PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Aleghani Instrument Location Aleghani County Jain

Instrument Serial No. 008890 Sparta, N. C.

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

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

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



Signature of Certifying Official

Certificate Number

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 09/06/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.07	11:54am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.90	11:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 721 Test Date: 09/06/2018 Test Time: 11:59am EDT

System Check: Passed

# Baseline Tests

Test	Status Time	
	고면과 고향들까지 말하는 것은	.:
IR	Pass 11:59am	
FLO	Pass 11:59am	
FC	Pass 11:59am	

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:00pm 12:00pm

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008739 Test Date: 09/26/2018

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective:
12/01/2017-12/01/2019

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

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

g/210L Time Test 12:36pm DIAG Pass AIR BLK .00 12:37pm 12:38pm ACCY CHK .08 AIR BLK .00 12:39pm SUB TEST .00 12:40pm 12:41pm AIR BLK .00 12:42pm SUB TEST .00

12:43pm

Reported AC: .00 g/210L

.00

AIR BLK

Court CVR

# ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008739 Test Record Number: 321 Test Date: 09/26/2018 Test Time: 12:44pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:45pm

Preventive Maintenance Status: Pass

Pass

12:45pm

CAL

Analyst

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

County	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Alson C. Shek	Af Office
Instrument S	Serial No. OO 8591 Wades boyen	
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed are:	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulato 34 degrees, plus or minus .2 degree centigrade;	r 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 Bre whichever occurs first.	e alcoholic breath ath Simulator tests,
I certify that of procedures we Department of	on the 26 day of <u>September 1998</u> , 20 15 the forgoing prevere performed on the instrument indicated above, in accordance with current regulation of Health and Human Services, and the instrument is functioning properly.	rentive maintenance ns of the N.C.
OF THE STATE	E ON TO SEE	

Signature of Certifying Official

Certificate Number

ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008597 Test Date: 09/26/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective:

12/01/2017-12/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:39pm 12:40pm 12:41pm 12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
ATP BLK	0.0	12:46pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

# ANSON COUNTY ANSON COUNTY SD 030

Serial Number: 008597 Test Record Number: 1709
Test Date: 09/26/2018 Test Time: 12:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FĻO	Pass	12:47pm
FC	Pass	12:47pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:48pm 12:48pm

Preventive Maintenance

Status: Pass

Analyst

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

County A	She Instrument Location AShe County Tail
Instrument Se	DD8849 TO 11C
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 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
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  on the
STATI STATI	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 09/06/2018

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

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

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

Analyst's Name:

BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

06/01/2018-06/01/2020

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:42am 10:42am 10:43am 10:44am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:47am
AIR BLK	.Ø0	10:48am

Reported AC: .00 0/210

Signature of Chemical Analyst

Court CVR

# ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1176 Test Date: 09/06/2018 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
		4.415
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County Ber	tie	Instrumer	t Location Be	tie GS.O.
Instrument Seria	INO. <u>008897</u>	<u> </u>	County	Farm Rd, Windsor
The preventive r	•	Intoximeters, N	/lodel Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canistee 34 degrees, plus or minus .2 d			c breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect b	reath sample;	
7.	When "PLEASE BLOW" app	pears, collect b	reath sample;	
8.	Print test record;	·		
9.	Verify Diagnostic Program; as	nd		,
10.				iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	theday of performed on the instrument in lealth and Human Services, and	dicated above,	in accordance with	
OF WE STATE OF A	OF THE CARC			
ASE CULAN YORK	Vey Sig	nature of Certi	fying Official	643 Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 09/11/2018

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

Subject's Sex: Male

Driver's License State: XX

Driver's License 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	Pass	9:27am
AIR BLK	.00	9:27am
ACCY CHK	.08	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:32am
ATR BLK	. 00	9:33am

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

# BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897
Test Date: 09/11/2018

Test Record Number: 1151
Test Time: 9:35am FDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:36am

# Printer Tests

Test	Status	Time
PRNT	Pass	9:36am

# CRC Tests

Test	Status	Time
COMP	Pass	9:36am
CAL	Pass	9:36am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	Marius Instrument Location Cabarrus County SU
Instrument Se	rial No. 008694 30 Cordan Ave., Concord
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 tests whichever occurs first.
I certify that procedures w Department of	on the
STATION OF	Signature of Certifying Official Certificate Number

CABARRUS CABARRUS COUNTY SD 120

Serial Number: 008694 Test Date: 09/11/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:19am 10:20am
ACCY CHK	.07	10:21am
AIR BLK SUB TEST	.00 .00	10:22am 10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIM BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS CABARRUS COUNTY SD 120

Serial Number: 008694 Test Record Number: 1401 Test Date: 09/11/2018 Test Time: 10:28am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	10:29am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	~~~	

CKC	TERL	خ

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_C	INTOXIMETERS, MODEL INTOX	arus County SD
Instrument S	erial No. 008590 30 Corban Ave	e, Concord
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR are:	Il to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	,
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	
	on the	•
OF THE STATE OF TH	E O NO REAL PROPERTY OF THE PARTY OF THE PAR	656
	Signature of Certifying Official	Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 09/11/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:01am
AIR BLK	.00	10:02am
ACCY CHK	.08	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 2949
Test Date: 09/11/2018 Test Time: 10:09am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am

# Printer Tests

Test

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

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

County	nden Instrument Location Canden (o. 50.
Instrument Ser	ial No. 008847 Instrument Location Canden (o. 50.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the Old day of September, 20 / 3 the forgoing preventive maintenance bere 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 20. 175	Signature of Certifying Official  Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008847 Test Date: 09/26/2018

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

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

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

Analyst's Name: 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	11:31am 11:31am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CAMDEN COUNTY CAMDEN CO SO 140

Test Record Number: 655 Serial Number: 008847 Test Date: 09/26/2018 Test Time: 11:38am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
1		- 10 W
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:38am 11:38am 11:38am 11:38am
BT	Pass	11:38am

#### Blank Tests

Test	Status	Time
Z T D	Daree	11.39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:39am
CAL	Pass	11:39am

Preventive Maintenance Status: Pass

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

County C	ARTERET Instrument Location ATLAN	tic Beach t
Instrument So	erial No. <u>008917</u>	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	·
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	on theday ofSeptem Delta_20, the foregovere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	nt regulations of the N.C.
THE STATE OF THE S		354 Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008917 Test Date: 09/04/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:04am 11:05am
ACCY CHK	.08	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008917 Test Record Number: 755
Test Date: 09/04/2018 Test Time: 11:22am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am
	•	and the second s

#### Blank Tests

Test	Status	Time
	•	
AIR	Pass	11:24am

# Printer Tests

Status

Time

11:24am

	D Calcab ,	
PRNT	Pass	11:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:24am

Preventive Maintenance Status: Pass

Pass

CAL

Kax & Holf Knalyst

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

County	instrument Location BAT Mobile Unit 4
Instrument Ser	rial No. 208929 Fayether The PO
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.
	on theday of
STATE OF THE STATE	A CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

> Serial Number: 008929 Test Date: 09/07/2018

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: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.08	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:31pm
ATR RLK	. 0.0	10:32pm

Reported AC: -- 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008929 Test Record Number: 1017
Test Date: 09/07/2018 Test Time: 10:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:37pm
FLO	Pass	10:37pm
FC	Pass	10:37pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:37pm
SRC	Pass	10:37pm
DET BAR	Pass Pass	10:37pm 10:37pm
BT	Pass	10:37pm
		-

# Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:38pm

Preventive Maintenance Status: Pass

Analyst

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

County C	umberland Instrument Location BAT Mobile Unity		
Instrument Se	erial No. OBBO Payestexille PD		
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures v Department	t on the day of September, 20_18_, 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.		
TAND STATE OF THE			

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

> Serial Number: 008601 Test Date: 09/07/2018

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: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:26pm 10:27pm 10:28pm 10:29pm 10:30pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:32pm
ATR BLK	. 0.0	10:330m

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008601 Test Record Number: 1303 Test Date: 09/07/2018 Test Time: 10:34pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:35pm
FLO	Pass	10:35pm
FC	Pass	10:35pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	10:36pm 10:36pm

Preventive Maintenance Status: Pass

Analyst

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

County	unborland Co. Instrument Location For Br	<u>CAYS</u>	
Instrument S	erial No. <u>008908</u>		
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folloare:	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;	ulator thermomet	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;		
7.	When "PLEASE BLOW" appears, collect breath sample;	•	
8.	Print test record;	. *	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic b	reath or tests,
I certify that procedures v Department	on the // day of Soptember, 20 // the forgoin were performed on the instrument indicated above, in accordance with current reg of Health and Human Services, and the instrument is functioning properly.	g preventive main	tenance C.
STATE CREAT SET OF SET			
MAUD 1823 + CANALITY OF THE PARTY OF THE PAR	Signature of Certifying Official	654 Certificate Num	ber

