PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOAIMETERS, MODEL INTOX EC/IR II
County A	MANCE Instrument Location OUV/11/1970 N
Instrument Seria	INO.0087/8 Police Department
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.
	the 2 4 day of
THE STATE OF A PART OF A P	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008718 Test Date: 05/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:39am 11:40am 11:41am
AIR BLK	.00	11:42am
SUB TEST AIR BLK	.00 .00	11:43am 11:43am
SUB TEST	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008718 Test Record Number: 1784
Test Date: 05/24/2018 Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

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
AIR	Pass	11:48am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance Status: Pass

L'Auint Decy

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II HEKANDER Instrument Location DAT MOBILE 7	
County /	HUKANDER Instrument Location BAT NOBILE!	_
Instrument S	erial No. <u>00 8 9 7 /</u>	
The preventifour 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 sho 34 degrees, plus or minus .2 degree centigrade;	W
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
I certify that procedures v Department	on the day of May, 20/8 the forgoing preventive maintenant 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.	ce
STAR STAR 20.1 P.	Signature of Certifying Official Certificate Number	_

ALEXANDER BAT MOBILE UNIT 7 010

Serial Number: 008971 Test Date: 05/04/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	7:55pm 7:56pm
ACCY CHK	.07 .00	7:57pm 7:57pm
SUB TEST	.00	7:58pm
AIR BLK SUB TEST/	.00 7 .00	7:59pm 8:01pm
AIR BLK	.00	8:02pm

Signature of Chemical Analyst

Court

Analyst/

ALEXANDER BAT MOBILE UNIT 7 010

Serial Number: 008971 Test Record Number: 214 Test Date: 05/04/2018

Test Time: 8:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
BT	Pass	mq20:8

Blank Tests

Test Status Time AIR Pass 8:04pm

Printer Tests

Test Status Time PRNT Pass 8:04pm

CRC Tests

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

Preventive/Maintenance Stat/us: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON Instrument Location ANSON CO SHERIFF OFFI
Instrument	Serial No. 008863 WADES BOKO, NC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	at on the S day of MAY, 20 8 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
SE S	Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008863 Test Date: 05/08/2018

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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	3:33pm
AIR BLK ACCY CHK	.00 .08	3:34pm 3:35pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Banes
Analyst

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008863 Test Record Number: 575 Test Date: 05/08/2018 Test Time: 3:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
\mathtt{BT}	Pass	3:41pm

Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

Printer Tests

Test

COMP

CAL

Status Time

3:42pm

2000	Dododo	11110
PRNT	Pass	3:42pm
	CRC Tests	
Test	Status	Time

Pass 3:42pmPreventive Maintenance

Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON	Instrument Location A N 56N	COSHERIFF OFF
Instrument S	Gerial No. <u>008739</u>	WAD	ESBORO, NC
The preventi		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;	,	
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	,
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and .	•
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration anged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures Department	were performed on the instrument i	indicated above, in accordance with cur d the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STA	al.	ignature of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008739 Test Date: 05/08/2018

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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:28pm 3:29pm 3:30pm 3:30pm 3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008739

Test Record Number: 259
Test Time: 3:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	3 · 37mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time

Tebe	beacus	TIME
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

Ahalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Rec	rufort	Instrument Location	Relhaven	P.D.
Instrument Ser	rial No. <u>008928</u>	Instrument Location_	NC	
The preventive four months ar	e maintenance procedures for the Intre:	oximeters, Model Intox E	C/IR II to be followed :	at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		cholic breath simulator	r thermometer show
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath sample;		
7.	When "PLEASE BLOW" appea	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.			
	and M			
I certify that or procedures we Department of	n the <u>2310</u> day of Mac re performed on the instrument indic Thealth and Human Services, and the	, 20 , ated above, in accordance instrument is functioning	the forgoing preve with current regulations properly.	entive maintenance ns of the N.C.
OS THE STATE OF	*ACE			
The second secon	S C C C C C C C C C C C C C C C C C C C		·	
FISE QUAM VIDE	7.		<i>f</i> ,	43
		ture of Certifying Official		ificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 05/23/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

06/01/2017-06/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:23am 11:24am
ACCY CHK	.08	11:24am
AIR BLK SUB TEST	.00 .00	11:26am
AIR BLK	.00	11:20am
SUB TEST	.00	11:29am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 343
Test Date: 05/23/2018 Test Time: 11:31am 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:32am 11:32am 11:32am 11:32am 11:32am
ът	rass	TT:220m

Blank Tests

Test	Status	,I,ıme
AIR	Pass	11:33am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAMETERS, MODEL INTOA EC/IR II
County &	Instrument Location BERTIE CO. S.O.
Instrument Se	erial No. 008897 222 Country Farm Rd., WINDSOF,
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	Dith was
	on the day of day of , 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
	, Dr. France,
OTHER STATE OF THE	CAROLINA CAR
TOTE QUANTIES	Jinex. Reselve 647
	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 05/24/2018

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1122 Test Date: 05/24/2018 Test Time: 1:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:37pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

Status

Time

Test

1696	beacus	TIME
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:38pm 1:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $B_{\prime\prime\prime}$	combe Instrument Location Buncambe Co Jail
Instrument Serial	No. 008749 Asheville, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 t procedures were Department of H	he
TO THE STATE OF A TOTAL OF A TOTA	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Date: 05/17/2018

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

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Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008748 Test Record Number: 953 Test Date: 05/17/2018 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:36am 11:36am
FC	Pass	11:36am

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

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

Pass

Pass

11:37am

11:37am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ERS, MODEL INTOX EC	
County <u>/</u>	inconbe	Instrument Location 5011C	ombe Co Jail
Instrument Ser	ial No. <u>00 89 / /</u>	Instrument Location Buy C	ille, NC
The preventive four months ar	•	e Intoximeters, Model Intox EC/IR II to t	pe followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bred degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence		
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	.*
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration changed every four months or after 125 A	
procedures we	re performed on the instrument	nd the instrument is functioning properly.	ent regulations of the N.C.
Contraction of the Contraction o	Alba.		
OF THE STATE OF TH	NO PER SECONDARY		
	GARON STATE OF THE		
APRIL 12, 178 * ESTE QUAM VIDE			1110
		Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008911 Test Date: 05/03/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

05/01/2017-05/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008911 Test Record Number: 618
Test Date: 05/03/2018 Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:26pm 2:26pm
FC	Pass	2:26pm

Temperature Tests

Status	Time
Pass	2:26pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:27pm CAL Pass 2:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/ -	INTOXIMETE	RS, MODEL INTOX	
County (aballus	Instrument Location <u>L</u>	aballus County SU
Instrument Ser	ial No. <u>008694</u>	30 Corban Ave	ConCord
The preventive four months ar		intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lic breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	! ;	van var
5.	Verify instrument accuracy;	•	* **
6.	When "PLEASE BLOW" app	nears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	at.
8.	Print test record;		4
9.	Verify Diagnostic Program; at	nd	e ²
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	n theday of re performed on the instrument in Health and Human Services, and	dicated above, in accordance with	
THE STATE OF THE S	May Sio	mature of Certifying Official	Certificate Number

CABARRUS CABARRUS COUNTY SD 120

Serial Number: 008694 Test Date: 05/21/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK ACCY CHK	.00	3:03pm 3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:08pm
ATR BLK	. 00	3:08pm

.00 g/210L

Signature of Chemica Analyst

Court CVR

CABARRUS CABARRUS COUNTY SD 120

Serial Number: 008694 Test Record Number: 1334
Test Date: 05/21/2018 Test Time: 3:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
$\cdot BT$	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:11pm

Pass

3:11pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORDING INTOXIMETERS, MODEL INTOX EC/IR II

/ N	INTOXIMETERS, MODEL INTOX EC/IR II
County Ob	assument Location (Ghassus Sunty SI)
Instrument Seria	No. 008792 30 Corban Ave., Cancord
	, , , , , , , , , , , , , , , , , , ,
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.
	the day of day of , 20 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A	OSMI CAROUN
APRE 12, 071 * CORP QUAM VIORA**	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 05/21/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:46pm 1:47pm 1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:53pm

Reparted 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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 2844

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:57pm 1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

Printer Tests

lest	Status	TIME
PRNT	Pass	1:58pm

CRC Tests

Test	Status	Time
COMP	Pass	1:58pm
CAL	Pass	1:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cala		Jail
Instrument Serial	INO. 008719 Lenoir, NC	
The preventive m four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator 34 degrees, plus or minus .2 degree centigrade;	thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Brea whichever occurs first.	alcoholic breath th Simulator tests,
procedures were	the day of, 20/5 the forgoing prevents the performed on the instrument indicated above, in accordance with current regulation Health and Human Services, and the instrument is functioning properly.	ntive maintenance s of the N.C.
The state of the s	• •	
STATE ON STA	AROLL	
A STORY COLUMN YORK X	Signature of Certifying Official Certi	GG ficate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008719 Test Date: 05/02/2018

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: 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	Pass	1:13pm 1:14pm
ACCY CHK	.07	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2342 Test Date: 05/02/2018 Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm

CRC Tests

Test	Status	Time
COMP	Pass	1:23pm
CAL	Pass	1:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	Instrument Location Caldwell Co. Jail
Instrument Ser	ial No. 008803 Lendin, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the, 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 OREAL STATE OF	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 05/02/2018

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: 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 .07 .00 .00	1:13pm 1:14pm 1:15pm 1:16pm 1:17pm 1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2342 Test Date: 05/02/2018 Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm

CRC Tests

Test	Status	Time
COMP	Pass	1:23pm
CAL	Pass	1:23pm

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; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , $20 / \mathscr{S}$ 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

CALDWELL BAT MOBILE UNIT 7 130

Serial Number: 008969 Test Date: 05/21/2018

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: 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

rest	g/210L	Time
DIAG AIR BLK	Pass .00	5:52pm 5:53pm
ACCY CHK	.08	5:53pm
AIR BLK	.00	5:54pm
SUB TEST	.00	5:55pm
AIR BLK	.00	5:56pm
SUB TEST	.00	5:58pm
AIR BLK	.00	5:5812mm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Count CVR

Analyst

CALDWELL BAT MOBILE UNIT 7 130

Serial Number: 008969 Test Rec Test Date: 05/21/2018 Test Ti

Test Record Number: 229
Test Time: 6:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:02pm
FLO	Pass	6:02pm
FC	Pass	6:02pm

Temperature Tests

Status	Time
Pass	6:03pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:03pm

CRC Tests

Test	Status	Time
COMP	Pass	6:03pm
CAL	Pass	6:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	Swell Instrument Location CASWell Co Daten Your Con
Instrument Seria	AINO. 008593 231 County PARK RD YAnceyville, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
CANE STATE OF THE COLOR OF THE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 05/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:57pm 2:57pm 2:58pm
AIR BLK SUB TEST	.00 .00	2:59pm 2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:02pm
ATR BIK	0.0	$3 \cdot 0.3 \mathrm{rm}$

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1567

Test Date: 05/02/2018

Test Time: 3:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:04pm
FLO	Pass	3:04pm
FC	Pass	3:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	T'ıme
AIR	Pass	3:05pm

Printer Tests

Test	Status	Time
		•
PRNT	Pass	3:05pm

CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	<u>Catawba</u> Instrument Locatio	· Catawba County SD
Instrument	ent Serial No. <u>008687 100 B</u> 5	outhwest Blvd, Newton
The preven	ventive maintenance procedures for the Intoximeters, Model Intonths are:	ox EC/IR II to be followed at least once every
1.	. Verify the ethanol gas canister displays pressure, or th 34 degrees, plus or minus .2 degree centigrade;	e 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 sam	ple;
7.	. When "PLEASE BLOW" appears, collect breath sam	ple;
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.	
procedures	that on the 1940 day of April , 2 ares were performed on the instrument indicated above, in according to the instrument of Health and Human Services, and the instrument is function	
PIO 25 P.	Signature of Certifying Off	icial Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 04/19/2018

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

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

Subject's Sex: Male

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Test g/210L Time

DIAG Pass 3:09pm
AIR BLK .00 3:10pm
ACCY CHK .07 3:10pm
AIR BLK .00 3:11pm
SUB TEST .00 3:12pm
AIR BLK .00 3:13pm
SUB TEST .00 3:14pm
AIR BLK .00 3:15pm

