enter informa	tion as prompted	;			
5.	Verify instru	nent accuracy;				
6.	When "PLEA	SE BLOW" appo	ears, collect breath samp	e;		
7.	When "PLEA	SE BLOW" appe	ears, collect breath samp	ole;		
8.	Print test reco	ord;				
9.	Verify Diagn	ostic Program; and	d .			
10.		ation is being char			te, or the alcoholic breath nolic Breath Simulator tests,	
procedures	were performed on	the instrument ind	icated above, in accordate instrument is function	ince with current i	oing preventive maintenance egulations of the N.C.	;
STAR OF THE STAR O	HE O'NO ROLL OF THE O'NO AND THE O'NO AND THE O'N AND	<u>Cl</u>	De Santigue Com	aio!	Certificate Number	

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008575 Test Date: 03/09/2018

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

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

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

Analyst's Name: BARNES, 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 AIR BLK	Pass	7:39pm 7:39pm
ACCY CHK	.07	7:40pm
AIR BLK SUB TEST	.00	7:41pm 7:42pm
AIR BLK	.00	7:42pm 7:43pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Columbia Columbia

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575

Test Record Number: 1066

Test Date: 03/09/2018

Test Time: 7:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:46pm
FLO	Pass	7:46pm
FC	Pass	7:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:46pm
SRC	Pass	7:46pm
DET	Pass	7:46pm
BAR	Pass	7:46pm
BT	Pass	7:46pm

Blank Tests

Test St	atus Time
---------	-----------

AIR Pass 7:47pm

Printer Tests

Test Status Tim	ne
-----------------	----

PRNT Pass 7:47pm

CRC Tests

Test Status Time

COMP Pass 7:47pm CAL Pass 7:47pm

Preventive Maintenance Status: Pass

Analyst

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

NEW HANOVER COUNTY. NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 03/15/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:00pm
AIR BLK	.00	3:01pm
ACCY CHK	.07	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
ATR BLK	. 00	mc3:06pm

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 7040

Test Date: 03/15/2018

Test Time: 3:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:09pm 3:09pm
FC	Pass	3:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm

CRC Tests

Test	Status	Time
		* - u
COMP	Pass	3:10pm
CAL	Pass	3:10pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

> Serial Number: 008617 Test Date: 03/15/2018

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

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

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

Test.

1000	5/2102	11110
DIAG	Pass	2:55pm
AIR BLK	.00	2:56pm
ACCY CHK	.08	2:56pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm

 $a/210T_{\rm c}$

Time

Reported AC: / 00 g/2/10L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2888

Test Date: 03/15/2018 Test Time: 3:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

Temperature Tests

Status	Time
Pass	3:09pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:10pm
CAL	Pass	3:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EC/JR, II
County Ne	1 Handrer Instrument Location Wilmington
Instrument Seri	al No. 008628 Police Departme
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
.1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of 1974, 20 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.
STATE OF THE STATE	CAROLLE CAROLL
* ESSE QUAM VIDE	11 100 G
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 03/15/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:17pm
AIR BLK	.00	4:18pm
ACCY CHK	.07	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm

Reported A0://.00/g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 4484

Test Date: 03/15/2018

Test Time: 4:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:27pm
FLO	Pass	4:27pm
FC	Pass	4:27pm

Temperature Tests

Status	Time
Pass	4:27pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
	•		
ATR	Pass	4:28pm	

Printer Tests

Test	status	Time
PRNT	Pass	4:28pm

CRC Tests

Test	St at us	Time
COMP	Pass	4:28pm
CAL	Pass	4:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVIETERS, MODEL INTUA EC/IR I	
County 시 🛎	Hanover Instrument Location Carolit	na Beach
Instrument Ser	ial No. 008441 Police Depa	Hent
The preventive four months are	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 show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
	the day of March, 20 the forgoing the performed on the instrument indicated above, in accordance with current reg Health and Human Services, and the instrument is functioning properly.	g preventive maintenance ulations of the N.C.
THE STATE OF THE PROPERTY OF T		1 -0 1
VIAN IN	Simulate Carife in a Committee	401
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 03/16/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019.

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:35am
AIR BLK	.00	9:35am
ACCY CHK	.07	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:40am
AIR BLK	.00	9:42am

Reported AC, /.00 ,g/210L

Signature of Chemical Analyst

Court CVR

K. C. Phodes
Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 2418

Test Date: 03/16/2018

Test Time: 9:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:44am

Printer Tests

Test	Status	Time
PRNT	Pass	9:44am
		•

CRC Tests

TESC	Scalus	TIME
COMP	Pass	9:44am
CAL	Pass	9:44am

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 03/16/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	g/510F	Time
DIAG	Pass	10:51am
AIR BLK	00	10:51am
ACCY CHK	.07	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am
SUB TEST		10:56am
AIR BLK	.00	10:57am

Reported AC: .00 /g/210/L

Signature of Chemical Analyst

Court CVR

Analys

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Test Record Number: 1714 Serial Number: 008667 Test Time: 10:57am EDT Test Date: 03/16/2018

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Status Time Test

10:59am AIR Pass

Printer Tests

Test Status Time

10:59am Pass PRNT

CRC Tests

Time Test Status

COMP Pass 10:59am 10:59am

Preventive Maintenance

Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOXICATION
County No	Whampton Instrument Location Northampton 6 Shorts
	erial No. 008688 105 w. Jofferson St JACKSON, NE
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.
procedures	t on the
STAL STAL STAL STAL STAL STAL STAL STAL	442 442
	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, 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: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	11:14am
AIR BLK	.00	11:15am
ACCY CHK	.07	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 03/09/2018 Test Record Number: 769
Test Time: 11:22am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	1.	Status	Time

AIR Pass 11:23am

Printer Tests

rest	 Status	TIME

PRNT Pass 11:23am

CRC Tests

Test	Status	Time
440 5	100	
COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Nov	RTH AMPTON Instrument Location Northampton Co. She. H
Instrument Ser	Jackson, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE ME TO COPE AT THE TO COPE	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)

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 03/09/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, 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: AG702302 Exp Date: 01/23/2019

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

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 934

Test Date: 03/09/2018

Test Time: 11:21am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:22am
	Pass Pass Pass Pass