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908 Test Date: 09/10/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:07pm 2:07pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
ATD BIN	0.0	$2 \cdot 13 \text{pm}$

Reported AC: / .00/g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

# CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908

Test Record Number: 1659

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

#### Printer Tests

rest	Status	TTIIIE
PRNT	Pass	2:16pm
	CDC Togta	

#### CRC Tests

rest	Status	TIME
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance

Status: Pass

Analyst

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

County (	in bee land Co. Instrument Location FORT E	PRACCI
Instrument So	orial No. 008903 PMO	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	· ·
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that procedures v	on the day of <u>Softent Dee</u> , 20 /S the forgoire 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.
	· · · · · · · · · · · · · · · · · · ·	
CREAT STATE	CAROLIN CAROLI	
APRIL IZ. IT	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903 Test Date: 09/10/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	2:00pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:05pm
ATR BIK	0.0	2:06pm

Chemical Analyst Signature of

Court CVR

# CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903

Test Record Number: 2235

Test Date: 09/10/2018

Test Time: 2:07pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	

Test	Status	Time

COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance

Status: Pass

Analyst

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

County CC	DUCION DE Inst	trument Location NATMONDE UNIT 6
Instrument Se	Serial No. OO 95 70	ROCKY MOUNT
The preventing four months		eters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce	s pressure, or the alcoholic breath simulator thermometer show ntigrade;
2.	Verify instrument displays time and da	ate;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, co	llect breath sample;
7.	When "PLEASE BLOW" appears, co	llect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is simulator solution is being changed ev whichever occurs first.	being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
procedures v	at on the <u>29</u> day of <u>SCATEMA</u> s were performed on the instrument indicate nt of Health and Human Services, and the in	d above, in accordance with current regulations of the N.C. strument is functioning properly.
WIND STATE CREAT SE	CANON TO THE PARTY OF THE PARTY	of Certifying Official Certificate Number

#### EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008580 Test Date: 09/29/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:14pm 9:15pm 9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:19pm
ATR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### EDGECOMBE COUNTY BAT MOBILE UNIT 6 320

Serial Number: 008580 Test Record Number: 2461 Test Date: 09/29/2018 Test Time: 9:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:27pm 9:27pm
FC	Pass	9:27pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:27pm
SRC	Pass	9:27pm
$\mathtt{DET}$	Pass	9:27pm
BAR	Pass	9:27pm
BT	Pass	9:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

Preventive Maintenance Status: Pass

Analyst

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

الجاهدين	INTOXINETERS, NODEL INTOX EC/IN II
County Fp	ANKLIN Instrument Location FRANKLINTUN PD
Instrument So	erial No. <u>DOBBIS</u> 47 W. MASON ST FRANKLINTON, A
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of
TAND STATE STATE OF THE STATE O	John Daniel 637

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

Signature of Certifying Official

Certificate Number

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 09/04/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:16am 9:16am
ACCY CHK	.07	9:17am
AIR BLK	.00	9:18am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:21am
AIR BLK	.00	9:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 1156

Test Date: 09/04/2018

Test Time: 9:28am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:29am
FLO	Pass	9:29am
FC	Pass	9:29am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:29am 9:29am
DET	Pass	9:29am 9:29am
BAR BT	Pass Pass	9:29am 9:29am

#### Blank Tests

Test	Status	Time
•	4 4	
AIR	Pass	9:30am

# Printer Tests

Test	Status	Time
PRNT	Pass	9:30am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:30am

Preventive Maintenance Status: Pass

Analyst

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

County G	aston Instrument Location Belmont	P.D
Instrument Ser	ial No. 008733 201 Chronicle Street	Belmont
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folle:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sir 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer 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;	5
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	, or the alcoholic breath lic Breath Simulator tests,
	1011	
I certify that o procedures we Department o	on the 1944 day of September, 2018, the foregoing the performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	g preventive maintenance regulations of the N.C.
OTHE STATE OF THE		
		· · · · · · · · · · · · · · · · · · ·
* EDE GIVAN AIDE	100 POU	650
	Signature of Certifying Official	Certificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 09/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:44am
AIR BLK	.00	11:45am
ACCY CHK	.08	11:45am
AIR BLK	00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
ATR BLK	. 0.0	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

# GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 1111

Test Date: 09/19/2018 Test Time: 11:51am 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
AIR	Pass	11:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:53am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:53am 11:53am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETI	ERS, MODEL INTOX E		٨
County G	aston	_ Instrument Location <u>G9</u>	stan Cour	<u> </u>
Instrument Ser	rial No. <u>0</u> 08684	425 N. Marety.	St. Gastu	ng
The preventive four months ar		Intoximeters, Model Intox EC/IR II 1	to be followed at le	east once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bedgree centigrade;	эreath simulator the	ermometer shows
2.	Verify instrument displays tin	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		•
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	. *	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	simulator solution is being cl whichever occurs first.	nnister is being changed before expiral hanged every four months or after 125	5 Alcoholic Breath	Simulator tests,
		ndicated above, in accordance with conditional desired the instrument is functioning proper		or the N.C.
OF THE STATE OF TH	S S S	gnature of Certifying Official	65 Certific	ate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 09/05/2018

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: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

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

Agency: DHHS

Test Type: Breath Test

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

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

Chemica

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

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 4106

Test Date: 09/05/2018 Test Time: 10:29am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
SRC	Pass	10:29am
DET	Pass	10:29am
BAR	Pass	10:29am
BT	Pass	10:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30am

#### Printer Tests

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

Test	Status	Time
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 6	uiltord Instrument Location UNC - Greenshord
Instrument Se	erial No. 008604 Instrument Location UNC-Greenshord
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.
I certify that procedures v Department	t on the 2 day of 5 pt work, 20 18, the foregoing 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.
STAT STATE OF THE	

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 09/27/2018

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: DEAN, L Permit Number: 11598E Effective:

04/01/2017-04/01/2019

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

pe of Agency: FIF Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:58am 10:58am 10:59am 11:00am 11:01am
SUB TEST	.00	11:03am 11:04am
AIR BLK	.00	TT: U4aiii

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1702 Test Date: 09/27/2018 Test Time: 11:05am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	11:05am	
FLO	Pass	11:05am	
FC	Pass	11:06am	

# Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:06am	

#### Printer Tests

Test

PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:07am 11:07am

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IR II	
County G	Instrument Location Greensboro PD	
Instrument Seri	al No. 008725 100 Police PAZA, Greensboro, 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.	
I certify that on theday ofday ofep-tember, 20		
THE STATE OF THE S		

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 09/27/2018

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: DEAN, L Permit Number: 11598E Effective: 04/01/2017-04/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10:09am
ACCY CHK	.08	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
ATR BLK	. 0.0	10 · 14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4281 

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16am

#### Printer Tests

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

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Greensho	ro JAil
Instrument Seria	al No. 00 8638	<del></del>
The preventive n 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 simulate 34 degrees, plus or minus .2 degree centigrade;	or 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 Br whichever occurs first.	
I certify that on procedures were Department of	26 Lotanho 18	entive maintenance tions of the N.C.
ORE STATE OF OUR STATE OF OUR STATE OF OUR AND OUR STATE OF OUR AND OUR STATE OF OUR STATE OUR STATE OF OUR STATE OF OUR STATE OF OUR STATE OF OUR STATE OUR STATE OF OUR STATE OF OUR STATE OF OUR STATE OF OUR STATE OUR STATE OF OUR STATE OUR STATE OF OUR STATE OUR STA	A Flein Door	5 42 rtificate Number

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GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 09/26/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	5:01pm 5:01pm
ACCY CHK	.08	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638

Test Record Number: 3775

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:09pm 5:09pm
FC	Pass	5:09pm

# Temperature Tests

Test	Status	Time
FC1	Pass	5:09pm
SRC	Pass	5:09pm
DET	Pass	5:09pm
BAR	Pass	5:09pm
BT	Pass	5:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:10pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	5:10pm 5:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- (	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Greens burd A 1
County Instrument S	000701
·	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
-	on the day of September, 20 18, 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.
STATION OF	

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 09/26/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:38pm
AIR BLK	.00	4:38pm
ACCY CHK	.07	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:43pm
AIR BLK	- 00	4:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6231