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

Départment of Health and Human Services

Rev. 12/2007

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 2596
Test Date: 04/19/2018 Test Time: 3:17pm; EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

 Test	Status	Time
ΔTD	Dadd.	3 · 18mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:19pm 3:19pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official Certificate Number

CHATHAM COUNTY BATMOBILE UNIT 8 180

Serial Number: 008601 Test Date: 05/05/2018

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: 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 AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:34pm 10:35pm 10:36pm 10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY BATMOBILE UNIT 8 180

Serial Number: 008601 Test Date: 05/05/2018 Test Record Number: 1278
Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR .	Pass	10:42pm
FLO	Pass	10:42pm
FC	Pass	10:42pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:42pm 10:42pm 10:42pm 10:42pm 10:42pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:43pm
	CRC Tests	
Test	Status	Time

TCDC	Deacas	1 IIIIO
COMP	Pass	10:43pm
CAL	Pass	10:43pm

Preventive Maintenance Status: Pass

OB Skynny Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IR II
County	1 Instrument Location Box Mobile Unit
Instrument Ser	ial No. 008 736 Chatham -SHP
The preventive four months ar	
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	on the
ARE CLAMY	



CHATHAM COUNTY BAT MOBILE UNIT 8 180

Serial Number: 008736 Test Date: 05/05/2018

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: 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	10:36pm 10:37pm 10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:41pm
ATR BLK	. 00	10:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB Kunnan Analyst

CHATHAM COUNTY BAT MOBILE UNIT 8 180

Serial Number: 008736 Test Record Number: 901 Test Date: 05/05/2018 Test Time: 10:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
	<i>p</i>		

AIR Pass 10:45pm

Printer Tests

Test	Status	rime	

PRNT Pass 10:45pm

CRC Tests

Test	Status	Time
COMP	Pass	10 · 45pm

CAL Pass 10:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Tham Instrument Location Bot Mobile Unit
Instrument Seria	1NO08615 Chatham -SHP
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CHATHAM COUNTY BAT MOBILE UNIT 8 180

Serial Number: 008615 Test Date: 05/05/2018

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: SKINNER, TONYA
Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:18pm 10:19pm
ACCY CHK	.07	10:19pm
AIR BLK SUB TEST	.00 .00	10:20pm 10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Stingst

CHATHAM COUNTY BAT MOBILE UNIT 8 180

Serial Number: 008615

Test Record Number: 5544

Test Date: 05/05/2018

Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:34pm

Preventive Maintenance Status: Pass

Pass

10:34pm

CAL

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

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 05/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MIANTENANCE

Subject'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: AG807102 Exp Date: 03/13/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:38am 11:39am 11:40am
AIR BLK	.00	11:41am
SUB TEST AIR BLK	.00 .00	11:42am 11:42am
SUB TEST ATR BLK	.00	11:44am 11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 1293

Test Time: 11:45am EDT Test Date: 05/31/2018

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	11:46am
SRC	Pass -	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
\mathtt{BT}	Pass	11:46am

Blank Tests

Test	Status	Time	

AIR Pass 11:47am

Printer Tests

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

PRNT Pass 11:47am

CRC Tests

Test	Status	Time
COMP	Pass	11:47am
CNT	Dage	11 • 47 am

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

	INTOXIMETERS, MODEL INTOX EC	/IR II
County	hatham (a. Instrument Location Chain	ANI CO. NA:1
Instrument S	erial No. 008591 P.Hs bores	
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first. on the	Alcoholic Breath Simulator tests, forgoing preventive maintenance tent regulations of the N.C.
THE STATE OF THE CHARLES OF THE CHAR		Certificate Number

CHATHAM COUNTY JAIL 180

Serial Number: 008591 Test Date: 05/31/2018

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, 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: AG807102 Exp Date: 03/13/2020

Test	g/210L	Time
DIAG	Pass	10:39am
AIR BLK	.00	10:40am
ACCY CHK	.08	10:40am
AIR BLK	.00	10:41am
SUB TEST	00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	0.0	10:45am

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

CHATHAM COUNTY JAIL 180

Serial Number: 008591

Test Record Number: 2004

Test Date: 05/31/2018

Test Time: 10:45am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:46am 10:46am 10:46am 10:46am 10:46am

Blank Tests

Test	Status	Time

AIR Pass 10:47am

Printer Tests

Test Status Time

PRNT Pass 10:47am

CRC Tests

Test Status Time .

COMP Pass 10:47am CAL Pass 10:47am

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR JI
County Ch	erokee Instrument Location Chevokee Co. Jan
Instrument Seria	100. 008711 Murphy, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	theday of, 20, 20, 20
THE GLIAM VIDE A	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 05/07/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:08am 11:09am 11:10am 11:11am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:14am
ATR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 946
Test Date: 05/07/2018 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
·	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:17am 11:17am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		RS, MODEL INTOX EC/IP	(11
County Che	rokee	Instrument Location herok	* Co. Jail
Instrument Serial	No. <u>()08622</u>	Instrument Location Cheroke Murphy, No	
The preventive m four months are:	naintenance procedures for the In	ntoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	· · · · · · · · · · · · · · · · · · ·
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	** ;* *
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	•
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d .	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration d nged every four months or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
I certify that on to procedures were Department of H	theday of performed on the instrument ind lealth and Human Services, and	the forg dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TOTAL STATE OF A STATE	Sein CAROLLING	nature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 05/07/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1022 Test Date: 05/07/2018 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:15am

Temperature Tests

Status	Time
Pass	11:15am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

Test

CAL

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

Status

Time

11:15am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN	Instrument Location_	SAT MONDE	UNIT 10
Instrume	nt Serial No. OO 9 176			
The prev	rentive maintenance procedures for the other	Intoximeters, Model Intox	EC/IR II to be followed	ed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, or the a legree centigrade;	lcoholic breath simul	ator thermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	. When "PLEASE BLOW" ap	pears, collect breath sample	e;	
7.	. When "PLEASE BLOW" ap	pears, collect breath sample	e;	
8	Print test record;			
9	. Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being clumber occurs first.	anister is being changed bef hanged every four months o	ore expiration date, or or after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
I certify procedo Depart	y that on theday of ures were performed on the instrument ment of Health and Human Services, a	, 20_/ t indicated above, in accord and the instrument is functi	, the foregoing pa ance with current reg oning properly.	reventive maintenance ulations of the N.C.
CAREAT SE	TATE OF YOUR CARD	Signature of Certifying Offic	sial	CC J



CRAVEN COUNTY BAT MOBILE UNIT 10 240

Serial Number: 008776 Test Date: 05/25/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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 AIR BLK	Pass .00 .07 .00 .00	11:02pm 11:03pm 11:04pm 11:05pm 11:05pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:08pm

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 10 240

Serial Number: 008776 Test Record Number: 3444
Test Date: 05/25/2018 Test Time: 11:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:10pm 11:10pm
FC	Pass	11:10pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	UMBERLAND	Instrument Location CUMBERLAND COUN-
	erial No. <u>0086 72</u>	DETENTION CENTER FAYETTEVILLE, NC
The preventive four months a		oximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath simulator thermometer shows ree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	urs, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the day of A vere performed on the instrument ind of Health and Human Services, and the	the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
TATE STATION OF THE STATE OF TH	C.C. Sign	2 3 4 4 8 Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 05/07/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:45am 11:46am
ACCY CHK	.08	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colon R. Barres

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 6011 Test Date: 05/07/2018 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:52am 11:52am
FC	Pass	11:52am

Temperature Tests

Test	Status	Time
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

Blank Tests

Test	Status	Time
ATR	Pass	1.1:53am

Printer Tests

Teat

CAL

TCDC	beacus	1 IIIC
PRNT	Pass	11:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:53am

Status

Time

11:53am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERLAND Instrument Location CUMBERLAND COUNT
Instrumen	t Serial No. 008614 DETENTION CENTERS FAYETTEVILLE, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 theday of, 20
THE CORPA SE	TATE OF NORTH AND THE STATE OF
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 05/07/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:50am 11:50am
ACCY CHK	.00	11:50am
AIR BLK	.00	11:52am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:55am
ATR BLK	. 00	11:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 05/07/2018

Test Record Number: 4059
Test Time: 11:57am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

Status	Time
Pass	11:57am
	11:57am 11:57am
Pass	11:57am
Pass	11:57am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pagg	11.58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58am

Preventive Maintenance Status: Pass

Pass

11:58am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ه		eks, model in fox ec/	·
County L	ssoj tuck	_ Instrument Location Cull (4	vik C1. 5.0.
Instrument Ser	ial No	407-A MAPLE R	A. , Maple, N.C.
The preventive four months ar	•	Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		÷
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nnister is being changed before expiration nanged every four months or after 125 A	
	ere performed on the instrument i	the formation of the instrument is functioning properly.	ent regulations of the N.C.
STATE OF THE STATE	Sin di	A Local Continuity of Certifying Official	Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 05/29/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:16am 11:17am 11:18am 11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST AIR BLK	.00 .00	11:21am 11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 2205

Test Date: 05/29/2018

Test Time: 11:23am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:23am
FLO	Pass	11:23am
FC	Pass	11:24am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:24am 11:24am 11:24am 11:24am 11:24am

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

Test	Status	Time
PRNT	Pass	11:24am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:24am 11:24am

Preventive Maintenance Status: Pass

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

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

Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 05/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:20am 11:21am 11:22am
AIR BLK SUB TEST	.00 .00	11:23am 11:24am
AIR BLK	.00	11:24am
SUB TEST	.00	11:26am
AIR BLK	/ 00	11:27am

Reported AC:

.00 g/2101

Signature of Chemical Analyst

Court CVR

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2202

Test Time: 11:30am EDT Test Date: 05/14/2018

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:31am 11:31am
FC	Pass	11:31am

Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
\mathtt{BT}	Pass	11:31am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test

1000	beacab	1 1 iii
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time

Status

Time

COMP	Pass	11:32am
CAL	Pass	11:32am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Du	RHAM Instrument Location DURLIAM (O. DAIL
Instrument Seria	INO. UUSB91 219 S. MANGUM ST. DURHAM, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
STATE OF STA	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 05/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, 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	Pass .00 .08	9:57am 9:58am 9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
ATR BIK	0.0	10:03am

Reported ACf .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3842
Test Time: 10:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:04am
${ t FLO}$	Pass	10:04am
FC	Pass	10:04am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

PRNT Pass 10:05ar	Test	Status	Time
	PRNT		10:05am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Du	RIJAM Instrument Location DURIJAM CO. JAIL
Instrument Seria	1 No. 008878 219 S. MANGUIN ST. DURHAM, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF THE S	
* A CIE QUAM VICEN	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 05/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, 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	9:55am
AIR BLK	.00	9:56am
ACCY CHK	.07	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am

Reported AC: .00 g/210L

Chemical Analyst Signature of

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 4135 Test Time: 10:03am EDT

Test Date: 05/02/2018

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	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

Blank Tests

Test	Status	Time
	*	
AIR	Pass	10:04am

Printer Tests

1656	Deacus	Time
PRNT	Pass	10:04am
	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

County Du	Instrument Location Dubas	4
Instrument Seria	Duham, NL	your St
The preventive n four months are:	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic br 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 whichever occurs first.	
	on theday of, 20, 20, the forere performed on the instrument indicated above, in accordance with conf Health and Human Services, and the instrument is functioning proper	
OT CHAN VIDA	CAROLINA A A A A A A A A A A A A A A A A A A	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 05/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:56am
ACCY CHK	.07	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
ATR RIK	0.0	10.02am

Reported AC: 0.00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 05/02/2018

Test Record Number: 2174 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

Status	Time
Pass	10:03am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:04am

Printer Tests

Test	Status	Time
PRNT	Pass	10:04am

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

County Lee	Gecombe	Instrument Location £de on	nse (o. Mazis wites
Instrument Seri	ial No. 008663	Instrument Location Edge OA 30 U.S. ANACONDA E	d., TArson, N.
The preventive four months are		Intoximeters, Model Intox EC/IR II to I	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	r displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1 ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures wer	e performed on the instrument inc	the following distribution in the following property.	ent regulations of the N.C.
THE STATE OF THE S		ex A. Keel	647
	Sigi	nature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 05/22/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:33pm
AIR BLK	.00	1:34pm
ACCY CHK	.08	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
ATR BIK	0.0	1 · 4 0 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 2880 Test Date: 05/22/2018 Test Time: 1:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:41pm
		1:41pm
FC	Pass	1:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
\mathtt{BT}	Pass	1:41pm

Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:42pm

Preventive Maintenance Status: Pass

Pass

1:42pm

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Je Compe	Instrument Location Les comps Co. 3005. ANACONDA Rd., TA	MAGISKoles
Instrument Se	rial No. 00 8603	3005. ANACONDARA, TA	rom, N.
The preventive four months as	e maintenance procedures for the re:	Intoximeters, Model Intox EC/IR II to be followed at	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator legree centigrade;	thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration date, or the a anged every four months or after 125 Alcoholic Breat	ilcoholic breath h Simulator tests,
I certify that or procedures we Department of	re performed on the instrument in	the forgoing prevent dicated above, in accordance with current regulations the instrument is functioning properly.	ative maintenance of the N.C.
STATE OF STAT	VODEN CAROLINA		

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 05/22/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ind A. beese
Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1671 Test Date: 05/22/2018 Test Time: 1:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Ţest	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:45pm	

Printer Tests

IESL	Status	TIME
PRNT	Pass	1:45pm
	CRC Tests	

est Status '

	Beacab	111110
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence;		INTOXIMETERS, MODEL INTOX EC/IR II
Instrument Serial No. DO 8650 Department The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence;	County_	FORSYTH Instrument Location Kerners Ville Police
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;	Instrumer	220457
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence;		
3. Initiate breath test sequence;	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;	4.	Enter information as prompted;
5. Verify instrument accuracy;	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
Verify that the ethanol gas canister is being changed before 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 the	I certify t	at on the day of //ay .20 /8, the foregoing preventive maintenance
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	procedur	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.	Departm	t of Health and Human Services, and the instrument is functioning properly.
STATE OF VORTING TO THE PARTY OF THE PARTY O	GREATS	
Signature of Certifying Official Certificate Number		Signature of Certifying Official Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 05/24/2018

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: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	4:07pm
AIR BLK	.00	4:07pm
ACCY CHK	.08	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
ATR BIK /	0.0	4 · 13pm

Q0 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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1420 Test Date: 05/24/2018 Test Time: 4:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
\mathtt{BT}	Pass	4:14pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

4:15pm

4:15pm

COMP

CAL

Analyst

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

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 05/24/2018

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: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:23am 11:24am 11:25am 11:26am 11:26am
SUB TEST	.00	11:29am
AIR BLE	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925

Test Record Number: 2206
Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:31am

Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11: 31am
BT	Pass	11:31am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31 <u>a</u> m
	CRC Tests	
Test	Status	Time

COMP Pass 11:32am CAL Pass 11:32am

Preventive Maintenance Status: Pass

Analváť

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

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

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 05/24/2018

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	11:18am
AIR BLK	.00	11:19am
ACCY CHK	.08	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:24am
ATR BLK	.00	11:25am

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 7218 Serial Number: 008583

Test Date: 05/24/2018 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
TR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	1 1:26am
DET	Pass	11:26am
BAR	Pass	11:26am
\mathtt{BT}	Pass	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

	Test	Status	Time
PRNT Pass 11:27an	PRNT	Pass	11:27am

CRC Tests

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

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; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs, first. the foregoing preventive maintenance I certify that on the day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 05/24/2018

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	11:16am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	. .00	11:22am

Reported AC:

.00 g/2<u>10L</u>

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 4801

Test Date: 05/24/2018

Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

Test	. •	Status	Time
IR		Pass	11:25am
FLO		Pass	11:25am
FC		Pass	11:25am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:25am 11:25am 11:25am 11:25am 11:25am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:26am
CAL	Pass	11:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	FORSYTH Instrument Location BAT MOBILE 7
Instrument Ser	ial No. 008969 Instrument Location BAF MOBILE 7
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.
	the 25 th day of MA4, 2018 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.
THE STATE OF THE PARTY OF THE P	Lw 1 659
	Signature of Certifying Official Certificate Number

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008969 Test Date: 05/25/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: INGLE, LARRY W
Permit Number: 07281E
Effective:

02/01/2018-02/01/2020

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

Agency: DHHS

Test Type: Breath Test

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

q/210L

Time

DIAG	Pass	8:40pm
AIR BLK	.00	8:41pm
ACCY CHK	.08	8:41pm
AIR BLK	.00	8:42pm
SUB TEST	.00	8:43pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:45pm
AIR BLK	. 9⁄0	\$:46pm

Reported AC: .00/

Test

Signature of Chemical Analyst

Court (CVR

Analyst

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008969 Test Date: 05/25/2018

Test Record Number: 232 Test Time: 8:49pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass	8:49pm 8:49pm
Pass	8:50pm
	Pass

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	8:50pm 8:50pm 8:50pm 8:50pm 8:50pm
	1000	0.50piii

Blank Tests

Test Status Time

AIR Pass 8:50pm

Printer Tests

Test Status Time

PRNT Pass 8:50pm

CRC Tests

Test Status Time

COMP Pass 8:50pm CAL Pass 8:50pm

Preventive Maintenance Stayus: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IX II	
County FR	ANKLIN Instrument Location FRANKLINTUN	PD
Instrument Seria	al No. DO8815 #7 W. MASON ST. FRANK	LINTON
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leas:	st once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator ther 34 degrees, plus or minus .2 degree centigrade;	mometer 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 alcosimulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.	holic breath imulator tests,
procedures were	the	e maintenance the N.C.
COUNTY STATE OF THE STATE OF TH	AROUND AR	
* ARE QUAM VIDEN	Signature of Certifying Official Certificat	e Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 05/09/2018

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: AG621403 Exp Date: 08/01/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 1126 Test Date: 05/09/2018

Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
ВТ	Pass	10:37am

Blank Tests

rest	Status	rime
AIR	Pass	10:37am

Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
	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 FR	ANKLIN Instrument Location FRANKLIN	TON PD
Instrument Seri	al No. 008738 47W. MASON ST	FRANKLINTUN
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration data simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	the	ng preventive maintenance gulations of the N.C.
manner		
OF THE STATE OF TH		
AFER QUAM VOR	Signature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008738 Test Date: 05/25/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:27am 9:28am
ACCY CHK	.08	9:28am
AIR BLK	.00	9:30am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:33am
ATR BLK	. 00	9:34am

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008738 Test Date: 05/25/2018

Test Record Number: 830 Test Time: 9:34am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:35am

Printer Tests

Test	Status	Time
PRNT	Pass	9:35am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		Instrument Location_(\) \(\) \(\) \(\) \(\) \(\) \(\)	10001400
Instrument Ser	rial No. <u>OO888/</u>	425N. Missetta St.	. Goodinia
The preventive four months ar	e maintenance procedures for the	ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	,	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	;
7.	When "PLEASE BLOW" a	appears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument	, 20 / the indicated above, in accordance with cure at the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATE OF STA		Signature of Certifying Official	656 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Date: 05/16/2018

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: AG721401 Exp Date: 08/02/2019

rest	g/210h	Time
DIAG	Pass	8:54am
AIR BLK	.00	8:55am
ACCY CHI	80.3	8:55am
AIR BLK	.00	8:56am
SUB TEST		8:57am
AIR BLK	.00	8:58am
SUB TEST	.00	8:59am
AIR BLK	.00	9:00am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Mumber: 008881 Test Record Number: 677

Test Date: 05/16/2018 Test Time: 9:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:02am
FLO	Pass	9:02am
FC	Pass	9:02am

Temperature Tests

Test	Status	Time
FCl	Pass	9:02am
SRC	Pass	9:02am
DET	Pass	9:02am
BAR	Pass	9:02am
BT	Pass	9:02am

Blank Tests

Test Status	Status	Time
AIR	Pass	9:03am

Printer Tests

Test	Status	Time
PRNT	Pass	9:03am
	CRC Tests	

Test	Status	TTHE
	4	
COMP	Pass	9:03am
CAL	Pass	9:03am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston Instrument Location Belmont P.D.
Instrument	Gaston Instrument Location Belmont P.D. Serial No. 008733 201 Chronicle Street, Belmont
The prevent	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.
procedures	at on the 22 nd day of 32 day of 32 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
AND SERVE CAREATORY OF THE CAREATORY OF	Signature of Certifying Official Certificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 05/22/2018

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 AIR BLK	Pass	11:56am 11:57am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 1094
Test Date: 05/22/2018 Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (5	instrument Location Gates (U.S.O.	
Instrument Ser	rial No. 008884 202 Court St., Gatesuille, MC.	
The preventive four months ar	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever re:	гу
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	юw
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ı sts,
	on the	nce
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 05/22/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:53am 9:53am
ACCY CHK	.07	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
ATR BLK	0.0	9 · 5 9 a m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

/ Analys

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 05/22/2018 Test Record Number: 850
Test Time: 10:01am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:01am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:02am
CAL	Pass	10:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\wedge	INTOXIMETERS, MODEL INTOX EC/IR	. 11
County <u>CU</u>	il Ford Instrument Location Bot M	vobile Unit (
Instrument Seri	al No.008615 SHP	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath and degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dasimulator solution is being changed every four months or after 125 Alcol whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that or procedures we Department of	the day of , 20 the forgoing performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF THE NAME OF THE STATE OF THE		
SEEA SEEA	CAROLL	
FERE GITH ABOUT	Signature of Certifying Official	Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 05/04/2018

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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:54pm 10:55pm 10:55pm 10:56pm 10:57pm
AIR BLK	.00	10:58pm
SUB TEST AIR BLK	.00 .00	10:59pm 11:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB Kury Analyst

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Record Number: 5539 Test Date: 05/04/2018 Test Time: 11:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05pm
${ t FLO}$	Pass	11:05pm
FC	Pass	11:05pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:05pm 11:05pm 11:05pm 11:05pm 11:05pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	11:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:06pm 11:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	uilford Instrument Location Bot Mobile Unit
Instrument S	rial No.008736 SHP
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the
_	
STATI STATI	
- Transport	Signature of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008736 Test Date: 05/04/2018

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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:40pm 11:41pm 11:42pm 11:42pm 11:43pm 11:44pm 11:45pm
AIR BLK	.00	11:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKINN Analyst

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008736 Test Record Number: 899
Test Date: 05/04/2018 Test Time: 11:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:49pm
	CRC Tests	

rest	Status	TTIME
•		
COMP	Pass	11:49pm
\mathtt{CAL}	Pass	11:49pm

Preventive Maintenance Status: Pass

OB Kunen

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008775 Test Date: 05/04/2018

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: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	11:22pm
AIR BLK	.00	11:23pm
ACCY CHK	.07	11:24pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB SKM 2 Analyst

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008775 Test Record Number: 1758
Test Date: 05/04/2018 Test Time: 11:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:31pm
FLO	Pass	11:31pm
FC	Pass	11:31pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:31pm 11:31pm 11:31pm 11:31pm 11:31pm
		-

Blank Tests

Test	Status	Time	
AIR	Pass	11:32pm	

Printer Tests

Test	Status	Time
PRNT	Pass	11:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:32pm 11:32pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\wedge	INTOXIMETERS, MODEL INTOX EC/IR II	· · ·
County GU	MI FORM Instrument Location 20 - Mobile U	<u> </u>
Instrument Seria	al Nd. (C840) 5HP	
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 thermomet 34 degrees, plus or minus .2 degree centigrade;	er 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;	٠
7.	When "PLEASE BLOW" appears, collect breath sample;	· .
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic b simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	the	
STATE OF N	CAROLL CAROLL	
ARRI 12. 078	Donya B Skynny Gyd Varificate Nimi	her

GREENSBORO BATMOBILE UNIT 8 400

Serial Number: 008601 Test Date: 05/04/2018

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: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:12pm 11:13pm
ACCY CHK	.08	11:13pm 11:14pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB 5K un no Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, I	MODEL INTOX EC/IR I	1
County	ins Ins	trument Location BR + M	obile Unit
Instrument Se	rial No.008816 <u></u>	SHP	
The preventive four months a	e maintenance procedures for the Intoxime	eters, Model Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		nulator thermometer shows
2.	Verify instrument displays time and d	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ollect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.		
	on the day of	above, in accordance with current re	ng preventive maintenance gulations of the N.C.
STATE OF THE STATE	Donyo F	S Configura Official	Cartificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 05/04/2018