Blank Tests

Test Status Time					
	Test	5	Status	: :	Time

11:22am AIR Pass

Printer Tests

Time Status Test

11:22am PRNT Pass

CRC Tests

Time Status Test

COMP Pass 11:23am 11:23am CAL Pass

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 e four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath sample.	County	ONGLOW Instrument Location BAT MOBILE DWIT
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	Instrument Se	erial No. 008707 Instrument Location BAT MOBILE UNIT
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	The preventive four months a	/e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the day of, 20 /S the forgoing preventive mainter procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the day of	2.	Verify instrument displays time and date;
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	3.	Initiate breath test sequence;
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the day of MARCH, 20 the forgoing preventive mainter procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of day of, 20/& the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
I certify that on theday of	10.	Verify that the ethanol gas canister is being changed before 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 STATE COM	I certify that opposed ures we Department o	on the
	TEST CHANNES THE STATE OF THE S	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008707 Test Date: 03/02/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:49pm 9:50pm 9:50pm 9:51pm 9:52pm
		-
AIR BLK	.00	9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

(Analyst

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008707

Test Record Number: 2454

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

Temperature Tests

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

Blank Tests

Test	Status	Time
7. T D	Dagg	9 · 58nm

Printer Tests

Test	Status	Time	
PRNT	Pass	9:58pm	

CRC Tests

Test	Status	TTIILE
COMP	Pass	9:58pm
CAL	Pass	9:58pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 03/14/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:41am
ACCY CHK	.08	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1468
Test Date: 03/14/2018 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49am
		4 4

Printer Tests

Test Status Time	
PRNT Pass 11:49a	m
CRC Tests	

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

Preventive Maintenance Status: Pass

Karl E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrumen	t Location JACKSONUILLE	AS
Instrumen	ent Serial No. <u>008930</u>		
The preve	ventive maintenance procedures for the Intoximeters, M	Model Intox EC/IR II to be followed at least or	nce every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad	sure, or the alcoholic breath simulator thermon le;	neter 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 be	reath sample;	
7.	. When "PLEASE BLOW" appears, collect be	reath sample;	
8.	. Print test record;		
9.	. Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.	changed before expiration date, or the alcoholic ur months or after 125 Alcoholic Breath Simu	ic breath lator tests,
procedur	that on theday ofARC M ures were performed on the instrument indicated above ment of Health and Human Services, and the instrume	e, in accordance with current regulations of th	ntenance ne N.C.
CORENT CO.	STATE OF NO. 1775 NO.		
A giana d	Signature of Cert d original of the preventive maintenance record shall b		umber
w signed	a original of the preventive maintenance record shall o	a traba att tita tat me tampe mit aa lamin.	

DHHS 4080 (11/07)

ONSLOW COUNTY JACKSONVILLE RD 660

Serial Number: 008930 Test Date: 03/14/2018

Citation Number: M00000000

Subject's Name:

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

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

Analyst's Name: HALL, RANDY

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time 3
DIAG	Pass	12:25pm
AIR BLK		12:25pm
ACCY CHK		12:26pm
AIR BLK		12:27pm
SUB TEST		12:28pm
AIR BLK		12:29pm
SUB TEST		12:30pm
ATR BLK	.00	12:31 om

Reported AC: _.00, g/2101

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008330 Test Record Number: 2045
Test Date: 03/14/2018 Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

Test Status Time

IR Page 12:32pm FLO Page 12:32pm FC Page 12:32pm

Temperature Dests

Test Status Time

FC1 Pass 12:32pm SRC Pass 12:32pm DET Pass 12:32pm BAR Pass 12:32pm BT Pass 12:32pm

Blank Tesus

Test Status Time

AIR Pass 12:33pm

Printer Tests

Test Status Time

PRNT Pale 12:33pm

CRC Tests

Test Status Time

COMP. Pass 12:33pm CAL Pass 12:33pm

Preve**ntive Ma**rntenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ove	Instrument I	ocation ONSLOW COUNTY
Instrument Seria	ial No. <u>008931</u> SHER	CIFF'S OFFICE
The preventive i	• • • • • • • • • • • • • • • • • • •	del Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic breath simulator thermometer shov
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect brea	th sample;
7.	When "PLEASE BLOW" appears, collect brea	th sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		anged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
procedures were	n theday ofARC R re performed on the instrument indicated above, in f Health and Human Services, and the instrument	
STATE OF STA	Signature of Certifyi	Halo 354 ing Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 03/14/2018

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931

Test Record Number: 2809

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, NODEL INTOXICAL
County OL	15Low Instrument Location ENSLOW County
Instrument Seri	al No. 008932 SHERIFF'S OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on theday of
APER B. COLUMNICATION OF THE PROPERTY OF THE P	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 03/14/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	.08	1:18pm 1:18pm 1:19pm 1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 4395 Test Date: 03/14/2018

Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:27pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:27pm 1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
BT	Pass	1:27pm

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Test

PRNT	Pass	1:27pm

Status

Time

CRC Tests

Test	Status	Time
COMP	Pass	1:28pm
CAL	Pass	1:28pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location MCAS NEW RIVER AN
Instrumer	nt Serial No. <u>OO 89 / 9</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	that on theday of
CHEAT	Signature of Certifying Official Signature of Certifying Official

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 03/14/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	2:30pm
AIR BLK	.00	2:31pm
ACCY CHK	.08	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 600 Test Date: 03/14/2018 Test Time: 2:37pm EDT

System Check: Passed

Baseline Tests

Test	Stati	us Time
	de var	
IR	Pass	2:37pm
FLO	Pass	2:37pm
FC	Pass	2:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

Blank Tests

rest	Status	TIME
AIR	Pass	2:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm

CRC Tests

Test	Status	Time
COMP	Pass	2:38pm
CAL	Pass	2:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	ERS, MODEL INTOX ECIN	.11
County OR	LANGE	-	rgh PD
Instrument Se	rial No. <u>00</u> 8799		37
The preventive four months a		ne Intoximeters, Model Intox EC/IR II to be f	
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath 2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	9;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration d changed every four months or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
nrocedures	were performed on the instrume	MAACH, 20/8, the foregoent indicated above, in accordance with currer, and the instrument is functioning properly.	nt regulations of the N.C.
STATE STATE OF THE	CAROLL	Signature of Certifying Official	Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 03/01/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:55pm 2:56pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:01pm
ATR BLK	.00	3:02pm

Reported AC:/ .00 g/210L

Signature of Chamical Analyst

Court CVR

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 2704

System Check: Passed

Baseline Tests

ass :	3:02pm 3:02pm 3:02pm
	ass 3

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	mcr0: 8

Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
\mathtt{CAL}	Pass	3:03pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		rers, model intox ec/ir	
County Pa	mlico	Instrument Location	sile Unit 1d
Instrument Se	rial No. <u>008788</u>	Pamlico Co So	
The preventiv	re:	he Intoximeters, Model Intox EC/IR II to be for	
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoholic breath and degree centigrade;	simulator thermometer shows
2.	Verify instrument displays	time and date;	e.
. 3.	Initiate breath test sequenc	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before expiration d g changed every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that procedures v Department	vere performed on the instrume	nt indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STAT	E or All		
COREATE			
APRIL 12.	TIB VODA		660
		Signature of Certifying Official	Certificate Number