Test Date: 09/26/2018 Test Time: 4:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:45pm
FLO	Pass	4:45pm
FC	Pass	4:45pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:45pm
SRC	Pass	4:45pm
DET	Pass	4:45pm
BAR	Pass	4:45pm
$\mathtt{BT}$	Pass	4:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:46pm

# Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:46pm 4:46pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Over 1/15 to ( O ) A 1
Instrument S	
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 day of the day of 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.
OF THE STATE OF TH	L. Hun Dun 642
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718 Test Date: 09/26/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	4:08pm 4:08pm
ACCY CHK	.08	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:13pm
ATR BLK	.00	4:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718 Test Record Number: 1843
Test Date: 09/26/2018 Test Time: 4:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:15pm
FLO	Pass	4:15pm
FC	Pass	4:15pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:16pm

4:16pm

Preventive Maintenance Status: Pass

Pass

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: 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. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 09/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:58pm 1:59pm 2:00pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 2790

Test Date: 09/26/2018

Test Time: 2:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:07pm

Preventive Maintenance Status: Pass

Pass

CAL

2:07pm

Analyst

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

County	INPUT TT	Instrument Location HAR	NETT COUNTY
	al No <i>008850</i>	DETENTION	CENTER IGTUM, NC
	`x	LILLIN	IGTUN, NC
The preventive four months are			I to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic ee centigrade;	breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;	¥.	
9.	Verify Diagnostic Program; and		· · · · · · · · · · · · · · · · · · ·
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expi ged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures we	n the <u>25</u> day of <u>3EP</u> re performed on the instrument inc f Health and Human Services, and	licated above, in accordance wit	e foregoing preventive maintenance h current regulations of the N.C. roperly.
STATE OF STA	CORTILL CAROLIN		
A SECTION OF THE PROPERTY OF T	Celus	ature of Certifying Official	Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008850 Test Date: 09/25/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:37pm 6:38pm 6:38pm
ACCY CHK AIR BLK	.07 .00	6:38pm
SUB TEST	.00	6:40pm
AIR BLK	.00	6:41pm
SUB TEST	.00	6:42pm
AIR BLK	.00	6:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

aluka Banas Analyst

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008850

Test Record Number: 681

Test Date: 09/25/2018

Test Time: 6:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:44pm
FLO	Pass	6:44pm
FC	Pass	6:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:44pm
SRC	Pass	6:44pm
DET	Pass	6:44pm
BAR	Pass	6:44pm
BT	Pass	6:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:45pm

#### Printer Tests

#### CRC Tests

Test	Status	Time
COMP	Pass	6:45pm
CAL	Pass	6:45pm

Preventive Maintenance Status: Pass

aluka Baras Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Hertford Instrument Location Ahoskie P.D.
Instrume	nt Serial No. 008848 705 W. Mein St., Aliuskie, MC.
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every on this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
G CREAT SE	STATE OF THE STATE

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 09/19/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:41am 10:42am
ACCY CHK AIR BLK	.07 .00	10:43am 10:44am
SUB TEST	.00	10:44am
AIR BLK SUB TEST	.00 .00	10:45am 10:47am
AIR BLK	.00	10:48am

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

### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1359 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:50am
SRC	Pass	10:50am
$\mathtt{DET}$	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

#### Blank Tests

Test	Status	Time	

AIR Pass 10:51am

#### Printer Tests

Test	Status	Time

PRNT Pass 10:51am

# CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance Status: Pass

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

County	Hoke Co. Instru	ment Location Hake Ca	. Detention CTR
Instrument S	erial No. <u>()/088.55</u>	RACFORD, NC	
The preventi four months	ve maintenance procedures for the Intoximeter are:	s, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centi		h simulator thermometer show
2.	Verify instrument displays time and date		
3.	Initiate breath test sequence;		and the second s
4.	Enter information as prompted;	***	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, colle-	ct breath sample;	
7.	When "PLEASE BLOW" appears, colle	ct breath sample;	
8.	Print test record;		
9	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is bei simulator solution is being changed everywhichever occurs first.	ng changed before expiration y four months or after 125 Alo	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures videon Department	on the day of Sentence of Health and Human Services, and the instrument	the for ove, in accordance with current nent is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
- Continue	Mo		
OF THE STAT	E OF NORTH		
			,
FSSE QUAM			654
	Signature of (	Certifying Official	Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 09/12/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:08pm 12:08pm 12:09pm
AIR BLK	.00	12:10pm
SUB TEST AIR BLK	.00 .00	12:10pm 12:11pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm

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

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1419 Test Date: 09/12/2018 Test Time: 12:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLÖ	Pass Pass	12:15pm 12:15pm
FC	Pass	12:15pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:16pm

12:16pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Locati	on Hake Col	Detention CTR
Instrument Ser	al No. <u>008852</u> <u>Rae Re</u>	rd, XC	
The preventive four months are	maintenance procedures for the Intoximeters, Model In	tox EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or to 34 degrees, plus or minus .2 degree centigrade;	he alcoholic breath sim	ulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" appears, collect breath sai	mple:	
7.	When "PLEASE BLOW" appears, collect breath sa	·	
	•	,	
8.	Print test record;		·
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four mont whichever occurs first.	before expiration date, hs or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
I certify that or procedures we Department of	n theday of	20 / the forgoing rdance with current regitioning properly.	g preventive maintenance ulations of the N.C.
THE STATE OF THE S			654
	Signature of Certifying C	fficial	Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 09/12/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC, .00 g/2/10L

signature of Ckemical 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

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 875 Test Date: 09/12/2018 Test Time: 12:09pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:10pm 12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
$\mathtt{BT}$	Pass	12:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm
	CRC Tests	

rest	Status	TTILLE
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance

Status: Pass

Analyst

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

	INTUATIVIETERS, NIODEL INTUA EC/IR II
County	Instrument Location Hyde Co. S. O.
Instrument Seri	al No. 008588 1233 Main ST., Sman Quester, K
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 beginning the september of the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	
The same of the sa	finds. Ruel 641
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008588 Test Date: 09/28/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:45pm 12:46pm
ACCY CHK	.08	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

# HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008588 Test Record Number: 990 Test Date: 09/28/2018 Test Time: 12:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:53pm
${ t FLO}$	Pass	12:53pm
FC	Pass	12:53pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:54pm
CAL	Pass	12:54pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location BAY Mobile Unit 2		
Instrument Se	erial No. 608770 WIWIIA		
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.		
I certify that procedures v Department	t on theday of, 20		
STATION OF THE STATIO			

IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Date: 09/02/2018

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:06pm
AIR BLK ACCY CHK	.00	2:07pm 2:08pm
ACCI CHK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:12pm
ATR BLK	- 0.0	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Record Number: 509
Test Date: 09/02/2018 Test Time: 2:13pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

Preventive Maintenance Status: Pass

Analyst

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

County	Tredel   Instrument Location But Mobile Unt 2
Instrument	Serial No. 0073 William
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 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 th procedure Departme	day of Scotton, 2018, the foregoing 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 ORDER OF THE STATE OF TH

IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Date: 09/02/2018

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

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

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

Test	g/210L	Time
DIAG	Pass	2:08pm
AIR BLK	.00	2:09pm
ACCY CHK	.07	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Record Number: 548
Test Date: 09/02/2018 Test Time: 2:15pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:16pm	

#### Printer Tests

TESL	Status	TIME
PRNT	Pass	2:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance Status: Pass

Analyst

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

County	JOHNSTON.	Instrument Location_	JOHNSTON CO JAIL
Instrument	Serial No. 008810		JOHNSTON CO JAIL SMITHFIELD, NC
;			
The prever		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the adegree centigrade;	alcoholic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
. <b>5.</b>	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sampl	e;
7.	When "PLEASE BLOW" a	ppears, collect breath sampl	e;
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed bet hanged every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests
procedur	hat on the day of es were performed on the instrumen ent of Health and Human Services, a	t indicated above, in accord	18, the foregoing preventive maintenance lance with current regulations of the N.C. loning properly.
GREAT CONTRACTOR OF STATE OF S	TATE OF NO.		
* 1551 0		Signature of Certifying Office	cial Certificate Number
		Signature of Certifying Office	Aint Odi ettiania 11 miliodi

JOHNSTON COUNTY JOHNSTON CO JAIL 500

Serial Number: 008810 Test Date: 09/12/2018

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

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

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

Analyst's Name: 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	7:35am
AIR BLK	.00	7:36am
ACCY CHK	.08	7:36am
AIR BLK	.00	7:37am
SUB TEST	.00	7:38am
AIR BLK	.00	7:39am
SUB TEST	.00	7:40am
AIR BLK	.00	7:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY JOHNSTON CO JAIL 500