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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:51pm 10:52pm 10:53pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:57pm
AIR BLK	.00	10:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB SKynnalyst

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Record Number: 7410 Test Date: 05/04/2018 Test Time: 11:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
TR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:00pm

Temperature Tests

Status	Time
Pass	11:00pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:01pm
CAL	Pass	11:01pm

Preventive Maintenance Status: Pass

B SKyry Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County 6	viltord Instrument Location High to W
Instrument Se	erial No. 008896 Police Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of day, 20 b, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

DHHS 4080 (11/07)

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008896 Test Date: 05/24/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:57pm 1:57pm
ACCY CHK AIR BLK	.07 .00	1:58pm 1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008896 Test Record Number: 1187

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:05pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:05pm 2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
BT	Pass	2:05pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:05pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm

CRC Tests

Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /-//	Instrument Location HARNett Co.	Det. Center
Instrument S	erial No. 1008729 Lilling tod, MC	· · · · · · · · · · · · · · · · · · ·
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.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
	on the	oing preventive maintenance regulations of the N.C.
THE STATION OF THE ST	Signature of Certifying Official	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 05/29/2018

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

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

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

Analyst's Name: KEESLER, 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 AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	12:45pm 12:45pm 12:46pm 12:47pm 12:48pm 12:49pm 12:50pm 12:51pm
MIN DI	• 00	

Reported Ac:

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 DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2231 Test Date: 05/29/2018

Test Time: 12:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
the second		
IR	Pass	12:55pm
FLO	Pass	12:55pm
FC	Pass	12:55pm

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass	12:55pm 12:55pm
BAR	Pass Pass	12:55pm 12:55pm
BT	Pass	12:55pm

Blank Tests

Test	Status	'I'ıme
AIR	Pass	12:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:56pm

12:56pm

Preventive Maintenance

Pass

CAL

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	TARNETT Co. Instrument Location		Det. Cente
Instrument So	erial No. <u>008730</u> <u>Lilling to</u>	lon, NC	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox are:	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simu	ılator 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	e;	
7.	When "PLEASE BLOW" appears, collect breath sample	e;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed bef simulator solution is being changed every four months o whichever occurs first.		
	on theday of, 20_ vere performed on the instrument indicated above, in accordar of Health and Human Services, and the instrument is function	nce with current regu	preventive maintenance lations of the N.C.
CARE STATION OF THE S			

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

Signature of Certifying Official

Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 05/29/2018

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

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:47pm 12:48pm
ACCY CHK AIR BLK	.07 .00	12:48pm 12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLA	.00	12:53pm

Reported AC. .00/g/210L

gnature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 2969
Test Date: 05/29/2018 Test Time: 12:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	. :	Status	Time
FC1		Pass	12:55pm
SRC	1	Pass	12:55pm
DET		Pass	12:55pm
BAR	;	Pass	12:55pm
\mathtt{BT}		Pass	12:55pm

Blank Tests

Test	Status	Time
ΔTP	Dagg	12 • 55 nm

Printer Tests

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

COMP	Pass	12:56pm
CAL	Pass	12:56pm

Preventive Maintenance

 Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ARNETT Co., Instrument Location Durin	Police Dep-
Instrument So	erial No. 00 86 44 Demm, 14C	
The preventive 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 breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures v	on the	rgoing preventive maintenance nt regulations of the N.C.
CREAT STATE OF THE CREAT STATE O		/ - - 1
Walter Street	Signature of Certifying Official	Certificate Number

HARNETT COUNTY DUNN POLICE DEPT, 420

Serial Number: 008644 Test Date: 05/22/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	9:32am 9:33am
ACCY CHK	.07	9:33am
AIR BLK	.00	9:35am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:38am
AIR BLK/	.00	9:38am

Reported AC; .00 g/2101

Signature of Chemical Analyst

Court CVR

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

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1305

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:41am

Printer Tests

TCDC	Deacus	T TIME.
PRNT	Pass	9:41am
	and the second second	4.7

CRC Tests

COMP Pass 9:41a CAL Pass 9:41a	

Preventive Maintenance

*Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HE Instrument Se	Serial No. OO 8822 Henderson	1 Co Detention
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol are:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
procedures v	t on the	ing preventive maintenance egulations of the N.C.
STATE STATE OF THE		649

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 05/01/2018

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2210 Test Date: 05/01/2018 Test Time: 2:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FĻO	Pass	2:59pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
\mathtt{BT}	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	mq00:E

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Hertford Instrument Location Murfeesboro P.D.
Instrumer	nt Serial No. 00 8906 115 E. Broad St., Murficesburg
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
	Verify that the ethanol gas canister is being changed before 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 the
	ent of Health and Human Services, and the instrument is functioning properly.
ORE AT CASE AT	TATE OF LOCAL CAROLINA CAROLIN
All and the second	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 05/22/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:50am 10:51am
ACCY CHK	.08	10:51am 10:53am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am
SUB TEST AIR BLK	.00 .00	10:56am 10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

y Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 658
Test Date: 05/22/2018 Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:58am 10:58am 10:58am 10:58am 10:58am
<i></i>	Lubb	10.50am

Blank Tests

Test	Status	Time
AIR	Pass	10:59am

Printer Tests

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

10:59am

Preventive Maintenance Status: Pass

Pass

CAL .

Analyst

PREVENTIVE MAINTENANCE RECORD

	, , intoximeters, model intox ec/ir ii
County /	Instrument Location Ahoskie P.P.
Instrument S	erial No. 00 8588 705 W. Main ST., Ahoskie, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of
THE STATION OF THE ST	Jacks Court
	Signature of Certifying Official Certificate Number

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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008588 Test Date: 05/24/2018

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: 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 ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:16pm 12:17pm 12:17pm 12:18pm 12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008588 Test Record Number: 960

Test Date: 05/24/2018 Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time

12:25pm

12:25pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IREdell Instrument Location BAT MOBILE	7
Instrument	Serial No	·
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once is are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	r show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first.	
	at on the 27 day of May, 2018 the forgoing preventive maint were performed on the instrument indicated above, in accordance with current regulations of the N.C t of Health and Human Services, and the instrument is functioning properly.	
THE COLE OF THE CO		7 7 er

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008968 Test Date: 05/27/2018

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

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

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

Analyst's Name: 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	5:19pm 5:20pm 5:20pm
AIR BLK SUB TEST	.00 .00	5:21pm 5:22pm
AIR BLK	.00	5:23pm
SUB TEST	.00	5:24pm
AIR BLK /	1.00	/57:/25/Dm

Reported AC: ,9

,9∕0 g//210L

Signature of Chemical Analyst

Coyrt ØVR

Analyst

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008968 Test Record Number: 244
Test Date: 05/27/2018 Test Time: 5:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:27pm
FLO	Pass	5:27pm
FC	Pass	5:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:27pm
SRC	Pass	5:27pm
DET	Pass	5:27pm
BAR	Pass	5:27pm
BT	Pass	5:27pm

Blank Tests

Test	Status	Time
		•
AIR	Pass	5:27pm

Printer Tests

Teat

1050	beacus	TTITE
PRNT	Pass	5:27pm
	CRC Tests	

Statue

Time

Test	Status	Time
COMP	Pass	5:28pm
CAL	Pass	5:28pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jac	
Instrument Seria	INO. 008722 Sylva, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 05/04/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

09/01/2017-09/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57am 9:58am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 984
Test Date: 05/04/2018 Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:06am

Printer Tests

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

Pass

10:06am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

······································	INTOXIMETERS, MODEL INTOX EÇ/IR II	1
County Jack	kson Instrument Location Jackson Co. Lai	
Instrument Serial	al No. 008708 Sylva, NC	
The preventive n four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once even:	гу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terwhichever occurs first.	
	the	nce
OF THE STATE OF N. TO THE STATE	Signature of Certifying Official Certificate Number	

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 05/04/2018

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

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

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

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

09/01/2017-09/01/2019

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

Test Type: Breath Test

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

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TI-1 mo

lest	9/2101	TIME
DIAG	Pass	9:56am
AIR BLK	.00	9:57am
ACCY CHK	.08	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1312 Test Time: 10:04am EDT Test Date: 05/04/2018

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:05am

10:05am

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	Ohnson Co. Instrument Location Johns	ON Co. Vail
Instrument Se	rial No. 008810 Smith field,	NC
		<u>.</u> · ·
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer 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 dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests
I certify that of procedures w	ere performed on the instrument indicated above, in accordance with current re	ing preventive maintenance egulations of the N.C.
Department o	f Health and Human Services, and the instrument is functioning properly.	
A STATE STATE		
AMAND SECT.		(50)
	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 05/01/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

12/01/2017-12/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:36am 11:37am
ACCY CHK AIR BLK	.07 .00	11:37am 11:39am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:42am
AIR BL⁄K	.00	11:43am

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 3115
Test Date: 05/01/2018 Test Time: 11:44am EDT

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	Pass	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
BT	Pass	11:45am

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:46am 11:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

7	INTOXIMETERS, MODEL INTOX ECH	and I
	erial No. 008846 Survival 608846	, NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	en e
6.	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 simulator solution is being changed every four months or after 125 A whichever occurs first. on the	lcoholic Breath Simulator tests, orgoing preventive maintenance ent regulations of the N.C.
Department	of Health and Human Bervices, and the monanter is randomning property.	
WED SET	E O LO L	
	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 05/01/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
ATR BLK	. 00	11:45am

Reported Aft: ,00

, 00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 4254 Test Date: 05/01/2018 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

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	11:48am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am

CRC Tests

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Tohnson Co. Instrument Location	Selvio Police Depor
Instrument Serial No. (Y) 8595 Selma,	, NC
The preventive maintenance procedures for the Intoximeters, Model Intox E four months are:	C/IR II to be followed at least once every
 Verify the ethanol gas canister displays pressure, or the alcoholic degrees, plus or minus .2 degree centigrade; 	oholic breath simulator thermometer show
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	
I certify that on theday of, 20 / procedures were performed on the instrument indicated above, in accordance Department of Health and Human Services, and the instrument is functioning	with current regulations of the N.C.
OF THE STATE OF NO.	
Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 05/01/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:43am 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
AIR BLK	.00	10:50am

Reported AG: .90 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1234
Test Date: 05/01/2018 Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	10:51am 10:51am
DET	Pass Pass	10:51am
BAR	Pass	10:51am
\mathtt{BT}	Pass	10:51am

Blank Tests

Test	Status	Time	
ΔTR	Dagg	10·51am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	hnson Co. Instrument Location Clayton	Police Dept.
Instrument S	erial No. 008658 Clayton, NC	
The prevention 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 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.	
	on the	oing preventive maintenance regulations of the N.C.
CORPAL STATI		
V MAND SEE	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 05/02/2018

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	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	.12:02pm
SUB TEST	.00	12:04pm
ATR BIK	. 00	12:04pm

Reported AC:

.00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 1381 Test Date: 05/02/2018 Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

	:
FC1 Pass 12:0	5pm
SRC Pass 12:0	5pm
DET Pass 12:0	5pm
BAR Pass 12:0	5pm
BT Pass 12:0	5pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:06pm

Preventive Maintenance

// Status: Pass

Pass

12:06pm

CAL

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- The state of the		RO, MODEL IIII OM	
County 10/	nnson (o.	Instrument Location Bons	ON Police Depi
Instrument Seria	al No. <u>008885</u>		
The preventive four months are		ntoximeters, Model Intox EC/IR I	to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		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" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	the	licated above, in accordance with	
THE STATE OF THE S	S S S S S S S S S S S S S S S S S S S	nature of Certifying Official	Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 05/21/2018

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, 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: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
ATR RIK	00	10.21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 516 Test Date: 05/21/2018 Test Time: 10:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:25am
FC	Pass	10:25am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:26am

Printer Tests

Test	Status	Time
PRNT	Pass	10:26am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:26am
CAL	Pass	10:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008686 Test Date: 05/18/2018

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

Subject'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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	8:11pm
AIR BLK	.00	8:12pm
ACCY CHK	.07	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:16pm
AIR BLK	.00	8:17pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008686 Test Record Number: 6562 Test Date: 05/18/2018 Test Time: 8:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:19pm
SRC	Pass	8:19pm
DET	Pass	8:19pm
BAR	Pass	8:19pm
\mathtt{BT}	Pass	8:19pm

Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm

CRC Tests

Test	Status	Time
COMP	Pass	8:20pm
CAL	Pass	8:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Seria	al No. 008 776
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