PAMLICO COUNTY BAT MOBILE UNIT 12 680

Serial Number: 008788 Test Date: 03/10/2018

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: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L .	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:22pm 9:23pm 9:24pm 9:24pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:29pm

9:30pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

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PAMLICO COUNTY BAT MOBILE UNIT 12 680

Serial Number: 008788 Test Date: 03/10/2018

Test Record Number: 1330
Test Time: 9:51pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

CRC Tests

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

Preventive Maintenance Status: Pass

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	PAMLICO Instrument Location PAMLICO County
Instrume	nt Serial No. 008640 SHERIFF'S OFFICE
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every on the are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of, 20
ON THE CALLY SEL	STATE OF THE OF

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 03/15/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK	.00	1:49pm
ACCY CHI	K .08	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	r .00	1:52pm
AIR BLK	.00	1:52pm
SUB TEST	r .00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: .09 g/210L

Signature of Chemical Analyst

Court CVR

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 1303 Test Date: 03/15/2018 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
F'C	Pass	1:56pm

Temperature Tests

Test	Status	Time
Tivia		
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
BT	Pass	1:56pm

Blank Tests

Test	Status	Time
ATR	Pagg	1 - 57120

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm

CRC Tests

rest	Status	rime
COMP	Pass	1:57pm
CAL	Pass	1:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

स्र	INTOXIMETERS, MODEL INTOX EC/IR II
County	Tender Instrument Location Pender County
Instrument Se	erial No. 008946 Sheiff Departme
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STAT OF THE STATE	

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 03/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MANTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:11pm
AIR BLK	.00	2:12pm
ACCY CHK	.08	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC:

 $0/\alpha/210$

Signature of Chemical Analyst

Court CVR

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

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PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 883

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

Printer Tests

Test Status	Time
PRNT Pass	2:20pm
All the state of the state of	

CRC Tests

Test	Status	Time
COMP	Pass	2:20pm
CAL	Pass	2:20pm

Preventive Maintenance Status: Pass

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

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 03/14/2018

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:58pm 1:59pm 1:59pm 2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
ATR BLK	.00	2:05pm

Reported AC: /)./00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PENDER PENDER CO SD 700

Serial Number: 008935

Test Record Number: 2252

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:06pm 2:06pm
FC	Pass	2:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

CRC Tests

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status: Pass

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

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

Certificate Number

Signature/of Certifying Official

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 03/16/2018

Citation Number: M0000000-0 Subject's Name:

PREVEVTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:00pm 12:00pm 12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948

Test Record Number: 802

Test Date: 03/16/2018 Test Time: 12:09pm 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 SRC	Pass Pass	12:09pm 12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
\mathtt{BT}	Pass	12:09pm

Blank Tests

Test	Status	Time

12:10pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE					_
County FRA	umans					
Instrument Serial 1	10. 0089d/	_//0_	church	57.,	HERT	force, N. C
The preventive ma four months are:	intenance procedures for the In	toximeters	, Model Intox E	C/IR II to b	e followed	l at least once every
	Verify the ethanol gas canister of 4 degrees, plus or minus .2 deg			oholic brea	ath simulat	or thermometer show
2. V	erify instrument displays time	and date;				
3. I	nitiate breath test sequence;					
4. I	Enter information as prompted;					
5.	/erify instrument accuracy;					
6.	When "PLEASE BLOW" appe	ars, collect	breath sample;			
7.	When "PLEASE BLOW" appe	ars, collect	breath sample;			
8. I	Print test record;					
9.	erify Diagnostic Program; and	1				
s	Verify that the ethanol gas canis imulator solution is being chan whichever occurs first.					
	day of da	icated abov		with curre	orgoing pre ent regulati	eventive maintenance ons of the N.C.
STATE O'NO ON TO THE STATE O'N	E CAROLL Sign		Lead rtifying Official			CO47

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 04/10/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:02pm 12:04pm
ACCY CHK	.00	12:04pm
AIR BLK		12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 763 Test Date: 04/10/2018 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
	4 ()		
AIR	Pass	12:12pm	

Printer Tests

rest	Status	TTME
PRNT	Pass	12:12pm

CRC Tests

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

Preventive Maintenance Status: Pass

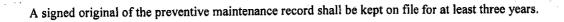
Analyst

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



PERSON COUNTY BATMOBILE UNIT 8 720

Serial Number: 008601 Test Date: 03/16/2018

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: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:02pm 10:03pm 10:04pm
AIR BLK	.00	10:04pm 10:05pm
SUB TEST AIR BLK	.00 .00	10:05pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

PERSON COUNTY BATMOBILE UNIT 8 720

Serial Number: 008601 Test Record Number: 1262 Test Date: 03/16/2018 Test Time: 10:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

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

10:11pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Bat Malik Unit
Instrument Ser	rial No. 008816 SHP - ROXSDORO
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n theday of, 20, 20, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF WAY 20, 1972 ARE 22, 277 ARE 22, 277 ARE QUAM WINE	Signature of Certifying Official Certificate Number

PERSON COUNTY BAT MOBILE UNIT 8 720

Serial Number: 008816 Test Date: 03/16/2018

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: 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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:59pm 10:00pm 10:00pm 10:01pm 10:02pm 10:03pm 10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB Skinnon
Analyst

PERSON COUNTY BAT MOBILE UNIT 8 720

Serial Number: 008816

Test Record Number: 7391

Test Date: 03/16/2018

Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO FC	Pass Pass	10:07pm 10:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Status Time Test

10:08pm AIR Pass

Printer Tests

Time Test Status

10:08pm PRNT Pass

CRC Tests

Time Test Status

COMP Pass 10:08pm 10:08pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	Instrument Location Bat Mobile Unit
Instrument Ser	ial NOOSLO15 SHP- ROXSbord
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PERSON COUNTY BAT MOBILE UNIT 8 720

Serial Number: 008615 Test Date: 03/16/2018

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:56pm 9:57pm 9:58pm
AIR BLK SUB TEST	.00	10:00pm 10:00pm
AIR BLK SUB TEST	.00	10:01pm
AIR BLK	.00	10:03pm 10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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PERSON COUNTY BAT MOBILE UNIT 8 720