Serial Number: 008810

Test Record Number: 3291

Test Date: 09/12/2018

Test Time: 7:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:42am
FLO	Pass	7:42am
FC	Pass	7:42am

# Temperature Tests

Test	Status	Time
FC1	Pass	7:42am
SRC	Pass	7:42am
DET	Pass	7:42am
BAR	Pass	7:42am
BT	Pass	7:42am

#### Blank Tests

Test	Status	Time	
ATR	Pass	7:43am	

### Printer Tests

Test	Status	Time	
PRNT	Pass	7:43am	
	CRC Tests		
Test	Status	Time	

COMP 7:43am Pass CAL Pass 7:43am

Preventive Maintenance Status: Pass

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

County	JOHNSTON	Instrument Location_	JOHNSTON	CO JAIL
Instrument	t Serial No. <u>008844</u>	· · · · · · · · · · · · · · · · · · ·	SMITHFI	ELD, NC
	·		<u> </u>	
The prever	ntive maintenance procedures for the Into	eximeters, Model Intox	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		alcoholic breath simulato	r thermometer show
2.	Verify instrument displays time a	and date;	• .	
<b>3.</b>	Initiate breath test sequence;		•	
4,	Enter information as prompted;	va '		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath sample	e;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample	<b>;</b> ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
procedure	that on theday ofday ofes were performed on the instrument indent of Health and Human Services, and t	icated above, in accorda	ince with current regulat	ntive maintenance ions of the N.C.
	De Carriera de la carriera del carriera de la carriera del carriera de la carriera del la carriera de la carrie			
GREAT SE	TATE O ALORE			*.
THE COLUMN TO TH	Ulut	ture of Certifying Offic	ial Cer	648 tificate Number

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

DHHS 4080 (11/07)

#### JOHNSTON COUNTY JOHNSTON CO JAIL 500

Serial Number: 008846 Test Date: 09/26/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:46pm 5:47pm 5:47pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY JOHNSTON CO JAIL 500

Serial Number: 008846 Test Record Number: 4377 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:53pm 5:53pm
FC	Pass	5:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:54pm
SRC	Pass	5:54pm
DET	Pass	5:54pm
BAR	Pass	5:54pm
BT	Pass	5:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:54pm

## CRC Tests

Test	Status	Time
COMP	Pass	5:54pm
CAL	Pass	5:54pm

Preventive Maintenance Status: Pass

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

County L	noir Instrument Location Kinston P.D.
Instrument Ser	ial No. 008624 205 E. King St., Kinston, MC.
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 o procedures we Department of	n theday of
-common	
STATE OF THE STATE	THE CAROLLE STATE OF THE STATE
A LEGE OTTOM AND A STATE OF THE	Jul 2 643
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 09/28/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:11am 10:11am
ACCY CHK	.08	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

They Analyst

# LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1720

Test Date: 09/28/2018

Test Time: 10:19am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:19am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:19am 10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
BT	Pass	10:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC <b>Tests</b>	
Test	Status	Time
COMP	Pass	10:21am

Pass

Preventive Maintenance Status: Pass

CAL

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

Rev. 12/2007

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

County	noir Instrument Location Lenoir (o. S.O.
Instrument Se	erial No. 008639 130 Queen St., Kinston, N.
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.
procedures w	on the OD day of September, 20 / O 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.
TIMES AND TO THE CARE AND THE C	Len N
	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 09/28/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	Pass	9:32am
AIR BLK	.00	9:33am
ACCY CHK	.07	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	
SUB TEST	.00	9:37am

Reported AC: .00 g/210L

9:38am

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3210 Test Date: 09/28/2018 Test Time: 9:39am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:41am

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:41am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Instrument Location MARTIN Co. S.D.
Instrument Ser	ial No. 0089/2 Instrument Location MARTIN (2. 5. D.  305 E. MAIN ST., Williams TW.,
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 25th day of September, 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE YEAR OF TH	



Signature of Certifying Official

Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 09/25/2018

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:22pm 1:23pm
ACCY CHK	.07 .00	1:24pm 1:25pm
SUB TEST	.00	1:27pm
AIR BLK SUB TEST	.00 .00	1:28pm 1:29pm
AIR BLK	.00	1:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1408
Test Date: 09/25/2018 Test Time: 1:31pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:33pm 1:33pm

Preventive Maintenance Status: Pass

Analyst

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

County Mu	Klinburg	Instrument Location Meckler	buy Carty SD
Instrument Ser	ial No. <u>OOKG90</u>	801 E 4th St., Charles	He
The preventive four months ar		he Intoximeters, Model Intox EC/IR II to b	ne followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic brea 2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	<i>'</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.		canister is being changed before expiration changed every four months or after 125 A	
I certify that o procedures we Department of	re performed on the instrumen	the fact indicated above, in accordance with currend the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Man Man	Signature of Certifying Official	656 Certificate Number

# MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 09/04/2018

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: 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	9:18am
AIR BLK	.00	9:19am
ACCY CHK	.08	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:22am
AIR BLK	.00	9:22am
SUB TEST	.00	9:24am
ATP BLK	0.0	9 · 25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690

Test Record Number: 5989

Test Date: 09/04/2018

Test Time: 9:31am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:31am 9:31am
FC	Pass	9:32am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:32am
SRC	Pass	9:32am
$\mathbf{DET}$	Pass	9:32am
BAR	Pass	9:32am
BT	Pass	9:32am

#### Blank Tests

Test	Status	Time
		•
λTD ·	Dagg	9.32am

#### Printer Tests

Test	Status	'l'ıme
PRNT	Pass	9:32am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:32am
CAL	Pass	9:32am

Preventive Maintenance Status: Pass

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location ///chlanbury County SD Instrument Serial No. OO866 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. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

## MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Date: 09/04/2018

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: 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	9:16am
AIR BLK	.00	9:17am
ACCY CHK	.07	9:18am
AIR BLK	.00	9:18am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:22am
ATR BLK	. 0.0	9:23am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Record Number: 4580 Test Date: 09/04/2018 Test Time: 9:26am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:26am
FLO	Pass	9:26am
FC	Pass	9:27am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:27am
SRC	Pass	9:27am
DET	Pass	9:27am
BAR	Pass	9:27am
BT	Pass	9:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:27am
	CRC Tests	
Mo a t	G+-+	Time

Test	Status	Time
COMP	Pass	9:27am
CAL	Pass	9:27am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

W	INTOXIMETER	85, MODEL II	VIOX EC/IR II		
County	ecklenburg	Instrument Location	on CMDD -1	LEC	
Instrument Seria	1 No. <u>008594</u>	601 E.Tr	ale St. Char	lotte	
	<u></u>				
The preventive n four months are:	naintenance procedures for the Int	oximeters, Model Int	ox EC/IR II to be follow	ved at least once e	very
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		ne alcoholic breath simu	lator thermometer	show
2.	Verify instrument displays time	and date;	1		
3.	Initiate breath test sequence;		•		
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	ars, collect breath san	nple;		À
7.	When "PLEASE BLOW" appear	ars, collect breath san	nple;	i e	· ·
<b>8.</b> 9.	Print test record; Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canisismulator solution is being chang whichever occurs first.				
	the Hand day of Seperation of the instrument indicated the day and the instrument and the day of th		dance with current regu	preventive mainte lations of the N.C.	
OTHE STATE OF A STATE	OR THE CAROLINA M	A		A	

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

Signature of Cerfifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 09/04/2018

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AS: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594

Test Record Number: 4170

Test Date: 09/04/2018

Test Time: 10:27am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am
BT	Pass	10:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location Pine Ville PD

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

Signature of Certifying Official

Certificate Number

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 09/12/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:01am
AIR BLK ACCY CHK	.00	11:02am 11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5668
Test Date: 09/12/2018 Test Time: 11:09am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:09am
FLO	Pass	11:09am
FC	Pass	11:09am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
$\mathtt{BT}$	Pass	11:09am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:10am

#### Printer Tests

Test

PRNT	Pass	11:10am
•	CRC Tests	4
Test	Status	Time

Status Time

COMP Pass 11:10am CAL Pass 11:10am

Preventive Maintenance Status: Pass

Analyst

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

County_//	tchell Instrument Location Space Dine DD
Instrument Se	ial No. 009726 Sprue Pine Ne
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures v Department	on the
STATE OREAL TO SEE A STATE OF	649
	Signature of Certifying Official Certificate Number