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008776 Test Date: 05/18/2018

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: 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	8:07pm
AIR BLK	.00	8:08pm
ACCY CHK	.07	mq80:8
AIR BLK	.00	8:09pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008776 Test Record Number: 3440
Test Date: 05/18/2018 Test Time: 8:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	8:19pm
FC	Pass Pass	8:19pm 8:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:19pm
SRC	Pass	8:19pm
DET	Pass	8:19pm
BAR	Pass	8:19pm
BT	Pass	8:19pm

Blank Tests

Test	Status	Time
AIR	Pass	8:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:20pm 8:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JUNE S	Instrument Location SAT MODITE UNIT 10
Instrumer	nt Serial No. OO PTVU	
The preve		ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoholic breath simulator thermometer show 2 degree centigrade;
2.	Verify instrument displays	time and date;
3.	Initiate breath test sequence	;
4.	Enter information as prom	eted;
5.	Verify instrument accuracy	•
6.	When "PLEASE BLOW"	appears, collect breath sample;
7.	When "PLEASE BLOW"	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program	; and
10.		canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify (procedur Departm	that on theday of res were performed on the instrume tent of Health and Human Services	, 20 //, the foregoing preventive maintenance nt indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
CONTRACTOR OF THE CONTRACTOR O	STATE OF NORTH CANONICATION OF THE CANONICATIO	
Spirite S		663
		Signature of Certifying Official Certificate Number

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008580 Test Date: 05/18/2018

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: 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	8:09pm
AIR BLK ACCY CHK	.00 .07	8:10pm 8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008580 Test Record Number: 2428 Test Date: 05/18/2018

Test Time: 8:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
AIR	Pass	8:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:25pm
	CRC Tests	
Test	Status	Time

COMP	Pass	8:25pm
CAL	Pass	8:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JONES Instrument Location SAT MONITE UNIT 10
Instrumen	t Serial No. OO 8779
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.
	hat on the
THE GREAT OF A	Signature of Certifying Official Certificate Number

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008779 Test Date: 05/18/2018

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: 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	rime
DIAG	Pass	9:04pm
AIR BLK	.00	9:05pm
ACCY CHK	.07	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008779 Test Record Number: 3476
Test Date: 05/18/2018 Test Time: 9:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
\mathtt{BT}	Pass	9:12pm

Blank Tests

Test	Status	Time
AIR	Pass	9:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:13pm 9:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ones	Instrument Location JAT	MONDE UNIT 10
Instrument 5	Serial No. <u>()0 863 7</u>		
The prevent four months		the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minus	nister displays pressure, or the alcoholic br 2.2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument display	vs time and date;	
3.	Initiate breath test sequer	ace;	
4.	Enter information as pror	npted;	
5.	Verify instrument accura-	cy;	
6.	When "PLEASE BLOW"	' appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	m; and	
10.		s canister is being changed before expirating changed every four months or after 125	
procedures	were performed on the instrum	, 20//, the forment indicated above, in accordance with cues, and the instrument is functioning proper	urrent regulations of the N.C.
ALL OR AL	CAROLINA TO THE PARTY OF THE PA		
William Control		Signature of Certifying Official	Certificaté Number
		2.9 or cornilling Ornion	Continuate Humbel

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008637 Test Date: 05/18/2018

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: 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	Pass	9:02pm
AIR BLK	.00	9:03pm
ACCY CHK	.07	9:03pm
AIR BLK	.00	9:04pm
SUB TEST	.00	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY BAT MOBILE UNIT 10 510

Serial Number: 008637 Test Record Number: 2903 Test Date: 05/18/2018 Test Time: 9:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:16pm
FLO	Pass	9:16pm
FC	Pass	9:16pm

Temperature Tests

Status	Time
Pass	9:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

Printer Tests

Status

Time

Test

PRNT	Pass	9:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:17pm 9:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ee Co. Instrument Location Lee Co.	Tail
Instrument Serial	No. 008645 SANFORD, NC	<u>-</u>
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed	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.	
	he 30 day of 70, 20 /8 the forgoin performed on the instrument indicated above, in accordance with current regealth and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF ALL OF THE STATE	Section 1	654
	Signature of Certifying Official	Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 05/30/2018

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: 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 11:55am Pass AIR BLK .00 11:55am ACCY CHK .07 11:56am .00 AIR BLK 11:57am SUB TEST .00 11:57am AIR BLK .00 11:58am SUB TEST .00 12:00pm

12:01pm

Reported AC: 1.00 g/210L

.00

AIR BLK

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

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Serial Number: 008645 Test Record Number: 1844
Test Date: 05/30/2018 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 12:02pm

Printer Tests

Test	Status	Time

PRNT Pass 12:02pm

CRC Tests

Test Status Time	Test	Status	Time
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COMP Pass 12:02pm CAL Pass 12:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location SANFORD Police Instrument Serial No. 008867 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record: 9 Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of 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.

THE STATE OF ALOUATED THE STATE OF ALOUATED

Signature of Certifying Official

Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 05/30/2018

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: 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: AG807102

Exp Date: 03/13/2020

Test	g/210L	Time
------	--------	------

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

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1051 Test Date: 05/30/2018 Test Time: 11:17am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 11:17am SRC Pass 11:17am DET Pass 11:17am BAR Pass 11:17am BT Pass 11:17am T1:17am T1:17am T1:17am BT Pass 11:17am T1:17am T1	Test	Status	Time
D1 1 (10) 11.1/((()	SRC	Pass	11:17am
	DET	Pass	11:17am

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Status

Time.

11:18am

Test

CAL

PRNT	Pass	11:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mac	0N	Instrument Location Maicol	n Co. Magistrate
	INO. <u>008795</u>	Franklin, NC	n Co. Magistiate
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 caniste 34 degrees, plus or minus .2 o	or displays pressure, or the alcoholic br degree centigrade;	reath simulator thermometer show
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;	e de la companya de
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expirati nanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	performed on the instrument i	ndicated above, in accordance with curd the instrument is functioning properly	e forgoing preventive maintenance errent regulations of the N.C. ly
THE STATE OF THE S	CAROLINA SI	R Cath- ignature of Certifying Official	Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test.Date: 05/09/2018

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

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

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

Analyst's Name: 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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:55pm 12:56pm 12:57pm 12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 444
Test Date: 05/09/2018 Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

Test	Status Time
IR	Pass 1:03pm
FLO	Pass 1:03pm
FC	Pass 1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DÈT	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm
	the contract of the contract o	

Blank Tests

Test	5	tatu	S	Time	
AIR	F	ass		1:04p	m

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:04pm CAL Pass 1:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	Instrument Location Mass 14:11 PO
Instrument S	erial No. 008582 Mars Hill, NC
·	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of, 20 / \frac{\mathcal{Z}}{\mathcal{Z}} 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.
CTA7	
GREAT	CAROLL CA
TEST QUAM	Signature of Certifying Official Certificate Number
	Signature of Centrying Official Centricate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 05/08/2018

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: 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: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	5:00pm 5:01pm 5:01pm 5:03pm
SUB TEST	.00	5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 05/08/2018 Test Record Number: 1121

Test Time: 5:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:08pm
FLO	Pass	5:08pm
FC	Pass	mq80:2

Temperature Tests

Test	Status	Time
FC1	Pass	5:08pm
SRC	Pass	5:08pm
DET	Pass	5:08pm
BAR	Pass	5:08pm
BT	Pass	5:08pm

Blank Tests

Test	Status	Time
AIR	Pass	5:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:09pm

CRC Tests

Test	Status	Time
COMP	Pass	5:09pm
CAL	Pass	5:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Mac</u>	1.son	Instrument Lo	cation Madison	n Co. Jail
Instrument Seria	1No. 008599		Merchall,	W.
<u></u>				
The preventive n four months are:	naintenance procedures for the Ir	ntoximeters, Mode	el Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		or the alcoholic breath	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	n sample;	:
7.	When "PLEASE BLOW" appo	ears, collect breatl	n sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.			
I certify that on a procedures were Department of H	the <u>S</u> day of <u>Ma</u> performed on the instrument included the dealth and Human Services, and the dealth and the deal	licated above, in a	ecordance with current	oing preventive maintenance regulations of the N.C.
THE STATE OF A STATE O	OR THE CAROLINA			
William Charles	Sim	nature of Certifyir	or Official	Certificate Number
	Sigi	nature of Corniyii	e Arrioim	Continuate Huntiver

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 05/08/2018

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: 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 .08	4:09pm 4:10pm 4:11pm
AIR BLK SUB TEST	.00 .00	4:11pm 4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 933 Test Date: 05/08/2018 Test Time: 4:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:16pm
SRC	Pass	4:16pm
DET	Pass	4:16pm
BAR	Pass	4:16pm
BT	Pass	4:16pm

Blank Tests

Test	Status	Time
AIR	Pass	4:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm
	CRC Tests	
Test	Status	Time

		<u>-</u>
~~·	_	
COMP	Pass	4:17pm
CAL	Pass	4:17pm

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. 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

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 05/10/2018

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: 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	Pass .00 .07 .00 .00	10:57pm 10:58pm 10:58pm 10:59pm 11:00pm 11:02pm
SUB TEST	.00	11:03pm

Reported AC:

AIR BLK , .00

00 **g**/210I

11:04pm

Signature of Chemical Analyst

Court CVR

Analyst/

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 05/10/2018 Test Record Number: 240
Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:07pm 11:07pm 11:07pm 11:07pm
\mathtt{BT}	Pass	11:07pm

Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm

CRC Tests

Test	Status	Time
COMP	Pass	11:08pm
CAL	Pass	11:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	instrument Location BAF MOBILE 7 at No. 008968
Instrument Seria	al No. 008968
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 10th day of May, 2018 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE CARLES OF TH	

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 05/10/2018

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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

DIAG	Pass	10:57pm
AIR BLK	.00	10:58pm
ACCY CHK	.07	10:58pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:02pm
SUB TEST	.00	11:03pm
AIR BLK	.09	11:0%pm

Reported AC:

00 g/210I

Signature of Chemical

Analyst

Court CVI

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968

Test Record Number: 240 Test Date: 05/10/2018 Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:07pm
SRC	Pass	11:07pm
DET	Pass	11:07pm
BAR	Pass	11:07pm
BT	Pass	11:07pm

Blank Tests

Time Test Status AIR 11:08pm Pass

Printer Tests

Time Test Status

PRNT Pass 11:08pm

CRC Tests

Time Test Status

COMP 11:08pm Pass CAL Pass 11:08pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PECKLENBURG Instrument Location BAT MOBILE 7
Instrument Seri	al No
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
THE STATE OF THE S	659
	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Date: 05/10/2018

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: 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	Pass .00 .07 .00 .00	10:05pm 10:06pm 10:07pm 10:08pm 10:09pm 10:10pm
SUB TEST	.00	10:11pm
AIR BLK	7.00	10:12pm

Reported AC:

8/210L

Signature of Chemical Analyst

Court CyR

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Record Number: 217
Test Date: 05/10/2018 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	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	•

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

Preventave Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX 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 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; 3. 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; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. tifying Official Signature of

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 05/15/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:28pm 2:29pm 2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVŔ

Analyst

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Record Number: 5891 Test Date: 05/15/2018 Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
ВŢ	Pass	2:36pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	2:37pm 2:37pm
	1 000	2.5, 2

Preventive Maintenance Status: Pass

Analyst

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

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Date: 05/15/2018

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: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.08	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Record Number: 4497
Test Date: 05/15/2018 Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
${ t BT}$	Pass	2:08pm

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 05/21/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:29pm 12:30pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 4075

Test Date: 05/21/2018 Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:39pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm

CRC Tests

Test	Status	Time
COMP	Pass	12:40pm
CAL	Pass	12:40pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Mecklenburg Instrument Location Pineville P.D.
Instrumei	nt Serial No. 008703 427 Main St. Pineville
<u></u>	
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 16th day of May, 20 8 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	ATE OF NO. 12 C. SALW 656
	// Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 05/16/2018

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: 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: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK	.00	10:48am
ACCY CHK	.08	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5631 Test Date: 05/16/2018 Test Time: 10:55am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time