Serial Number: 008615

Test Record Number: 5528 Test Time: 10:12pm EDT

Test Date: 03/16/2018

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:14pm 10:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	erson Instrument Location Bat Mobile Uni-
Instrument Ser	ial No 008775 SHP- POXSBOYD
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on theday ofday of, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PERSON COUNTY BAT MOBILE UNIT 8 720

Serial Number: 008775 Test Date: 03/16/2018

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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:11pm 10:12pm
ACCY CHK	.08	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY BAT MOBILE UNIT 8 720

Serial Number: 008775 Test Record Number: 1747

Test Date: 03/16/2018 Test Time: 10:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time

AIR 10:21pm Pass

Printer Tests

Test	Status	Time

PRNT Pass 10:21pm

CRC Tests

Test	Status	Time
COMP	Pass	10:21pm
CAL	Pass	10:21pm

10:21pm

Preventive Maintenance Status: Pass

The supplier of the supplier o

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>(</i> **)		RS, WIODEL INTOX ECH	
County 1	olk	Instrument Location Polk	County 50
Instrument So		46 Ward St. Co	•
The preventive four months a		ntoximeters, 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	displays pressure, or the alcoholic brea gree centigrade;	th 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" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d ·	
10.		ister is being changed before expiration nged every four months or after 125 Al	
procedures w	ere performed on the instrument inc	the following properly.	orgoing preventive maintenance nt regulations of the N.C.
TABLE STATE OF THE	Jose ME. H	hature of Certifying Official	650 Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 03/22/2018

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: HUTCHINSON, JOSEPH

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:56pm 12:57pm 12:57pm 12:59pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:02pm
ATR RIK	. 0.0	$1:03\mathrm{pm}$

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst This form is used when performing Preventive Maintenance procedures

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

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 1450

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
\mathtt{BT}	Pass	1:04pm

Blank Tests

Test Status Time

AIR Pass 1:05pm

Printer Tests

Test Status Time

PRNT Pass 1:05pm

CRC Tests

Test Status Time

COMP Pass 1:05pm

CAL Pass 1:05pm

Preventive Maintenance Status: Pass

Analyst



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County [2]	INTOXIMETERS, MODEL INTOX EC/IR II 4dolph Co. Instrument Location Andolph Co. Jail
Instrument Seri	al No. (108660 Achobores, XC
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.
	theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 03/02/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:54pm
ACCY CHK	.07	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:59pm
ATR BLK	. 00	1:00pm

Reported AC, .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Record Number: 2586
Test Date: 03/02/2018 Test Time: 1:03pm EST

System Check: Passed

Baseline Tests

Test	:	Status	Time
IR		Pass	1:03pm
${ t FLO}$		Pass	1:03pm
FC		Pass	1:03pm

Temperature Tests

	Status	Time
	Pass	1:04pm
1	Pass	1:04pm
		Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔTR	Pass	1:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	AND Co. Instrument Location Raylosky	
Instrument S	erial No. <u>008899</u>	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10. I certify that procedures y	Verify that the ethanol gas canister is being changed before expiration de simulator solution is being changed every four months or after 125 Alcol whichever occurs first. on the day of, 20 / 8 the forgovere performed on the instrument indicated above, in accordance with current	holic Breath Simulator tests,
Department	of Health and Human Services, and the instrument is functioning properly.	regulations of the N.C.
ARL IS. T	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 03/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:51pm 12:52pm 12:52pm 12:53pm 12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Record Number: 2790

Test Date: 03/02/2018

Test Time: 12:58pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status IIIIe	: Status Time	Test
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AIR Pass 1:00pm

Printer Tests

Test	Status	Time

PRNT Pass 1:00pm

CRC Tests

Test St	atus Time
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COMP Pass 1:00pm CAL Pass 1:00pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\cap	INTOXIMETERS, MODEL INTOX EC/IR II
County Kic	hmond Co. Instrument Location Richmond Co. Mag.s Office
Instrument Ser	ial No. 008701 Rockingham, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of MARCA, 20/8 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 03/07/2018

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:07pm 3:08pm 3:08pm 3:09pm
AIR BLK SUB TEST	.00 .00	3:09pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:13pm
AIR BLK,	.00	3:14pm

Reported Agr . 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Jan Jan Bar Bar Da RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701

Test Record Number: 1152

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	* .	Status	Time
AIR		Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst



\wedge	INTOAIMETERS, MODEL INTOA EC/IR II
County K	hmove Co. Instrument Location fich moved Co Majs Office
Instrument Seri	al No. 008840 lockinghoms, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
TO THE STATE OF THE OWN TO THE OW	654
	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 03/07/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:04pm 3:05pm 3:05pm 3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm
SUB TEST AIR BLK	.00 .00	3:10pm 3:11pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 2073
Test Date: 03/07/2018 Test Time: 3:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:13pm

Temperature Tests

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13rpm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SAMPSON Instrument Loca		
Instrument Seria	1 No. <u>008825</u>	SHERIFF DEPT	
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 34 degrees, plus or minus .2 degree centigrade;	r the alcoholic breath simulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four mon whichever occurs first.		
	the S day of MARCH performed on the instrument indicated above, in acc lealth and Human Services, and the instrument is fun		
THE STATE OF A	OOM CAROLINA		
OLAM VIDE	Signature of Certifying	Official Certificate Number	
	Digitation of Continying	Continuate number	

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 03/08/2018

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, 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 AIR BLK ACCY CHK	Pass .00 .07	10:00am 10:01am 10:01am
AIR BLK SUB TEST	.00	10:02am 10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:05am
AIR BLK	.00	10:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Za Bang Analyst

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 2416

Test Date: 03/08/2018

Test Time: 10:10am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:11am
FLO	Pass	10:11am
FC	Pass	10:11am

Temperature Tests

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

Blank Tests

Test	Status	Time
מיד ת	Donata	10.100m
AIR	Pass	10:12am

Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:12am

Preventive Maintenance Status: Pass

Pass

10:12am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	AMPSON Instrument Location SAMPSON COUNTY
Instrument Seria	INO. 008877 SHERIFF DEPT
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>S</u> day of <u>MARCH</u> , 20 <u>B</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.
THE STATE OF WAY 20, 1775	Alm Rg Banes 648
	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 03/08/2018

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, 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

rest	g/210L	Time
DIAG	Pass	9:45am
AIR BLK	.00	9:45am
ACCY CHK	08	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

7

Analyst

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Record Number: 2786

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:53am
Pass	9:53am
Pass	9:53am
Pass	.9:53am
Pass	9:53am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
•		