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 09/28/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:26pm 5:27pm
ACCY CHK	.08	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:31pm
AIR BLK	.00	5:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Test Date: 09/28/2018

Serial Number: 008726 Test Record Number: 946 Test Time: 5:33pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:34pm
FLO	Pass	5:34pm
FC	Pass	5:34pm

#### Temperature Tests

Test	Status	Time
FCL	Pass	5:34pm
SRC	Pass	5:34pm
DET	Pass	5:34pm
BAR	Pass	5:34pm
BT	Pass	5:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:35pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:35pm
CAL	Pass	5:35pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument S	erial No Instrument Location SAT mobile unit
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of, 20, 20
STATE OF THE PART	Signeture of Certifying Official Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 4 610

> Serial Number: 008717 Test Date: 09/02/2018

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: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	5:08pm
AIR BLK	.00	5:09pm
ACCY CHK	.07	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MONTGOMERY COUNTY BAT MOBILE UNIT 4 610

Serial Number: 008717 Test Record Number: 612 Test Date: 09/02/2018 Test Time: 5:16pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:17pm
SRC	Pass	5:17pm
DET	Pass ·	5:17pm
BAR	Pass	5:17pm
${f BT}$	Pass	5:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:18pm
	· ·	

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

The preventive four months a	ve 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.
certify that	on the day of September_, 20 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C.
procedures w Department o	of Health and Human Services, and the instrument is functioning properly.

MONTGOMERY COUNTY BAT MOBILE UNIT 4 610

> Serial Number: 008734 Test Date: 09/02/2018

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: TODD, SHANE C

Permit Number: 11391E Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 702401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	5:11pm
AIR BLK	.00	5:12pm
ACCY CHK	.08	5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm
SUB TEST	.00	5:17pm
ATR BLK	. 00	5:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY BAT MOBILE UNIT 4 610

Serial Number: 008734 Test Record Number: 985 Test Date: 09/02/2018 Test Time: 5:20pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	'I'ıme
AIR	Pass	5:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	5:22pm 5:22pm

Preventive Maintenance Status: Pass

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

Analyst

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

County	MOORE Instrument Location MOORE CO JAIL
Instrumer	t Serial No. OO8735 CARTHAGE, NC
<u></u>	
The preve	intive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy,
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the <u>27</u> day of <u>SEPTEMBEIZ</u> , 20 18, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
CORPATOR CONTRACTOR CO	STATE OF NORTH
All Case	Old Page 1990 Cortificate 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.

DHHS 4080 (11/07)

MOORE COUNTY MOORE CO JAIL 620

Serial Number: 008735 Test Date: 09/27/2018

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Zy 13-3

Analyst

### MOORE COUNTY MOORE CO JAIL 620

Serial Number: 008735

Test Record Number: 2153

Test Date: 09/27/2018

Test Time: 10:11am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

	Time
Pass	10:12am 10:12am
Pass Pass	10:12am
Pass Pass	10:12am 10:12am
	Pass Pass Pass

#### Blank Tests

Test	Status	Time
ΔTD	Pagg	10·13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:13am
CAL	Pass	10:13am

Preventive Maintenance Status: Pass

Colun Ry Bands
Analyst

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

County	MOORE	strument Location_	PINEHURST	POLICE DE	
Instrume	ent Serial No. <u>008710</u>	PINEL	IURST, NC		
The prev	ventive maintenance procedures for the Intoxir	neters, Model Intox	EC/IR II to be followed at	least once every	
1.	. Verify the ethanol gas canister displayed the degrees, plus or minus .2 degree of	ays pressure, or the accentigrade;	ilcoholic breath simulator t	hermometer shows	
2.	. Verify instrument displays time and	date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;	•			
6.	6. When "PLEASE BLOW" appears,	When "PLEASE BLOW" appears, collect breath sample;			
7.	7. When "PLEASE BLOW" appears,	collect breath sampl	e;		
8.	Print test record;			•	
9.	9. Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed bef every four months o	ore expiration date, or the after 125 Alcoholic Brea	alcoholic breath th Simulator tests,	
procedi	fy that on the <u>27</u> day of <u>3 EPTE</u> dures were performed on the instrument indica tment of Health and Human Services, and the	ted above, in accord	ance with current regulation	tive maintenance ons of the N.C.	
GREAT SE	THE STATE OF MODIFIE CARD				
45 × 150	CONTROL OF CHAMPOORA	Bar		.48	
	Signatur	e of Certifying Offic	cial Certi	ficate Number	

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 09/27/2018

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: 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	8:30am 8:31am
ACCY CHK	.07	8:31am
AIR BLK	.00	8:32am
SUB TEST	.00	8:33am
AIR BLK	.00	8:34am
SUB TEST	.00	8:35am
AIR BLK	.00	8:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Bans

#### MOORE COUNTY PINEHURST PD 620

Serial Number: 008710

Test Record Number: 1536

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:37am 8:37am
FC	Pass	8:37am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:38am
SRC	Pass	8:38am
DET	Pass	8:38am
BAR	Pass	8:38am
BT	Pass	8:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:38am

#### CRC Tests

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

Preventive Maintenance Status: Pass

alu Ra Bans

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	10012E	Instrument Location 500 7/	HERN PINE
Instrument Se	erial No. <u>00 8720</u>	SOUTHERM	PINES, NC
The preventive four months a		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath a	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	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration danged every four months or after 125 Alcohole	ate, or the alcoholic breath holic Breath Simulator tests,
procedures	were performed on the instrument in	PTEMBE, 20 18, the foregoidicated above, in accordance with current the instrument is functioning properly.	ing preventive maintenance it regulations of the N.C.
TO STATE OF THE PARTY OF THE PA		Radical Certifying Official	Certificate Number

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 09/27/2018

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: 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

q/210L Test Time 7:39am DIAG Pass AIR BLK .00 7:40am ACCY CHK .07 7:40am AIR BLK .00 7:41am SUB TEST .00 7:42am AIR BLK .00 7:43am SUB TEST .00 7:44am AIR BLK .00 7:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu Rg r 3 -Analyst

#### MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720

Test Record Number: 1073

Test Date: 09/27/2018

Test Time: 7:46am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Pass	7:47am

#### Printer Tests

Test	Status	Time	
PRNT	Pass	7:47am	

#### CRC Tests

Test	Status	Time
COMP	Pass	7:47am
CAL	Pagg	7:47am

Preventive Maintenance Status: Pass

alu Ra Banas Analyst

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

> Serial Number: 008871 Test Date: 09/01/2018

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: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:25pm
AIR BLK ACCY CHK	.00	8:26pm 8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm

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

### NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Test Record Number: 927 Serial Number: 008871 Test Time: 8:33pm EDT Test Date: 09/01/2018

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:35pm 8:35pm

Preventive Maintenance Status: Pass

Analyst

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

County	lew Hun over Instrument Location BAT mobile Unit4
Instrument Se	erial No. <u>008734</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on theday of
THE STATE OF THE S	

NEW HANOVER COUNTY BAT MOBILE UNIT 4
640

Serial Number: 008734 Test Date: 09/01/2018

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: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 702401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	8:28pm
AIR BLK	.00	8:29pm
ACCY CHK	.07	8:30pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:34pm
ATR BLK	.00	8:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008734 Test Record Number: 982 Test Time: 8:37pm EDT Test Date: 09/01/2018

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:38pm 8:38pm

Preventive Maintenance Status: Pass

Analyst

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

County/	law Hunover Instrument Location BAT Mobile vinit 4
Instrument Ser	ial No. <u>608717</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the, 20
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

> Serial Number: 008717 Test Date: 09/01/2018

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: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:22pm 10:23pm
ACCY CHK AIR BLK	.08 .00	10:24pm 10:25pm
SUB TEST AIR BLK	.00 .00	<b>10:25pm</b> 10:26pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

om is used when performing Preventive Maintenance pro

#### NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008717 Test Record Number: 606 Test Date: 09/01/2018

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	Pass	10:43pm
SRC	Pass	10:43pm
DET	Pass	10:43pm
BAR	Pass	10:43pm
BT	Pass	10:43pm

#### Blank Tests

Test Status Time

10:43pm AIR Pass

#### Printer Tests

Time Test Status

10:43pm PRNT Pass :

CRC Tests

Status Time Test

COMP Pass 10:43pm 10:43pm CAL Pass

Preventive Maintenance

Status: Pass

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

**Analyst** 

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

County	On 5/0W Instrument Location Mobile BAT Unit 4
Instrument S	Gerial No. <u>008717</u>
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on theday of
ATZ III.	E O LO L
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Date: 09/07/2018