TCDC	beacub	11110
COMP	Pass	10:56am
CAL	Pass	10:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MONTCOMERY Instrument Location MONTGOMERY (rial No. 008657 TROY, MC	Co. JAIL
Instrume	rial No. 008657 TROY, NC	
The prev	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on re:	ce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermon 34 degrees, plus or minus .2 degree centigrade;	neter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	c breath lator tests,
I certify procedur Departm	on the	aintenance N.C.
STOREAT SEA	Ulu kg 13cms	18
	Signature of Certifying Official Certificate N	umber

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

> Serial Number: 008657 Test Date: 05/09/2018

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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	3:22pm
AIR BLK	.00	3:22pm
ACCY CHK	.08	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Record Test Date: 05/09/2018 Test Time

Test Record Number: 1548
Test Time: 3:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
\mathtt{DET}	Pass	3:30pm
BAR	Pass	3:30pm
\mathtt{BT}	Pass	3:30pm

Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm

CRC Tests

Test	Status	Time	
COMP	Pass	3:30pm	
CAL	Pass	3:30pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	NTGOMERY Instrument Location MONTGOMER! Co JA,
Instrument Seria	1 No. 008709 TROY, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of, 20 18 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Constitute of Cartifying Official Contificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 05/09/2018

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: AG734101 Exp Date: 12/07/2019

g/210L Time Test 3:56pm DIAG Pass · 3:57pmAIR BLK .00 ACCY CHK .07 3:58pm 3:59pm AIR BLK .00 SUB TEST .00 3:59pm AIR BLK .00 4:00pm SUB TEST .00 4:02pm 4:02pmAIR BLK .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Amalyst

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709

Test Record Number: 1042

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:03pm
${ t FLO}$	Pass	4:03pm
FC	Pass	4:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:04pm
SRC	Pass	4:04pm
DET	Pass	4:04pm
BAR	Pass	4:04pm
${ t BT}$	Pass	4:04pm

Blank Tests

Test	Status	Time
AIR	Pass	4:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:04pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 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. 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. , 20 /8 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 05/07/2018

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	Pass	12:29pm 12:30pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC/ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720

Test Record Number: 1034

Test Date: 05/07/2018

Test Time: 12:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR.	Pass	12:36pm
BT	Pass	12:36pm

Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm

CRC Tests

Test	Status	Time
COMP	Pass	12:37pm
CAL	Pass	12:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Coun	ıtv	MASH Instrument Location M	i.
Instru	ument		BARNES ST.
		ntive maintenance procedures for the Intoximeters, Model Intox EC/I	
	1.	Verify the ethanol gas canister displays pressure, or the alcoh 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer show
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	•
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or afte whichever occurs first.	
proce	edures	nat on the	ith current regulations of the N.C.
CREAT SE	55 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Signature of Certifying Official	Certificate Number

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 05/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.08	2:54pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:59pm
ATR BLK	. 00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Record Number: 4112 Test Date: 05/03/2018 Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	3:00pm
FC	Pass Pass	3:00pm 3:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:01pm 3:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Date Mobile Unit
Instrument Se	rial No (088)4 SHP-Orange
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 theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATI STATISTICS OF THE STATISTICS OF THE STATIST OF THE STATIS	CAROLL

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816 Test Date: 05/05/2018

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: 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	Pass	10:13pm 10:14pm
ACCY CHK AIR BLK	.07 .00	10:15pm 10:16pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:18pm
ATR BLK	. 00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Test Date: 05/05/2018

Serial Number: 008816 Test Record Number: 7414 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
		2
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	-10:32pm

Temperature Tests

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

Blank Tests

Status Time Test AIR Pass 10:33pm

Printer Tests

Test Status Time PRNT Pass 10:33pm

CRC Tests

Test Status -Time COMP 10:33pm Pass CAL Pass 10:33pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXINETERS, MODEL INTOXICAL	
County \overline{OR}	ANGE Instrument Location BOX MIODIR UNIT
Instrument Seria	1NO06775 SHP-Orange
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 theday 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.	
THE STATE OF THE S	Signature of Certifying Official Certificate Number



ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008775 Test Date: 05/05/2018

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: 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	Pass .00 .07 .00	10:13pm 10:14pm 10:14pm 10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB SKUNIN Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008775 Test Date: 05/05/2018 Test Record Number: 1760 Test Time: 10:30pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10 · 32 mm

Preventive Maintenance Status: Pass

Pass

10:32pm

 \mathtt{CAL}

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Pa 5	quotank Instrument Location Elizabeth City P.D.
	rial No. 008941 305 E. Main St., Elizabeth City
	,
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.
	ant 1
I certify that o	
	ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROLLIN CAR
APRIL 12, 1176	
- Constitution	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 05/29/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test a/2101 Time

1000	9,2101	

DIAG	Pass	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.08	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm

SUB TEST .00 12:15pm AIR BLK .00 12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 05/29/2018

Test Record Number: 1295 Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
\mathtt{BT}	Pass	12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:19pm 12:19pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Pasa</u>	untank Instrument Location Resourtant Co. Public Safe.
nstrument Seria	No. 008950 Bldg., 200 E. Colonia 1 St., Elizabeth C.
The preventive nour 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.
	he day of May 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.
TAME STATE OF AN ANTI-OFFICE OF AN ANTI-OFFICE OF AN ANTI-OFFICE OF AN ANTI-OFFICE OFFICE OFFI	AR CAROLLAND AND AND AND AND AND AND AND AND AND
VOAN TO	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 05/29/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:16am 11:17am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
ATR BLK	.00	11:23am

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1624
Test Date: 05/29/2018 Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	$(x_i, x_i) \in \mathcal{X}_{i+1} \times X$	+ 7
IR	Pass	11:25am
FLO	Pass	11:25am
FC	Pass	11:25am

Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
BT	Pass	11:25am

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:26am 11:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

P	1NIUXIMETERS,				ww.
County / E	1230A) Ir	nstrument Location / 1	e 12 30W	<u> </u>	mo-
Instrument Se	erial No. 008880 /	20 COURT	5T. R.	X BORD, A	/ <u>C</u>
The preventiv	e maintenance procedures for the Intoxir		C/IR II to be fol	lowed at least once ev	very
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		coholic breath si	mulator thermometer	show
2.	Verify instrument displays time and	date;			
3.	Initiate breath test sequence;				•
4.	Enter information as prompted;				
5,	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears,	collect breath sample;			
7.	When "PLEASE BLOW" appears,	collect breath sample;			
8.	Print test record;			:	
9.	Verify Diagnostic Program; and				:
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	s being changed befor every four months or	re expiration dat after 125 Alcoho	e, or the alcoholic bre blic Breath Simulator	ath tests,
procedures w	on the <u>A</u> day of <u>MAY</u> were performed on the instrument indicate of Health and Human Services, and the in	d above, in accordanc	e with current re	ng preventive mainte egulations of the N.C.	nance
STATE VILLE VILLE VILLE VILLE STATE VILLE	E ON O STAN CAROLLE				
FEST QUAM VI	Signature	Dan De of Certifying Officia	<u> </u>	637 Certificate Number	 Эг

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 05/21/2018

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

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

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

Analyst's Name: SMITH, BRIAN
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	5:04pm
AIR BLK	.00	5:05pm
ACCY CHK	.08	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:10pm
ATR BLK	. 00	5:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Record Number: 1307

Test Date: 05/21/2018 Test Time: 5:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:13pm

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	5:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	5:14pm 5:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Part C 150
County 1	ERSON Instrument Location PERSON CO. LEC
Instrument Se	rial No. 008693 120 COURT ST. ROXBORU, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures w	on the
STATION OF THE STATE OF THE STA	
The state of the s	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 05/21/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:03pm 5:04pm
ACCY CHK	.07 .00	5:04pm 5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1453 Test Date: 05/21/2018 Test Time: 5:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:11pm 5:11pm
FC	Pass	5:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:11pm
SRC	Pass	5:11pm
DET	Pass	5:11pm
BAR	Pass	5:11pm
BT	Pass	5:11pm

Blank Tests

Test	Status	Time
ATR	Pass	5:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:12pm
	CRC Tests	
Test	Status	Time

COMP Pass 5:12pm CAL Pass 5:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	fufar	Instrument Location P. H	Co. Detention Ce
Instrument Seri	al No. <u>00 8646</u>	124 Detention	Dr., Greenville, N
The preventive four months are	•	Intoximeters, Model Intox EC/IR	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		c breath simulator thermometer shows
2.	Verify instrument displays time	ne and date;	
3.	Initiate breath test sequence;		gt.
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before exp anged every four months or after 1	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	the 310 day of Mare performed on the instrument in Health and Human Services, and	dicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance current regulations of the N.C. perly.
THE STATE OF THE S	All D	gnature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 05/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:37am 9:38am 9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:40am
AIR BLK	.00	9:40am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 3659

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:44am
FLO	Pass	9:44am
FC	Pass	9:45am

Temperature Tests

Test	Status	Time
FC1	Pass	9:45am
SRC	Pass	9:45am
DET	Pass	9:45am
BAR	Pass	9:45am
BT	Pass	9:45am

Blank Tests

Test	Status	Time
	•	

AIR Pass 9:45am

Printer Tests

Time Test Status

PRNT 9:45am Pass

CRC Tests

Test Status Time

COMP Pass 9:46am 9:46am CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P.	H Instrument Location Pitt G. Detention (ent
Instrument Ser	rial No. 008662 124 Detention Dr., Greenville, N.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 17th day of May 2018 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
ON STATE OWN 20, 177	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 05/17/2018

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: 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 .07	10:55am 10:56am 10:57am
AIR BLK	.00	10:58am 10:58am
SUB TEST AIR BLK	.00	10:59am
SUB TEST AIR BLK	.00 .00	11:01am 11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 1061 Test Date: 05/17/2018 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:03am 11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

Blank Tests

Test	Status	Time
		
AIR	Pass	11:04am

Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time

		•
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance Status: Pass

My S Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\circ	INTOXIMETERS, MODEL INTOX EC/II	/ } 1
County 4	McVoloh Co. Instrument Location KANCHE	MAN Police Dept.
Instrument Seri	and the All A	<u>'</u>
· · · · · · · · · · · · · · · · · · ·		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 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.	
	theday of	going preventive maintenance regulations of the N.C.
STATE OF THE STATE	SEE SEE	
* ESE QUAM VIDEN	Signature of Certifying Official	Cartificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 05/04/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, 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: AG734102 Exp Date: 12/07/2019

rest	g/210L	TTIIIE
DIAG	Pass	1:21pm
AIR BLK	.00	1:22pm
ACCY CHK	.07	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC:

 $.00 \, \sigma / 210I$

Signature of Chemical Analyst

Court CVR

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

Analyst

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 1025

Test Date: 05/04/2018

Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

Test Sta	tus Time
COMP Pas	<u></u>

Preventive Maintenance

Atatus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/)	INTOXIMETERS, MODEL INTOX EC/IR I	
County KAN	idolph Co. Instrument Location Liberty	Police Depl
Instrument Seria	100.00.8830 Liberty, NO	2
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed	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 Alcoho whichever occurs first.	, or the alcoholic breath lic Breath Simulator tests,
I certify that on procedures were Department of I	theday of, 20_8 the forgoing performed on the instrument indicated above, in accordance with current reglealth and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
O'ME STATE OF OWN ON THE STATE OF OWN ON THE STATE OF OWN OR THE STATE OF OWN OR THE STATE OF OWN OF OWN OR THE STATE OF OWN	Signature of Certifying Official	654

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 05/04/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:14pm 12:15pm 12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:20pm
ATR BLES	00	12:21pm

Reported ACy .0% g/2101

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 575 Test Date: 05/04/2018 Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:24pm 12:24pm 12:24pm 12:24pm 12:24pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance Status: Pass

Analyst

County_	INTOXIMETERS, MODEL INTOX EC/IR And Da Instrument Location And Delian	and the second s
Instrument S	erial No. 008860 Asheboro, M	1C
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 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 Alcoholichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that procedures v Department	on the 3/day of /// , 20/8 the forgovere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STAT	E of NOAL	
WED STATE OF THE S		(54
	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 05/31/2018

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, 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:29pm 1:30pm 1:30pm 1:31pm 1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK/	.00	1:35pm

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Record Number: 2608

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
SRC	Pass	1:36pm
\mathtt{DET}	Pass	1:36pm
BAR	Pass	1:36pm
\mathtt{BT}	Pass	1:36pm

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:37pm

Preventive Maintenance Status: Pass

Pass

CAL

1:37pm

Analyst

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

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

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 05/31/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:26pm 1:26pm 1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	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