AIR Pass 9:54am

Printer Tests

Test	Status '	Time
	the state of the s	

PRNT Pass 9:54am

CRC Tests

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

Preventive Maintenance Status: Pass

alun Ry Bonnes
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~~/	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location 3907 COUNTY 30
Instrument Ser	ial No. 008674 1265.35t. Albemane
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 theday of
STATE	
TAR OLIM VOOR	
	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 03/01/2018

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: 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	g/210L	Time
DIAG AIR BLK	Pass	11:38am 11:39am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
ATP BLK	0.0	11 · 45am

Reported AC .00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 1268
Test Date: 03/01/2018 Test Time: 11:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
λΤD	Dagg	11.47am

Printer Tests

Maa+	C+ > + 1 = 2	
	CRC Tests	
PRNT	Pass	11:47am
Test	Status	Time

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location LOCUST PD
Instrument Ser	ial No. 008706 186 Ray Kennuly Dr., Locust
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the Brown day of March, 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.
STATE OF STA	100 Maria 656
	Signature of Certifying Official Certificate Number

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 03/13/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:13am 9:14am 9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
AIR BLK	.00	9:18am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY LOCUST PD 830

Serial Number: 008706

Test Record Number: 3476

Test Date: 03/13/2018

Test Time: 9:22am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:22am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	9 · 23am

Printer Tests

rest	Status	Time
PRNT	Pass	9:23am
	CRC Tests	

Test	Status	Time

COMP	Pass	9:24am
CAL	Pass	9:24am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR, II Instrument Location_ Instrument Serial N 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; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 03/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:48am 11:49am 11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	09	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 1865

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

Blank Tests

Test	Sta	atus	Time
AIR	Pas	ss	11:56am

Printer Tests

Test	Status	Time
PRNT	Pass	11:56am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	1661 Instrument Location Mount AIRI
Instrument Seri	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 e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that o procedures we Department o	on the
THE STATE OF THE S	

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 03/23/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:03am
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
AIR BLK	>00	9:10am

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 1997
Test Date: 03/23/2018 Test Time: 9:10am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10am
FLO	Pass	9:10am
FC	Pass	9:10am

Temperature Tests

Test	Status	Time
FC1	Pass	9:11am
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

Test	Status	TTILLE
PRNT	Pass	9:11am

CRC Tests

Test	Status	Time
COMP	Pass	9:11am
CAL	Pass	9:11am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ودانتسم		RS, NIODEL INTOX EC	
County Sw	ain	Instrument Location Salah	n Co. Jail
Instrument Serial	No. 008723	Bryson City,	NC
		·	
The preventive m four months are:	aintenance procedures for the Ir	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 bre gree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW", appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
procedures were	performed on the instrument inc	ficated above, in accordance with cur the instrument is functioning properly	rent regulations of the N.C.
CARL OF LOCAL STATE O	Curl Sim	R. Cuth-	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 03/22/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.08	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Park CuthAnalyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 725 Test Date: 03/22/2018 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
	_	44 70
AIR	Pass	11:19am

Printer Tests

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

11:19am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Dy	INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Union County SD
Instrument Se	erial No. 008576 3344 Passen RJ. Marce
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	on the day of hor day
STAT STATE OF THE	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 03/12/2018

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: HAYS, MARK D Permit Number: 15924E Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:26am 10:27am
ACCY CHK	.07	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am
SUB TEST	00	10:32am
AIR BLK	.00	10:33am

Reported AC: (.00 g/210L

Chemical/Analyst Signatur

Court CVR

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 4751 Test Date: 03/12/2018 Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:36am
FEC FC	Pass	10:30am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:37am

Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
-	CDC Tosts	

CRC Tests

Test	Status	Time
COMP	Pass	10:37am
CAL	Pass	10:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	nim Instrument Location Min County 50
Instrument Se	erial No. 208866 3344 Presson Rd. Montroe
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
AMERICA STATE OF THE STATE OF T	
	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 03/12/2018

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: HAYS, MARK D Permit Number: 15924E Effective:

01/01/2018-01/01/2020

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:11am
AIR BLE	, (10	10:12am
ACCY CEK	.08	10:13am
AIR BLK	.00	10:14am
SUB TEST	. () ()	10:15am
AIR BLK	00	10:16am
SUB TEST	. () ()	10:17am
ATR BIK	0.0	10:18am

< 00 g/210L</pre>

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 2832
Test Date: 03/12/2018 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status	Time
AIR	Pass	10:21am

Printer Tests

rest	Status	Time
that against the	20 No. 1 (1)	
PRNT	Pass	10:21am

CRC Tests

Test	Status	Time
COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance Status: Pass

Analyst

nd in the Manual Commence of the Commence of t

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Union	Instrumen	t Location_\	Naxh	aW	PD
Instrumen	nt Serial No. <u>008598</u>	3620	Provid	ence	Rd	, Waxhaw
The preve	entive maintenance procedures for the labels are:	intoximeters, N	Model Intox EC	C/IR II to	be follov	wed at least once every
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays press egree centigrad	sure, or the alc le;	oholic bre	ath simu	lator thermometer show
2.	Verify instrument displays tim	e and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	ł;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" app	ears, collect b	reath sample;			
7.	When "PLEASE BLOW" app	pears, collect b	reath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; a	nd	• •			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being anged every fo	changed before ur months or a	e expiration	on date, o Alcoholio	or the alcoholic breath Breath Simulator tests,
procedure	hat on the $\frac{\partial \mathcal{A} n d}{\partial d}$ day of $\frac{\mathcal{M}}{\partial d}$ es were performed on the instrument in ent of Health and Human Services, and	dicated above	, in accordance	e with curi	ent regu	preventive maintenance lations of the N.C.
SE S	STATE OF THE STATE	gnature of Cert	ifying Official))		650 Certificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 03/22/2018

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: HUTCHINSON, JOSEPH

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	03:18pm
AIR BLK	.00	03:19pm
ACCY CHK		03:20pm
AIR BLK	.00	03:21pm
SUB TEST	.00	03:22pm
AIR BLK	.00	03:23pm
SUB TEST	.00	03:26pm
ATR BLK	.00	03:27pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 723

Test Date: 03/22/2018 Test Time: 03:28pm

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	03:28pm
FLO	Pass	03:28pm
FC	Pass	03:28pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	03:28pm 03:28pm 03:28pm 03:28pm
B.I.	Pass	03:28pm

Blank Tests

Test	Status	Time
AIR	Pass	03:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	03:29pm