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: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:33pm 10:34pm
ACCY CHK	.08	10:35pm
AIR BLK	.00	10:36pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:39pm
ATR BLK	.00	10:40pm

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

## ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717

Test Record Number: 616

Test Date: 09/07/2018

Test Time: 10:45pm EDT

## System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm
*	CRC Tests	
Test	Status	Time
COMP	Pass	10:47pm

Preventive Maintenance Status: Pass

Pass

CAL

10:47pm

Analyst

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

County	Onslow Instrument Location Mobile BAT Units
Instrument	Serial No
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 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 the procedures Department	at on the
SE S	Signature of Certifying Official Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 09/07/2018

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: TODD, SHANE C

Permit Number: 11391E Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 702401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	9:36pm 9:37pm
ACCY CHK	.08	9:37pm
AIR BLK SUB TEST	.00 .00	9:38pm 9:39pm
AIR BLK	.00	9:40pm
SUB TEST AIR BLK	.00	9:41pm 9:42pm

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734

Test Record Number: 989

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:44pm
FLO	Pass	9:44pm
FC	Pass	9:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:44pm
SRC	Pass	9:44pm
DET	Pass	9:44pm
BAR	Pass	9:44pm
BT	Pass	9:44pm

#### Blank Tests

Test	Status	Time
ATR	Pass	9:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:45pm
	CRC Tests	٠

# Test Status Time

COMP	Pass	9:45pm
CAL	Pass	9:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX EC/IR II
County F	Instrument Location ferquimans Co. S. O.
Instrument Seria	Instrument Location ferguinaris Co. S. O.  al No. 00 8851 110 Church ST. Her-Ford, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of SEPTEMDEA, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE	Secretary Land

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

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008851 Test Date: 09/05/2018

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:

08/01/2017-08/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:39am 9:40am
ACCY CHK	.08	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:44am
ATR BLK	. 0.0	9:45am

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

Inil & Keel

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008851

Test Record Number: 621

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	9:47am
SRC	Pass	9:47am
DET	Pass	9:47am
BAR	Pass	9:47am
BT	Pass	9:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:47am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst Lees

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

~	INTUXIMETERS, MODEL INTOX ECTRIC
County Po	rquimans (o. S.O.
Instrument Se	erial No. 008921 110 Church St., Hertford, MC.
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.
l certify that procedures w Department o	on the <u>Moday of September</u> , 20 / 8 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE STATE OF STATE O	

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

Certificate Number

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 09/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	Pass	1:23pm
AIR BLK	.00	1:23pm
ACCY CHK	.08	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:28pm
ATR RIK	0.0	1 · 29pm

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

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921

Test Record Number: 801

Test Date: 09/26/2018

Test Time: 1:32pm 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
${f BT}$	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

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

County PEE		Instrument Location PERSON	
Instrument Seria	1 No. 008880 /	120 COURT ST.	ROXBORO, NC
The preventive n	maintenance procedures for the Into	cimeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic brea e centigrade;	th simulator thermometer shows
2.	Verify instrument displays time ar	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed before expiration of every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
procedures were	the	ited above, in accordance with curre	orgoing preventive maintenance ent regulations of the N.C.
ON WESTATE OF ON WEST TO STATE OF ON WEST TO STATE OF ON THE S	NOS-IN CAROUN		
ARILE UT	No.	D. Smith ure of Certifying Official	637 Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 09/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass	11:05am 11:06am
.08	11:06am
.00	11:07am
.00	11:08am
.00	11:09am
.00	11:10am
.00	11:11am
	Pass .00 .08 .00 .00

Remorted AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1360 Test Date: 09/05/2018 Test Time: 11:12am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	11:12am
FC	Pass	11:13am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	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	11:14am

Preventive Maintenance Status: Pass

Pass

11:14am

CAL

Analyst

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

County Polk		nstrument Location_	Polk County	LEC
Instrument Serial 1	No. <u>008927 8</u>	80 East NCI	08, Columbu	<u> </u>
The preventive ma	intenance procedures for the Intoxi	meters, Model Intox	EC/IR II to be follow	wed at least once every
	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		alcoholic breath simu	lator thermometer shows
2.	Verify instrument displays time and	date;	:	
3.	nitiate breath test sequence;			e e
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	, 48 		
}	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed bef every four months o	ore expiration date, or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
procedures were p	e 545 day of Sephmerformed on the instrument indicate alth and Human Services, and the in	ed above, in accordar	nce with current regu	preventive maintenance lations of the N.C.
THE STATE OF NO.	The CAROLINIA	The M		C60-
	Signatur	e of Certifying Offic	ial	Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008927 Test Date: 09/05/2018

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:33pm 12:33pm 12:34pm 12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:38pm
ATR BLK	.00	12:39pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008927 Test Record Number: 539

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:41pm
CAL	Pass	12:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County RANDOPP Instrument Location ARCharle

Instrument Serial No. 208791

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

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

I certify that on the day of 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

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 09/24/2018

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 Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L'Analyst

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#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 09/24/2018 Test Record Number: 1279
Test Time: 12:23pm EDT

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System Check: Passed

#### Baseline Tests

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

#### 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
ATR	Pass	12:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

#### CRC Tests

Test	Status	Time
	•	
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance Status: Pass

L. Kein Doon

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX, EC/II	SII V
County K	INTOXIMETERS, MODEL INTOX ECTIF	RTY POLICE D
Instrument Se	rial No. 008830 LIBERTY	NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	.e
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures v	on the 27 day of <u>SEPTEMBER</u> , the foreg vere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly	ent regulations of the 14.0.
Department	of Health and Filman Services, and the historiance to the services, and the historian to the services and the services and the services and the services are th	
THE STAT	E OF AM	
REALE		
ARILIE OLIM	alu Ra Banes	648
	Signature of Certifying Official	Certificate Number

#### RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 09/27/2018

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK	.00	4:25pm
ACCY CHK	.08	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

aluky Banga Analyst

### RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 598

Test Date: 09/27/2018

Test Time: 4:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:32pm
	CRC Tests	
Test	Status	Time

4:32pm COMP Pass 4:32pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECO	) \
County	RANDOLPH Instrument Location RAND	LEMAN POLICE I
Instrument	Serial No. 008737 RANDLEM	AN, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to hs are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer 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 expirational simulator solution is being changed every four months or after 125 whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedur Departm	that on theday of	urrent regulations of the N.C.
A COREATOR	Out Pa Bourse of Certifying Official	Certificate Number

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 09/27/2018

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:06pm 2:06pm 2:07pm 2:08pm 2:08pm
AIR BLK	.00	2:09pm
SUB TEST AIR BLK	.00 .00	2:11pm 2:12pm
******		<u></u>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ra Bans Analyst

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 1055 

### Baseline Tests

System Check: Passed

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time

Pass

Pass

2:14pm

2:14pm

Preventive Maintenance Status: Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County hichard Co. Instrument Location hichard Co.	
Instrument Serial No. 008'101 Rakinghani,	NC
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foliofour months are:	owed at least once every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;</li> </ol>	nulator thermometer shows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
I certify that on theday of, 20 / S the forgoin procedures were performed on the instrument indicated above, in accordance with current reg Department of Health and Human Services, and the instrument is functioning properly.	g preventive maintenance gulations of the N.C.
STATE OF NO CARD CARD CARD CARD CARD CARD CARD CARD	
Signature of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 09/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:10pm 3:11pm 3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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# RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 1171 Test Date: 09/26/2018 Test Time: 3:18pm 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
$\mathtt{BT}$	Pass	3:18pm

# Blank Tests

Test	Status	Time
ATR	Pass	3:19pm

#### Printer Tests

rest	Status	TTITE
PRNT	Pass	3:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:19pm
CAL	Pass	3:19pm

Preventive Maintenance
Status: Pass

Analyst

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

County Ric	hmond Co. Instrument Location Richard Co. Whey streate of
Instrument Seria	1 No. 008848 Rockingham, 1/C
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.
	the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 09/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:17pm
AIR BLK	.00	3:18pm
ACCY CHK	.07	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:23pm
ATR BLK	. 0.0	$3:24\mathrm{pm}$

Reported Ag:

.00°g/210L

Gignature 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

#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2174
Test Date: 09/26/2018 Test Time: 3:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:26pm
FLO	Pass	3:26pm
FC	Pass	3:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:26pm
SRC	Pass	3:26pm
DET	Pass	3:26pm
BAR	Pass	3:26pm
BT	Pass	3:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