Analyst

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 2838
Test Date: 05/31/2018 Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
TD	D	1 2200
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	Time
ATR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

CRC Tests

Test	Status	Time
		* 4
COMP	Pass	1:34pm
CAL	Pass	1:34pm

Preventive Maintenance
//Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROBESON	Instrument Location 57.	PAULS POLICE
Instrument S	erial No. <u>008</u> 814	Instrument Location 57.	ST. PAULS, NC
The preventi four months	ve maintenance procedures for the are:	e Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic b degree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	• •
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	e ^t
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	•
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expirat nanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	vere performed on the instrument i	ndicated above, in accordance with cu	irrent regulations of the N.C.
TO STATI TO	- Callenna	gnature of Certifying Official	Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 05/15/2018

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:22am 11:22am
ACCY CHK	.07	11:23am
AIR BLK	0.0	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 624
Test Date: 05/15/2018 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:29am 11:29am 11:29am 11:29am 11:29am
	20.20	

Blank Tests

Test	Status	Time
	-	
AIR	Pass	11:29am

Printer Tests

Test

Status

Time

PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30am 11:30am

Preventive Maintenance Status: Pass

al Ra Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOX EC	/IKII
County	ROBESON Instrument Location ROB	ESON CO. JAI
Instrumen	t Serial No. <u>008805</u> <u>Lum</u>	IBERTON, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to ns are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic br 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	· *
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 whichever occurs first.	
procedures	at on the	rent regulations of the N.C.
SISTER CHEAT SECTION OF THE CH	ATE OF ALOPE AND A STATE OF A STATE OF ALOPE AND A STATE OF A STATE O	
and the same	Cilmin Kg 5 services	648
	Signature of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 05/15/2018

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

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

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

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

07/01/2017-07/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:50pm 2:51pm
ACCY CHK	.00	2:51pm 2:52pm
SUB TEST	00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 4108
Test Date: 05/15/2018 Test Time: 2:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
FC	Pass	2:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

IESL	Status	TIME
PRNT	Pass	2:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:59pm 2:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

AND THE PERSON AND ADDRESS.		No, MODEL INTOX EC	/1K 11
County 1	OBESON	Instrument Location_ A O I	BESON CO JAIL
Instrument Se	rial No. <u>008850</u>	Instrument Location Roy	1BERTON, NO
The preventive four months as		toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic buggee centigrade;	reath 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" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	1	
10.		ster is being changed before expiratinged every four months or after 125	
procedures we	ere performed on the instrument ind	the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	Sign	ature of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008850 Test Date: 05/15/2018

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:22pm 3:23pm
ACCY CHK	.07	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celu Ry Banas Analyst

ROBESON COUNTY LUMBERTON LEC 770

Test Record Number: 617 Serial Number: 008850 Test Date: 05/15/2018

Test Time: 3:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:30pm

Temperature Tests

Status	Time
Pass	3:30pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:31pm 3:31pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTOX EC/IR II	
County_K	OBESON Instrument Location LUMBERTON PI	7
Instrument Se	rial No. 008629 Instrument Location LUMBERTON PS	<u>J (</u>
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer si 34 degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	h sts,
I certify that o procedures we Department of	on the	ınce
TATE OF THE STATE	Signature of Certifying Official Certificate Number	

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 05/15/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:56pm 4:56pm 4:57pm 4:58pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm
SUB TEST	.00	5:01pm
AIR BLK	.00	5:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 05/15/2018 Test Record Number: 612
Test Time: 5:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

Printer Tests

Status

Test

Time

1000		
PRNT	Pass	5:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:04pm
CAL	Pass	5:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· · · · · · · · · · · · · · · · · · ·	INTOXIMETE	RS, MODEL INTOX E	CC/IR II
County K	OBEJON	Instrument Location PEN	IBROKE POLICE I
Instrument Se	rial No. <u>008'837</u>	P	EMBROKE, NC
The preventive four months a	re maintenance procedures for the I	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		breath 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	ad .	
10.		ister is being changed before expirence of the state of the second state of the second	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	on the 14 day of M	ail is	
	on the day of day of free performed on the instrument income free Health and Human Services, and	dicated above, in accordance with o	
Department o	i ficatti and fiumati 501 vices, and	the histiament is functioning prope	51ty.
THE STATE	OF THE STATE OF TH		
3 3 177			
S S S S S S S S S S S S S S S S S S S	CAROL	en e	
ACRE OTTOM AN	Cl Ra	Bans	648
	Sign	nature of Certifying Official	Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 05/16/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:08am 11:09am 11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 970 Test Date: 05/16/2018 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

Temperature Tests

Test	Status	Time
FC1 SRC	_ +	11:15am 11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
\mathtt{BT}	Pass	- 11:15am

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:16am

Pass

11:16am

Preventive Maintenance Status: Pass

CAL

Colon Ry Bons
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ros	BEJON	Instrument Location Re	D SPRINGS POLICE
Instrument Serial	No. <u>008857</u>	<u> </u>	ED SPRINGS PALICE
The preventive m four months are:	aintenance procedures for the In	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lic breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before ex nged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on t procedures were Department of H	heday of	licated above, in accordance wi	the forgoing preventive maintenance th current regulations of the N.C. operly.
To the state of th			
CORPACTOR OF STATE OF	A CAROLL	÷	
* EGG QUAM VIDEN *	<u>alu</u>	7 3	648
	Sig	nature of Certifying Official	Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 05/16/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:21pm 1:22pm
ACCY CHK	.07	1:23pm
AIR BLK	.00	1:24pm
SUB TEST AIR BLK	.00 .00	1:24pm 1:25pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 529
Test Date: 05/16/2018 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:30pm 1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\bigcirc	INTOXIMETERS, MODEL INTOX EC/IR II
County 10	CKINGNAM Instrument Location Madison Police
Instrument Se	erial No. 208683 Department
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	day of
STATE STATE OF THE COURT OF THE	

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008683 Test Date: 05/24/2018

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: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	. 08.	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.09	2:16pm
AIR BLK	, Ø0	2:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008683 Test Record Number: 648
Test Date: 05/24/2018 Test Time: 2:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
BT	Pass	2:18pm

Blank Tests

Test	Status	Time
ATR	Pass	2:18pm

Printer Tests

Status

Test

Time

PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:18pm 2:18pm

Preventive Maintenance Status: Pass

Analyst 4

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Sca	INTOXIMETERS, MODEL INTOX EC/IR Instrument Location Scot AND	10TA: 1
Instrument Seria	al No. OOBSGI LAURINBURG, MC	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for:	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;	in the second se
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
	the day of , 20 the forgous performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF		
	THE CAROLINA I	
# EGF QUAM VIDEN	Signature of Certifying Official	654 Continues Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 05/09/2018

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: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	10:01am
AIR BLK	.00	10:02am
ACCY CHK	.07	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:07am
ATP BIT	0.0	10.07am

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

Department of Health and Human Service Rev. 12/2007

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1404
Test Date: 05/09/2018 Test Time: 10:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:11am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:11am

Printer Tests

Test	Status	Time
PRNT	Pass	10:11am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:11am
CAL	Pass	10:11am

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	instrument Location Lauring	burg Police Depi
Instrument Se	rial No. <u>008834</u> <u>LAURIN burg</u>	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator 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 Al whichever occurs first.	
I certify that of procedures we Department of	on the	orgoing preventive maintenance ent regulations of the N.C.
STATE STATE OF STATE	S TORTH CAROLINA	
APRO 12. THE	Signature of Certifying Official	Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 05/09/2018

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: AG734101 Exp Date: 12/07/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Record Number: 848
Test Date: 05/09/2018 Test Time: 9:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:25am
SRC	Pass	9:25am
DET	Pass	9:25 a m
BAR	Pass	9:25am
\mathtt{BT}	Pass	9:25am

Blank Tests

Test	Status	Time
ATR	Pass	9·26am

Printer Tests

Test	Status	Time
PRNT	Pass	9:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:26am

Preventive Maintenance Status: Pass

Pass

9:26am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR IL

County 5	INTOXIMETERS, MODEL INTOX ECTR II Tokes Instrument Location King Police
Instrument Se	erial No. 008610 Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
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 $A \ signed \ original \ of \ the \ preventive \ maintenance \ record \ shall \ be \ kept \ on \ file \ for \ at \ least \ three \ years.$

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 05/29/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:48pm 3:49pm
ACCY CHK	.07 .00	3:50pm 3:51pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	روه.	3:54pm
AIR BLK	./ 00	3:55pm

Reported AC: 900 g/210

Signature of Chemical Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610 T

Test Record Number: 1943

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:56pm 3:56pm
FC	Pass	3:56pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:57pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:57pm
CAL	Pass	3:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	tokes Instrument Location Stokes County Jai
Instrument So	erial No. 008596 Danbury, N.C.
The prevention	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.
	t on the
STAN STAN STAN STAN STAN STAN STAN STAN	

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 05/24/2018

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: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK	Pass 00	12:44pm 12:44pm
ACCY CHK	.08	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:49pm
AIR BLK/	.00	12:50pm

Reported AC: .00, g/210

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 05/24/2018 Test Record Number: 1002

Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm
	CRC Tests	

Test	:	Status	Time
COMP		Pass	12:53pm
CAL		Pass	12:53pm

Preventive Maintenance Status: Pass

Analys &

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IR II
County_	UCCV Instrument Location Elkro folice
Instrument Se	rial No. 008926 Department
	· •
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.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 05/15/2018

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:30am
AIR BLK	.00	9:31am
ACCY CHK	.08	9:31am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:34am
SUB TEST	.00	9:36am
ATR BLK	ΩΩ	9:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 800

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:45am
FLO	Pass	9:45am
FC	Pass	9:45am

Temperature Tests

Test	Status	Time
FC1	Pass	9:45am
SRC	Pass	9:45am
\mathbf{DET}	Pass	9:45am
BAR	Pass	9:45am
\mathtt{BT}	Pass	9:45am

Blank Tests

Test	Status	Time
and the second second		

AIR Pass 9:45am

Printer Tests

Time Test Status

PRNT Pass 9:45am

CRC Tests

Test Status Time

COMP · 9:46am Pass CAL Pass 9:46am

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

a . S.	INTOXIMETERS, MODEL INTOX ECTR II (a) \(\text{Instrument Location} \) \(\sum_{\alpha} \) \(\text{Instrument} \) \(\text{Location} \) \(\text{Location} \) \(\text{Location} \)
County	instrument Location \(\alpha \cdot
Instrument Seria	INO. 008727 Bryson C.ty, NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
T	the 8 day of 17/ay, 20_18 the forgoing preventive maintenance
	the
STATE	
OKEA!	
AFRE 12, 178 AFRE 12, 178 AFRE QUAM VIDER	() of R. Cuth 635
and the second second	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 05/08/2018

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:24am 10:25am
ACCY CHK	.08	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1187
Test Date: 05/08/2018 Test Time: 10:31am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:31am 10:31am
DET	Pass	10:31am
BAR	Pass	10:31am
${ t BT}$	Pass	10:31am

Blank Tests

Test	Status	Time
AIR	Pass	10:32am

Printer Tests

Test

CAL

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

Status

Time

10:32am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTUXIMETERS, MODEL INTUX EC/IR II		
County 1+a	nsylvania Instrument Location Transylvania Co. Tail	
Instrument Seria	INO. 008609 Brevard, NC	
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
procedures were	the	
OTH STATE OF MENT OF M		
TISE QUAM VIDE	Signature of Certifying Official Certificate Number	
	SISTING OF CERTAINS OTHERS OF CERTIFICATE DATE OF CONTROLS	

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 05/01/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:56pm 1:57pm 1:57pm 1:58pm 1:59pm 2:00pm 2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 780 Test Date: 05/01/2018 Test Time: 2:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:03pm 2:03pm
FC	Pass	2:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
\mathtt{BT}	Pass	2:04pm

Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm
	CRC Tests	

Test.	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		MS, MODEL INTOX EC	/
County Tro	ansylvania	Instrument Location <u>Iransy</u>	Vanja Co. Jail
Instrument Se	erial No. <u>008820</u>	Brevard, Ne	
The preventive four months a		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	1st n		
I certify that	on theday of	7a / , 20 /8 the f	forgoing preventive maintenance
procedures w	vere performed on the instrument in of Health and Human Services, and	indicated above, in accordance with current the instrument is functioning properly	rent regulations of the N.C.
	,		
TABLE STATE	CAROLLIS CAROLLIS CONTRACTOR OF THE PROPERTY O	1 0 1-A	/ > e
The state of the s	- Committee	K. UNIV	635
	Sig	gnature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 05/01/2018