CRC Tests

Test	Status	Time
COMP	Pass	03:29pm
CAL	Pass	03:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTUX EC/IR	11
County_W	AKE	Instrument Location WAKE CO	DETENTION CTR
Instrument Se	rial No. <u>DO 8760</u>	Instrument Location WAKE CO 3301 HAMMOND RD	RALEIGH, NC
The preventiv	are:	ntoximeters, Model Intox EC/IR II to be for	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an		
′ 10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
mmo and symme T	were performed on the instrument i	MARCIA, 20 <u>8</u> , the forego indicated above, in accordance with currend the instrument is functioning properly.	ing preventive maintenance nt regulations of the N.C.
TATE OR AT THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER		gnature of Certifying Official	637 Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 03/05/2018

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

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

Analyst's Name: SMITH, BRIAN
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	1:26pm 1:26pm 1:27pm 1:28pm 1:28pm 1:29pm 1:31pm 1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760

Test Record Number: 2840

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pas s	1:36pm
BT	Pass	1:36pm
4.5		The second second

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm

CRC Tests

Test	Status	Time
•		
COMP	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Wake Instrument Location Wake Co. Water from
Instrumer	Serial No. <u>008778</u> 3301 HAMMUND RD RALOIGH, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
procedu Departi	that on theday of
CORPASSION OF THE CONTRACT OF	Signature of Certifying Official Certificate Number
A signe	original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 03/05/2018

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, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	1:29pm 1:30pm 1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
ATR BLK	.00	1:35pm

Reported AC: 1.00 g/210L

Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 03/05/2018 Test Record Number: 3016
Test Time: 1:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:36pm
FLO	Pass	1:36pm
FC	Pass	1:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm 1:36pm
SRC DET	Pass Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

CRC Tests

Test	Status	Time
COMP	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WAX	Instrument Location WAKE FOREST PD
Instrument Seria	INO. 008700 225 S. TAYLOR ST. WAKE FOREST, NC
The preventive t	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:12pm 1:13pm
ACCY CHK	.07	1:13pm
AIR BLK	.00	1:15pm
SUB TEST AIR BLK	.00	1:15pm 1:16pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910-

Serial Number: 008700

Test Record Number: 1328

Test Date: 03/09/2018

Test Time: 1:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:20pm 1:20pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:20pm 1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:21pm 1:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1 .	INTOXIMETERS, WODED INTOXIC WIT 10
County W	AKE Instrument Location 1847 MODITE WILL TO
Instrument Ser	ial No. <u>60 84 7 7</u>
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 test whichever occurs first.
I certify tha procedures Departmen	t on theday of <u>MANU-l</u> , 20//, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
OF THE STA	JE O NO LINE CARD

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 03/16/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:53pm 8:54pm
ACCY CHK	.07	8:55pm 8:56pm
SUB TEST AIR BLK	.00 .00	8:56pm 8:57pm
SUB TEST AIR BLK	.00 .00	8:58pm 8:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637

Test Record Number: 2899

Test Date: 03/16/2018

Test Time: 9:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:03pm
FLO	Pass	9:03pm
FC	Pass	9:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:04pm
SRC	Pass	9:04pm
DET	Pass	9:04pm
BAR	Pass	9:04pm
\mathtt{BT}	Pass	9:04pm

Blank Tests

Test	Status	Time
AIR	Pass	9:04pm

Printer Tests

Status	Time
Pass	9:04pm
CRC Tests	
Status	Time
	Pass CRC Tests

COMP 9:04pm Pass CAL Pass 9:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	1/1/16 Instrument Location SAT MOIZ	TE UNIT 10
Instrument S	erial No. 00 85 90	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
procedures	t on the 6 day of MANIH, 20/, the forego were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance nt regulations of the N.C.
STAT 20 TO THE TOTAL TOT	TO ANOTHER CAROLINA C	
AND STATE OF STATE		GG 3
	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 03/16/2018

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: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701

Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	8:53pm
AIR BLK	.00	8:54pm
ACCY CHK	.07	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:58pm

Reported AC: .00 g/210L

.00

AIR BLK

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Test Record Number: 2421 Serial Number: 008580

Test Time: 9:02pm EDT Test Date: 03/16/2018

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:02pm 9:02pm
FC	Pass	9:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
DET	Pass	9:02pm
BAR	Pass	9:02pm
BT	Pass	9:02pm

Blank Tests

Test	Status	Time
AIR	Pass	mq:03:m

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:03pm 9:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location SAT MOBILE UNIT 10
Instrument Se	erial No. <u>008179</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 MAN (H, 20/V), 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.
OTHE STATE OF WAS A STATE OF THE STATE OF TH	

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

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Date: 03/16/2018

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: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR B L K	Pass	8:56pm 8:57pm
ACCY CHK	.07	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:01pm
ATR BLK	.00	9:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Record Number: 3471 Test Date: 03/16/2018 Test Time: 9:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:06pm
FLO	Pass	9:06pm
FC	Pass	9:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:06pm
SRC	Pass	9:06pm
DET	Pass	9:06pm
BAR	Pass	9:06pm
\mathtt{BT}	Pass	9:06pm

Blank Tests

Test	Status	Time
ATR	Pass	9:07pm

Printer Tests

Status

Test

Time

PRNT	Pass	9:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:07pm 9:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location SAT MONITIE UNIT 10
Instrument S	erial No. <u>008686</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the day of
THE STATE OF THE S	

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

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 03/16/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	8:57pm
AIR BLK	.00	8:58pm
ACCY CHK	.07	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:03pm
ATR BLK	.00	9:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Record Number: 6554 Test Date: 03/16/2018 Test Time: 9:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
\mathtt{BT}	Pass	9:05pm

Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location SAT MUNDE WAT 10
Instrumen	Serial No. 009776
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	day of MARLH, , 20/\(\sigma\), the foregoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
OREAT SE	ATE OF NO. 1775 CAND AND AND AND AND AND AND AND AND AND
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Date: 03/16/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	8:51pm
AIR BLK ACCY CHK	.00	8:52pm
ACCY CHK	.00	8:53pm 8:54pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Record Number: 3432 Test Date: 03/16/2018 Test Time: 9:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:03pm
FLO	Pass	9:03pm
FC	Pass	9:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:03pm
SRC	Pass	9:03pm
DET	Pass	9:03pm
BAR	Pass	9:03pm
BT	Pass	9:03pm

Blank Tests

Test	Status	Time
ΔTR	Pass	9:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:04pm

Preventive Maintenance Status: Pass

Pass

9:04pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\	INTOXIMETERS, MODEL INTOX EC/IR II
County	JOKE Instrument Location BOX Medite Uni
Instrument Seria	NO 08816 Raleigh PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 03/17/2018