#### Printer Tests

lest	Status	TTIME
PRNT	Pass	3:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:27pm
CAL	Pass	3:27pm

Preventive Maintenance Status: Pass

Anālyst

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

County	Robeson	Instrument Location	Mobile	BATUNIT
Instrument	Serial No. 008734	<del></del> -		
The preven four month	tive maintenance procedures for the s are:	Intoximeters, Model Intox E	EC/IR II to be folio	wed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		lcoholic breath simu	ulator thermometer shows
2.	Verify instrument displays til	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.			
I certify the procedures Departmen	at on the day of were performed on the instrument in that of Health and Human Services, and	, 20 indicated above, in accordance d the instrument is functioning	the forgoing ce with current regung properly.	preventive maintenance lations of the N.C.
SE S		ignature of Certifying Officia	al .	Certificate Number

# ROBESON COUNTY BAT MOBILE UNIT 4 770

Serial Number: 008734 Test Date: 09/08/2018

Citation Number: M0000000-0

Subject's Name: PRVENTIVE, MAINTENANCE

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

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

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: 702401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	8:00pm
AIR BLK	.00	8:01pm
ACCY CHK	.08	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:04pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 4 770

Serial Number: 008734

Test Record Number: 991

Test Date: 09/08/2018

Test Time: 8:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:13pm
FLO	Pass	8:13pm
FC	Pass	8:13pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:13pm
SRC	Pass	8:13pm
DET	Pass	8:13pm
BAR	Pass	8:13pm
BT	Pass	8:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:14pm
	CRC Tests	

Test	Status	Time
COMP .	Pass	8:14pm
CAL	Pass	8:14pm

Preventive Maintenance Status: Pass

Analyst

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

County	Robeson Instrument Location Mobile BATUn, 7
Instrument	Serial No
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
No. 16 STATE OF STATE	WHO ON THE STATE OF THE STATE O
	Signature of Certifying Official Certificate Number
A signed or	riginal of the preventive maintenance record shall be kept on file for at least three years.

#### ROBESON COUNTY BAT MOBILE UNIT 4 770

Serial Number: 008717 Test Date: 09/08/2018

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: TODD, SHANE C
Permit Number: 11391E
Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	8:02pm 8:03pm 8:04pm 8:04pm 8:05pm
AIR BLK	.00	8:06pm
SUB TEST	.00	mq80:8
AIR BLK	.00	8:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### ROBESON COUNTY BAT MOBILE UNIT 4 770

Serial Number: 008717

Test Record Number: 619

Test Date: 09/08/2018

Test Time: 8:14pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:14pm
FLO	Pass	8:14pm
FC	Pass	8:15pm

# Temperature Tests

Test	Status	Time
FC1	Pass	8:15pm
SRC	Pass	8:15pm
DET ·	Pass	8:15pm
BAR	Pass	8:15pm
BT	Pass	8:15pm

#### Blank Tests

Test	Status	Time
ATR	Pass	8:15pm

#### Printer Tests

Test	Status	rime
PRNT	Pass	8:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:15pm
CAL	Pass	8:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GAMPSON	_ Instrument Location_	5 AMPSON	COUNT
Instrument	Serial No. <u>008825</u>	<u> </u>	SHERIFF	3 OFFI
The prever	ntive maintenance procedures for the ns are:	Intoximeters, Model Intox	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the a legree centigrade;	lcoholic breath simulator t	hermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	· · · · · · · · · · · · · · · · · · ·	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	<b>;</b> ;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months or	ore expiration date, or the a r after 125 Alcoholic Brea	alcoholic breath th Simulator tests,
procedur	hat on the <u>J5</u> day of <u>J</u> es were performed on the instrument ent of Health and Human Services, a	EPTEMBER 20 1 ( indicated above, in accordand the instrument is function	ince with current regulatio	tive maintenance ns of the N.C.
THE OREATS AS A SECOND	TATE OCNOBINE CAROLINA CAROLINA SIGNAL SIGNA	gnature of Certifying Offic	-	648 ficate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 09/25/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:48pm 3:49pm
ACCY CHK	.07	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 2544

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:56pm

### Temperature Tests

Test	Status	Time
1.5		
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
7. TTD	Dagg	2 . E7mm
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

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

		RS, MODEL INT		
County	SAMPSON .	Instrument Location_		
Instrument Seri	al No. <u>008877</u>		GHERIF.	6'3 OFFIC
The preventive four months are	maintenance procedures for the Is	ntoximeters, Model Intox E	C/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulate	or thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	3		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	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 charwhichever occurs first.			
_	n the		ce with current regulat	
		·	<u>, 1</u>	
ON THE STATE OF	No.		,	
3				
APRIL 12, TITO	<u>Clum</u>	la Ban	<u> </u>	648
	Sign	nature of Certifying Official	Cer	tificate Number

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 09/25/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:41pm 3:42pm
ACCY CHK	.08	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Record Number: 2919

Test Date: 09/25/2018

Test Time: 3:51pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO	Pass	3:52pm
FC	Pass	3:52pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

#### Blank Tests

Test	Status	Time
ATR	Pass	3 : 53rpm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:53pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:53pm
CAL	Pass	3:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location / DUNY HIRY
Instrument Se	erial No. 2008943 Police Department
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.
I certify that procedures v Department	t on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE OF COMPANY OF THE PROPERTY OF THE PROPERT	

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 09/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

06/01/2018-06/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	4:22pm 4:23pm 4:23pm 4:24pm <b>4:25pm</b> 4:26pm
SUB TEST	.00	4:27pm
AIR BLK	<b>/</b> .00	4:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 2041
Test Date: 09/26/2018 Test Time: 4:29pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO	Pass	4:29pm
FC	Pass	4:29pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4:29pm
BT	Pass	4:29pm

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	4:30pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	4:30pm 4:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECHA II
County	urry Instrument Location Pilot Weuntain
Instrument Ser	rial No. 008938 Police Department
four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of, 20, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CORE STATE IN COURT OF THE CORE OF THE COR	

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 09/26/2018

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 620
Test Date: 09/26/2018 Test Time: 2:47pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:48pm
CAL	Pass	2:48pm

Preventive Maintenance Status: Pass

Analyst

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

_	INTOANTETERS, MODEL INTOALECTER
County	Purry Instrument Location Surry Wurty Jail
Instrument Se	erial No. <u>008934</u> <u>Dobson</u> , N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3,	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the day of <u>PHMBE</u> , 20/S, 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.
OF THE STATE OF TH	Section of the sectio

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 09/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

06/01/2018-06/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:34pm
AIR BLK ACCY CHK	.00	3:35pm 3:36pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:39pm
ATR RIK	00 ノ	$3 \cdot 40 \text{ pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 1945

Test Date: 09/26/2018

Test Time: 3:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:42pm
FLO	Pass	3:42pm
FC	Pass	3:42pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:42pm 3:42pm
DET	Pass	3:42pm
BAR	Pass	3:42pm
BT	Pass	3:42pm

#### Blank Tests

lest	Status	'l'ıme
7 TD	Dagg	3 • A 2 rom

### Printer Tests

TESC	Status	TTIME
PRNT	Pass	3:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:43pm
CAL	Pass	3:43pm

Preventive Maintenance Status: Pass

Analyst

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

County 50	vain	Instrument Location Cheron	kee Tribal Der
Instrument Ser	rial No. <u>008782</u>	cherokee, N	<u>(c</u>
The preventive four months ar		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	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expiration anged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	ere performed on the instrument i	ndicated above, in accordance with curd the instrument is functioning properly	rent regulations of the N.C.
STATE OF THE STATE	STORE CAROLINA	IR Cuth	635
		ignature of Certifying Official	Certificate Number

### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 09/25/2018

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:32am 9:33am 9:34am 9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782

Test Record Number: 1067

Test Date: 09/25/2018

Test Time: 9:39am EDT

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

#### Blank Tests

Test	Status	Time
7. TD	Pagg	9 • 4 0 a m

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:41am

Preventive Maintenance Status: Pass

Pass

9:41am

CAL

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

and designation of the same of	INTUATIVE LERS, MODEL INTO ECHNIC
County /	Instrument Location //RRELL CO. S. D.
Instrument Seria	11 No. 008902 412 MAINST, Columbia, N.C.
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
<b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the day of september, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
	in die George George Georg Benedictuur George
THE STATE OF	NORTH CARE

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Signature of Certifying Official