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:56pm 1:57pm
ACCY CHK	.07	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:02pm
ATR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

R. Cuth

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 1159

Test Date: 05/01/2018 Test Time: 2:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:04pm 2:04pm
FC	Pass	2:04pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:04pm 2:04pm 2:04pm 2:04pm
BT	Pass	2:04pm

Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:05pm
CAL	Pass	2:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Coun	ty VAr	Instrument Location VANCE CO SHERIFF'S OF
Instru	ment Serial	NO. 008937 156 CHURCH ST. HENDERSON, NC
	reventive m	aintenance 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;
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proce	edures were	he Od day of MAD, 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.
CHEAT ST	THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 05/04/2018

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

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

Analyst's Name: SMITH, BRIAN
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 2500 Test Date: 05/04/2018 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	11:33am

Printer Tests

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

Test	Status	Time
COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VAA	Instrument Location VANCE CO. SHERIFF'S OFF
Instrument Seria	AINO. 008870 156 CHURCH ST. HENDERSON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the Odday of MAY, 20/8 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	A CAROLINA C
TOTE CLIAM VOR	Brand G37 Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 05/04/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 2241
Test Date: 05/04/2018 Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Status

Time

11:34am

PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:34am

Preventive Maintenance Status: Pass

Pass

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Test

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	INSTRUMENT LOCATION APEX PD STATION (
Instrument Seri	al No.008621 1615 E. WILLIAMS ST. APRIX, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the O day of MAY, 20 / 8, 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.
STATE ON STATE OF STA	Signature of Certifying Official Certificate Number

WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 05/01/2018 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

5	rest	;	g/210L	Time
]	DIAC	ž	Pass	2:34pm
Ž	AIR	\mathtt{BLK}	.00	2:35pm
Ž	ACC3	CHK	.07	2:36pm
ž	AIR	BLK	,00	2:37pm
1	SUB	TEST	.00	2:38pm
1	AIR	BLK	.00	2:39pm
1	SUB	TEST	.00	2:41pm
1	ATR	BLK	.00	2:42pm

Reported AC: #00

: p00 g/210L

Signature of Chemical Analyst

Court CVR

Kul Son Analyst

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2437 Test Date: 05/01/2018 Test Time: 2:43pm EDT

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	2:44pm

Printer Tests

Test	Status	Time
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

County WAK	Instrument Location CARY PD
Instrument Serial	No. 008587 102 Wilkinson Aue CARY, NL
	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE U. TO A STATE OF A	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 05/01/2018

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

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

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

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:

05/01/2017-05/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:20pm 1:21pm
ACCY CHK	.00	1:21pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 3744
Test Date: 05/01/2018 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
${ t BT}$	Pass	1:28pm

Blank Tests

Test	Status	Time
ATR	Pass	1:28pm

Printer Tests

rest	Status	TTIIIC
PRNT	Pass	1:28pm
	CRC Tests	

-
1:28 1:28

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	14 Ke Instrument Location RA Le 15 h	PD No-theast K
Instrument So	derial No. <u>008623</u> <u>5228 Greens Da</u> Raloigh, NC	~ 13D
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	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 breath sample;	•
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
1 0 .	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
procedures '	at on theday ofA_/, 20 <u>/8</u> , the foreg were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly	ent regulations of the N.C.
STAIL	THE CARROLL STATE OF THE STATE	G C Z Certificate Number
		•

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 05/01/2018

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	Pass	9:01am
AIR BLK	.00	9:02am
ACCY CHK	.08	9:03am
AIR BLK	.00	9:04am
SUB TEST	.00	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3653 Test Date: 05/01/2018 Test Time: 9:08am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:09am
FLO	Pass	9:09am
FC	Pass	9:09am

Temperature Tests

Test	Status	Time
FC1	Pass	9:09am
SRC	Pass	9:09am
DET	Pass	9:09am
BAR	Pass	9:09am
BT	Pass	9:09am

Blank Tests

Test	Status	Time
AIR	Pass	9:10am

Printer Tests

Test	Status	Time
PRNT	Pass	9:10am

CRC Tests

Test	Status	Time
COMP	Pass	9:10am
CAL	Pass	9:10am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Coun	ty WA	Instrument Location KNIGHT DALE	P. S.
	•	INO. 008838 979 STEEPLE SOUARE KNIGHTDALE, NC	CT.
	oreventive m months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow	
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	lator 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, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	or the alcoholic breath: Breath Simulator tests,
nroc	edures were	the	preventive maintenance lations of the N.C.
CREAT S.	O'THE STATE OF THE	Signature of Certifying Official	637 Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 05/03/2018

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

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

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

Analyst's Name: SMITH, BRIAN
Permit Number: 8937E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:58pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Record Number: 1675

Test Date: 05/03/2018 Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:05pm 1:05pm
FC	Pass	1:06pm

Temperature Tests

Status	Time
Pass	1:06pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location WAKE Co	JAIL
Instrumer	ent Serial No. <u>008577</u> 3301 Hammund RD RHLEIGH NC	
	KALeigh NC	
The preve	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followenths are:	d at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	tor thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	. When "PLEASE BLOW" appears, collect breath sample;	
8.	. Print test record;	
9.	. Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic I whichever occurs first.	the alcoholic breath Breath Simulator tests,
I certify procedu Departn	that on theday ofA 2018_, the foregoing pre- ures were performed on the instrument indicated above, in accordance with current regul ment of Health and Human Services, and the instrument is functioning properly.	eventive maintenance lations of the N.C.
F COREAT SEA	STATE OF HOLD STATE OF HOLD STATE OF CONTINUES Signature of Certifying Official	662 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 DETENTION CENTER 910

Serial Number: 008577 Test Date: 05/09/2018

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: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:33am 10:33am 10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
ATR BLK	. 0.0	10:39am

Reported AC: _____0 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 3812 Test Date: 05/09/2018 Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:40am 10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
\mathtt{BT}	Pass	10:40am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

CRC Tests

Test	Status	Time
COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location Wake Co	T41L
-	nt Serial No. <u>008612</u> 3301 Hammumo 5 Raleigh, NC	T
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator 34 degrees, plus or minus .2 degree centigrade;	thermometer show
2.	Verify instrument displays time and date;	·
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Brea whichever occurs first.	alcoholic breath th Simulator tests,
I certify t procedur Departm	that on the	tive maintenance ons of the N.C.
S S S S S S S S S S S S S S S S S S S	STATE OF NOTIFICATION OF STATE OF SIgnature of Certifying Official Certifying Official	ficate 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 DETENTION CENTER 910

Serial Number: 008612 Test Date: 05/09/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:29am 10:30am 10:31am 10:32am
SUB TEST	.00	10:33am
AIR BLK SUB TEST	.00 .00	10:34am 10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 3933 Test Date: 05/09/2018 Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
$\operatorname{DE}\mathbf{T}$	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

Printer Tests

Test	Status	Time
PRNT	Pass	10:38am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:39am
CAL	Pass	10:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_(NAKE Instrument Location UAKE Go Defention Ci
Instrumen	Serial No. 008760 3301 Hammons RD RACO19L, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 to procedure Departm	hat on the
SERVICE SERVIC	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 05/31/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 3005 Test Date: 05/31/2018 Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

Status	Time
Pass	10:37am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

Printer Tests

Test	Status	Time
PRNT	Pass	10:38am
	CRC Tests	

Test	Status	111116
COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	Instrument Location WAKE Co Detention
Instrument Seria	INO. 008778 3301 HAMMIND RD RALEIGH, NC
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.
I certify that on procedures wer Department of	the 31 day of MAY, 2018, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE CHEAT OF THE C	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 DETENTION CENTER 910

Serial Number: 008778 Test Date: 05/31/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:29am 10:30am
ACCY CHK	.07	10:30am
AIR BLK	.00	10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 3157
Test Date: 05/31/2018 Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
\mathtt{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

CRC Tests

Test	Status	Time
COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
County WAShingToN Instrument Location WAShing TON (3. 5.0.
Instrument Serial No. 008829 Adams ST. Plymouth, N.C.
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus 2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister 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 that on the day of d
STATE OF NO.
The continuent of the continue
Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 05/31/2018

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	Pass	12:22pm 12:23pm
ACCY CHK	.07	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 05/31/2018 Test Record Number: 850 Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
1.0	the state of the s	
IŘ	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:31pm

Preventive Maintenance Status: Pass

Pass

12:31pm

CAL

Analyst

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

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

Signature of Certifying Official

Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 05/15/2018

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 State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 611 Test Date: 05/15/2018 Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am

CRC Tests

Test	Status	Time
COMP	Pass	11:13am
\mathtt{CAL}	Pass	11:13am

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

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

Department of Health and Human Services, and the instrument is functioning properly.

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 05/15/2018

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:

07/01/2016-07/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:55am 10:55am 10:56am
AIR BLK	.00	10:57am
SUB TEST AIR BLK	.00 .00	10:58am 10:59am
SUB TEST	,.00	11:00am
AIR BLK/	/ .00	11:01am

Reported AC:

.00/g/210L

Signature of Chemical Analyst

Court CVR

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2254
Test Date: 05/15/2018 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:02am 11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:02am 11:02am 11:02am 11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

lest	Status	TTIIIC
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time

Ctatile.

Status	Time
Pass	11:03am
Pass	11:03am
	Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wil	Instrument Location Alson Co. Detention Ct
Instrument Seri	al No. 008627 10DE. Greene ST. Wilson, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the day of way of , 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TARE QUAN YORK TO 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.

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 05/18/2018

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: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:28pm 1:29pm
ACCY CHK	.08	1:30pm
AIR BLK SUB TEST	.00 .00	1:30pm 1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
ATR BLK	. 00.	$1:34\mathrm{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Añales-Rees
Analyst

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2216
Test Date: 05/18/2018 Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

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	1:36pm	
CAL	Pass	1:36pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location Wilson Co. Petentian C
Instrument Se	erial No. 008652 100E. Breene ST. Wilson, N.C.
The preventiv	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 18th day of 101A y , 20 18th 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.
SERIOLONY STATE	
WAN I	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 05/18/2018

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: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
ATR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jiner Kesse

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3105 Test Date: 05/18/2018 Test Time: 1:33pm EDT

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	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Wilson Co. Detention
Instrument So	erial No. 008588 100 E. Greene ST., Wilson, A
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
ONE STATE	CAROLINA CAR
* ESSE QUAM V	Lase A Visit 647
	Signature of Certifying Official Certificate Number

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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008588 Test Date: 05/07/2018

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: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:35pm 1:36pm 1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008588 Test Record Number: 956
Test Date: 05/07/2018 Test Time: 1:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
\mathtt{BT}	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm
	CRC Tests	
Test	Status	Time

Tepc	beacus	TIME
COMP	Pass	1:45pm
CAL	Pass	1:45pm

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; Initiate breath test sequence; 3. 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. 10. Verify that the ethanol gas canister is being changed before 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 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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 05/14/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:58am
AIR BLK	.00	9:58am
ACCY CHK	.07	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:03am
ATR BLK	. 00	10:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1513 Test Date: 05/14/2018 Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

Temperature Tests

Status	Time
Pass	10:05am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:06am

Printer Tests

Status

Test

CAL

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

Time

10:06am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\ /	INTOXIMETERS, MODEL INTOX EC/IR II
County \(\frac{1}{\omega} \)	OKIN Instrument Location Vackin County Jail
Instrument Ser	ial No. 808854 Yadkinville, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE CAREAR STATE	
	Signature of Certifying Official Certificate Number

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 05/14/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:58am
AIR BLK	.00	9:59am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:01am
SUB TEST	.00	10:03am
AIR BLK	00ء	10:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854

Test Record Number: 490

Test Date: 05/14/2018

Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:05am 10:05am
FC FC	Pass	10:05am

Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

Blank Tests

Test St	atus Time
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10:06am Pass AIR

Printer Tests

lest status iiut	Test	Status	Time
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PRNT 10:06am Pass

CRC Tests

FF +	GL - L	m
Test	Status	Time

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

Preventive Maintenance

Status: Pass