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

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

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

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

g/210L	Time
Pass	11:47pm 11:48pm
	11:48pm
.00%	11:49pm
.00	11:50pm
.00	11:51pm
.00	11:52pm
.00	11:53pm
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB Strong Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Record Number: 7393
Test Date: 03/17/2018 Test Time: 11:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57pm
FLO	Pass	11:57pm
FC	Pass	11:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:57pm
SRC	Pass	11:57pm
DET	Pass	11:57pm
BAR	Pass	11:57pm
BT	Pass	11:57pm

Blank Tests

Test	Status	Time
AIR	Pass	11:58pm

Printer Tests

Test	Status	TIME
PRNT	Pass	11:58pm

CRC:Tests

Test	Status	Time
COMP	Pass	11:58pm
CAL	Pass	11:58pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location Box Mobile Unit
Instrument Seri	al No.008736 Raleigh PD
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.
	n theday of, 20, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008736 Test Date: 03/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

g/210L	Time
Pass .00 .07	12:16am 12:17am 12:18am
.00	12:19am
.00	12:20am
.00	12:20am
.00	12:22am
.00	12:23am
	Pass .00 .07 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Skynn Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008736 Test Date: 03/18/2018 T

Test Record Number: 893 Test Time: 12:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:42am 12:42am
FC	Pass	12:43am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:43am 12:43am 12:43am 12:43am 12:43am
	1000	

Blank Tests

	-	10 10
Test	Status	ттше

AIR Pass 12:43am

Printer Tests

PRNT	Pass	12:43am
2 2 2 2 2	CRC Tests	
	Obobia	T-i mo

lest	Status	TTIIC
COMP	Pass	12:43am
CAL	Pass	12:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX ECTR II
County	1 Instrument Location Bat Mobile Uni
Instrument Seria	al No.00871S Raleigh, PD
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.
	theday of, 20, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF STATE O	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775 Test Date: 03/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:39am 12:40am 12:41am 12:42am 12:42am
SUB TEST	.00	12:46am
AIR BLK	.00	12:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Sky

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775

Test Record Number: 1751

Test Date: 03/18/2018

Test Time: 12:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:50am
FLO	Pass	12:50am
FC	Pass	12:50am

Temperature Tests

Test	Status	Time
FC1	Pass	12:50am
SRC	Pass	12:50am
\mathtt{DET}	Pass	12:50am
BAR	Pass	12:50am
\mathtt{BT}	Pass	12:50am

Blank Tests

Test	Status	Time

AIR Pass 12:51am

Printer Tests

Test	Status	Time	

PRNT Pass 12:51am

CRC Tests

Test	Status	Time
COMD	Dagg	10.512m

COMP Pass 12:51am CAL Pass 12:51am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 608615 Rolking PO The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy;	County \(\sum_{\text{out}} \)	INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Bat Mobile Unit
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted;	Instrument Ser	ial No. U08615 Raleigh PD
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted;	•	
Initiate breath test sequence;Enter information as prompted;	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted;	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
5. Verify instrument accuracy;	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;	6.	When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;	7.	When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;	8.	Print test record;
9. Verify Diagnostic Program; and	9.	Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on theday ofday of, 20, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	procedures we	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	OTHE STATE OF CHAM VIEW	Signature of Certifying Official Certificate Number
A signed original of the preventive maintenance record shall be kept on file for at least three years.	A ajamad autat	

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615 Test Date: 03/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:56am 12:57am 12:58am 12:59am
SUB TEST	.00	1:00am
AIR BLK	.00	1:01am
SUB TEST	.00	1:02am
ATR BLK	.00	1:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKIND

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615

Test Record Number: 5532

Test Date: 03/18/2018

Test Time: 1:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:04am 1:04am
FC	Pass	1:04am

Temperature Tests

Test	Status	Time
FC1	Pass	1:04am
SRC	Pass	1:04am
DET	Pass	1:04am
BAR	Pass	1:04am
\mathtt{BT}	Pass	1:04am

Blank Tests

Test	Status	Time
AIR	Pass	1:05am

Printer Tests

Test	Status	Time
PRNT	Pass	1:05am

CRC Tests

Test	Status	Time
COMP	Pass	1:05am
CAL	Pass	1:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX ECONO
County	Wake Instrument Location Bat Mobile M
Instrumen	t Serial No. 008601 Baleigh PD
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on theday of, 20, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT SE	Signature of Certifying Official Certificate Number

WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601 Test Date: 03/18/2018

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

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

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

Analyst's Name: 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: AG702401 Exp Date: 01/24/2019

Test	g/210L	'I'ıme
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:19am 12:20am 12:21am 12:22am 12:23am 12:23am
AIR BLK	.00	12:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Skynes Analyst

WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601 Test Record Number: 1267
Test Date: 03/18/2018 Test Time: 12:27am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

· ·
FC1 Pass 12:28a SRC Pass 12:28a DET Pass 12:28a BAR Pass 12:28a BT Pass 12:28a

Blank Tests

Test Status Time

AIR Pass 12:28am

Printer Tests

Test

PRNT Pass 12:28am

CRC Tests

Test Status Time

Status

Time

COMP Pass 12:29am CAL Pass 12:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	Instrument Location NORLINA PD
Instrument Ser	ial No. 008945 101 MAIN ST. NORLINA, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
COREAT STATE OF THE OF	TOO THE CAROLLE TO TH
ASSE GUAN ARE	Signature of Certifying Official Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 03/09/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:04pm
AIR BLK	.00	5:05pm
ACCY CHK	.08	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:09pm
ATR BIK	.00	5:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 03/09/2018

Test Record Number: 371 Test Time: 5:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:12pm
FLO	Pass	5:12pm
FC	Pass	5:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:13pm
SRC	Pass	5:13pm
DET	Pass	5:13pm
BAR	Pass	5:13pm
BT	Pass	5:13pm

Blank Tests

Test	Status	Time
•		* .
AIR	Pass	5:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:13pm
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	5:13pm
CAL	rass	5:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	ARREN Instrument Location WARREN CO. LEC
Instrument Se	rial No. 008793 128 RAFTERS LN WARRENTON, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of
REAT SEATON	O A CONTRACTOR OF THE CONTRACT
ARM IS IT	
	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 03/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:35pm
AIR BLK	.00	3:36pm
ACCY CHK	.07	3:36pm
AIR BLK	00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1272 Test Date: 03/09/2018 Test Time: 3:42pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
	ing and the second seco	
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
BT	Pass	3:43pm

Blank Tests

Test	Status	Time
リフラかん かない カ	• • .	