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 09/24/2018

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:06pm 1:07pm
ACCY CHK	.07	1:07pm
AIR BLK SUB TEST	.00 .00	1:08pm 1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 774
Test Date: 09/24/2018 Test Time: 1:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:14pm 1:14pm

Preventive Maintenance Status: Pass

Analyst

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

County UA	NE	Instrument Location SAT MO	APIE UNSTG
Instrument Se	rial No. <u>00 9574</u>	Hendenson	
The preventiv		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures v Department	vere performed on the instrument	indicated above, in accordance with cur and the instrument is functioning proper	egoing preventive maintenance trent regulations of the N.C. ly.
OTHE STATE OF THE	E CAROLINA C		<i>6</i> 63
	Si	gnature of Certifying Official	Certificate Number

VANCE COUNTY BAT MOBILE UNIT 6 900

Serial Number: 008584

Test Date: 09/28/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	9:15pm
AIR BLK	.00	9:16pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
ATR BLK	. 00	9:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY BAT MOBILE UNIT 6 900

Serial Number: 008584 Test Record Number: 2231 Test Date: 09/28/2018 Test Time: 9:29pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:29pm
FLO	Pass	9:29pm
FC	Pass	9:29pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
BT	Pass	9:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:30pm
CAL	Pass	9:30pm

Preventive Maintenance Status: Pass

Analyst

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

County U	ANCE Instrument Location SAT MONDE UND 6
Instrument Se	erial No. OOY179 HENDENSON
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	day of <u>Semanth</u> , 20/1, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

VANCE COUNTY BAT MOBILE UNIT 6 900

Serial Number: 008779 Test Date: 09/28/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

09/22/2017-09/01/2019

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

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

Test	g/210L	Time
DIAG AIR B <b>L</b> K	Pass	9:14pm 9:15pm
ACCY CHK	.07	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# VANCE COUNTY BAT MOBILE UNIT 6 900

Serial Number: 008779

Test Record Number: 3510

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:24pm 9:24pm
FC	Pass	9:24pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:24pm 9:24pm
DET	Pass	9:24pm
BAR BT	Pass Pass	9:24pm 9:24pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	9:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:25pm
CAL	Pass	9:25pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Instrument Location SAT MOIDTE UND C
Instrume	Serial No. 008C37 HANDERSON
The prev	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	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 tes whichever occurs first.
procedu	nat on theday of, 20, the foregoing preventive maintenances were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
OREAL SE	ATE of Cartificial Certificate Number

VANCE COUNTY BAT MOBILE UNIT 6 900

Serial Number: 008637 Test Date: 09/28/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:12pm 9:13pm
ACCY CHK	.07	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### VANCE COUNTY BAT MOBILE UNIT 6 900

Serial Number: 008637

Test Record Number: 2946

Test Date: 09/28/2018

Test Time: 9:22pm EDT

# System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

#### Blank Tests

Test	Status	Time
ΔTP	Dagg	9 • 23 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:24pm

Preventive Maintenance Status: Pass

Analyst

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

County W	ashington	Instrument Loca	ntion <u>Wa</u>	shington (o. S.O.
Instrument S	erial No. <u>00 8829</u>	Adams	St.,	Plymonte, NC.
The preventi		e Intoximeters, Model	Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		r the alcoh	olic breath simulator thermometer show
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence;	•		
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath s	ample;	
7.	When "PLEASE BLOW" a	ppears, collect breath s	ample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.				expiration date, or the alcoholic breather 125 Alcoholic Breath Simulator tests,
		indicated above, in acc	ordance w	the forgoing preventive maintenance vith current regulations of the N.C. properly.
LATES STATES STA	E ON OR HALL CAROLINA TO A CONTROL OF THE CAR	۸		1.42
	Koly	Signature of Certifying	Official	Certificate Number

### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 09/27/2018

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: 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 .00	10:22am 10:23am
ACCY CHK AIR BLK	.00	10:23am 10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 873

Test Date: 09/27/2018 Test Time: 10:29am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
rest	Status	ттше

AIR Pass 10:30am

### Printer Tests

Test	Status	Time
· · · · · · · · · · · · · · · · · · ·		

PRNT Pass 10:30am

CRC Tests

Test Status Time

COMP Pass 10:31am CALPass 10:31am

Preventive Maintenance Status: Pass

Analyst

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

	INTUXIMETERS, MODEL INTUX EC/IR II
County Wa	ishington Instrument Location Washington (o. S.
Instrument Ser	ishington Instrument Location Washington Co. S. ial No. 008829 Adams St., Plymonth, N.C.
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the day of <u>septembe</u> , 20/3 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 09/12/2018

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

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

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

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

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

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

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

Reported 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

Analyst

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 869 Test Date: 09/12/2018 Test Time: 10:28am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass.	10:28am

#### Blank Tests

Test	Status	Time
	•	

AIR Pass 10:29am

#### Printer Tests

Test	Status Time	
PRNT	Pass 10:29a	m

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Wayne	Instrument Location Mayne	Co. Detention CT
Instrument Serial No	19 207 E. CHESTAUT S	T., Goldsboro, A
The preventive maintenance procedures four months are:	for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
	s canister displays pressure, or the alcoholic bre inus .2 degree centigrade;	eath simulator thermometer shows
2. Verify instrument dis	plays time and date;	
3. Initiate breath test seq	quence;	
4. Enter information as p	prompted;	
5. Verify instrument acc	euracy;	
6. When "PLEASE BLO	OW" appears, collect breath sample;	
7. When "PLEASE BLO	OW" appears, collect breath sample;	•
8. Print test record;		- 1 - 12年
9. Verify Diagnostic Pro	ogram; and	
10. Verify that the ethance simulator solution is whichever occurs first	ol gas canister is being changed before expiration being changed every four months or after 125 A.t.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures were performed on the instr	f	rent regulations of the N.C.
O'THE STATE OF NO.		
Section 1		
ARE 12. TO	Jinda Kees	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.

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 09/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:32pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FinchA-Kesse
Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1072 Test Date: 09/26/2018 Test Time: 1:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:40pm
FLO	Pass	1:40pm
FC	Pass	1:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
BT	Pass	1:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:41pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

1:41pm

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

County Wa	tauga	Instrument Location Water Us	ga Co Jacl
Instrument S	erial No. <u>008715</u>	Instrument Location Water	· NC
The preventi four months		toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic brea gree 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	Ļ.	
10.		ster is being changed before expiration ged every four months or after 125 Al	
I certify that procedures v Department	on the <u>29</u> day of <u>5e</u> were performed on the instrument indi of Health and Human Services, and th	icated above, in accordance with current is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STAT STATE OF STATE O	S VORTH CAROLINA		649
	Signa	ature of Certifying Official	Certificate Number

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 09/29/2018

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

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

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

Analyst's Name: 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	Pass .00 .08	12:45pm 12:46pm 12:47pm
ACCY CHK	.00	12:47pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY WATAUGA JAIL 940

Test Record Number: 2165 Serial Number: 008715

Test Date: 09/29/2018 Test Time: 12:53pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	status	Time
AIR	Pass	12:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:54pm

Preventive Maintenance Status: Pass

Pass

12:54pm

CAL

**Analyst** 

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

1.0	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Instrument Location Wilson Co. Detention C
Instrument Se	rial No. 008627 1006. Green ST., Wilson, N.C.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the day of September, 20 18 the forgoing 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	A COLUMN CAROL CAR

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

Signature of Certifying Official

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 09/20/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:34pm 12:35pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
ATR BLK	. 0.0	12.400m

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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Department of Health and Human Services
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#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2249 Test Date: 09/20/2018 Test Time: 12:42pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:43pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:43pm 12:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II	
County 1/1501 Instrument Location 1/5	n Co. Petentson Co
Instrument Serial No. DO8652 100E. Greens	ST., WILSON, N.C.
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR four months are:	II to be followed at least once every
1. Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer shows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.	
I certify that on the day of September 20 for procedures were performed on the instrument indicated above, in accordance with Department of Health and Human Services, and the instrument is functioning properties.	the forgoing preventive maintenance current regulations of the N.C. perly.
THE STATE OF NO. 1715 AND 1715	

Signature of Certifying Official

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: 09/20/2018

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

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

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

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

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

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

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

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

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Department of Health and Human Services
Rev. 12/2007

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#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3163 Test Date: 09/20/2018 Test Time: 12:44pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:44pm 12:44pm
DET	Pass	12:44pm
BAR BT	Pass Pass	12:44pm 12:44pm
	1 455	**. * * D

#### Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:45pm

12:45pm

Preventive Maintenance Status: Pass

Pass

CAL

Jinier Kess Analyst