AIR Pass 3:44pm

Printer Tests

Test Status Time

PRNT Pass 3:44pm

CRC Tests

Test Status Time

COMP Pass 3:44pm CAL Pass 3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECITATI
County Wa	Shington Instrument Location Washington G. S.O.
Instrument Ser	ial No. 008829 Adams St., Plymonth, 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 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	n the <u>20</u> day of <u>March</u> , 20/8 the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. if Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	Ley St. 60 signing 065 in 1

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 03/20/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 836
Test Date: 03/20/2018 Test Time: 10:23am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:24am

Printer Tests

Test	Status	Time
PRNT	Pass	10:24am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cour	nty <u>U</u>	JAYNE Instrument Location BAT MOBILE UNIT
Instr	ument Seri	Instrument Location BAT MOBILE (DUI) ial No. 008575 GOLDSBORO, NC
	preventive months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
p d	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
***	ertify that o ocedures we partment o	on the
K GREAF G	STATE STATE	S. NO. R. L. C. A. R. C. R. C. A. R. R. C. A. R. R. C. A. R. C. A. R. R. C. A. R. C. A. R. C. A. R. C. A. R. C.
W.	APRIL 12, 1176	aluk, 3- 648
		Signature of Certifying Official Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008575 Test Date: 03/17/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:19pm 11:20pm 11:21pm
AIR BLK SUB TEST	.00 .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

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008575

Test Record Number: 1077

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	11:29pm
SRC	Pass	11:29pm
DET	Pass	11:29pm
BAR	Pass	11:29pm
BT	Pass	11:29pm

Blank Tests

Test	Status	Time
ATR	Pass	11:30pm

Printer Tests

Test	Status	Time
	* .	
PRNT	Pass	11:30pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	Ayne Instrument Location Wayne to Defention
Instrument Serie	al No. 00 8847 DOT E. ChesTNUT ST., Golds p.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	n the
OF THE STATE OF TH	Second Control of the

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008847 Test Date: 03/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008847

Test Record Number: 613

Test Date: 03/31/2018

Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:19pm 1:19pm
FC	Pass	1:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
\mathtt{BT}	Pass	1:19pm

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm

CRC Tests

Test	Status	Time
COMP	Pass	1:20pm
CAL	Pass	1:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WIC	Instrument Location SAT MONET UNIT 10
Instrum	ent Serial	No. 00 8776
	eventive 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	2.	Verify instrument displays time and date;
3	3.	Initiate breath test sequence;
4	1 .	Enter information as prompted;
:	5.	Verify instrument accuracy;
į	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
10).	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proced	dures were	theday of, 20, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
COREAT SE	THE STATE OF ANY OF THE STATE O	Signature of Certifying Official Certificate Number

WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008776 Test Date: 03/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008776

Test Record Number: 3436

Test Date: 03/17/2018

Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:15pm 10:15pm 10:15pm 10:15pm 10:15pm
	1 0.00	

Blank Tests

Test	Status	Time

AIR Pass 10:16pm

Printer Tests

Test	Status	TTILE	

Trimo

PRNT	Pass	10:16pm
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CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	WISON	Ir	strument Location_	BAT MODI	DE UNIT 10
Instrum	ent Serial No	28550			
	ventive maintenanc	e procedures for the Intoxir	neters, Model Intox	EC/IR II to be follo	owed at least once every
1	. Verify th	e ethanol gas canister disples, plus or minus .2 degree	ays pressure, or the centigrade;	alcoholic breath sin	nulator thermometer show
2	. Verify in	strument displays time and	date;		
3	. Initiate b	reath test sequence;			
4	. Enter inf	ormation as prompted;			
. 5	. Verify in	strument accuracy;			
6	i. When "P	LEASE BLOW" appears,	collect breath samp	le;	
7	7. When "P	LEASE BLOW" appears,	collect breath samp	le;	• .
8	R. Print test	record;			
<u> </u>	O. Verify D	iagnostic Program; and			
10	simulato	at the ethanol gas canister solution is being changed or occurs first.	is being changed be every four months	fore expiration date or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
proced	ures were performe	day of MAN d on the instrument indica l Human Services, and the	ted above, in accord	lance with current r	; preventive maintenance egulations of the N.C.
A GREAT CANAL CANA	STATE OF A OR AND A CARROLLA TO THE CARROLLA T	Signatur	e of Certifying Offi	cial	Certificate Number

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

DHHS 4080 (11/07)

WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008580 Test Date: 03/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008580

Test Record Number: 2424

Test Date: 03/17/2018

Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17pm

10:17pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WI	207	Instrument Location SAT MOSE	FUNIT 10
Instrument Seria	al No. 008686		
The preventive i	maintenance procedures for the I	intoximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath siegree centigrade;	imulator thermometer shows
2.	Verify instrument displays tim	ne and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
I certify that o procedures we Department o	re performed on the instrument	ndicated above, in accordance with current and the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
THE STATE OF THE S	CAROLL CA	ignature of Certifying Official	Certificate Number

WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008686 Test Date: 03/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:11pm 10:12pm 10:12pm 10:13pm
AIR BLK SUB TEST	.00 .00	10:13pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008686

Test Record Number: 6558

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO	Pass	10:19pm
FC	Pass	10:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

Blank Tests

Test	Status	Time

AIR 10:19pm Pass

Printer Tests

Test Status Time

PRNT Pass 10:19pm

CRC Tests

Time Test Status

COMP Pass 10:20pm CAL 10:20pm Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Vana	e/ Instrum	ent Location <u>Vancey</u> (o. Jul
Instrument Seria	I No. <u>008653</u>	Bunswille	, , NC
The preventive four months are	naintenance procedures for the Intoximeters	, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig	essure, or the alcoholic breath s rade;	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, coiled	t breath sample;	
7.	When "PLEASE BLOW" appears, collec	t breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is beir simulator solution is being changed every whichever occurs first.	g changed before expiration da four months or after 125 Alcol	te, or the alcoholic breath nolic Breath Simulator tests,
procedures we	the <u>20</u> day of <u>March</u> re performed on the instrument indicated about Health and Human Services, and the instrum	ve, in accordance with current	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S			649
	Signature of C	ertifying Official	Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 03/20/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:40pm
AIR BLK	.00	12:41pm
ACCY CHK	.07	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1322 Test Date: 03/20/2018 Test Time: 12:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
200		
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:48pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:48pm 12:48pm 12:48pm 12:48pm 12:48pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:49pm
CAL	Pass	12:49pm

Preventive Maintenance Status: Pass

Analyst