PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Union Instrument Location Union County SU
Instrumen	t Serial No. 008866 3344 Presson R.J., Monroe
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	hat on the day of day of , 20 17, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
TO SEST AND SESTIAL SEST	Signature of Certifying Official Certificate Number

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

Amended 24-21-2019

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bes	instrument Location Beaufair Co. Courthous
Instrument Seria	Al No. DO 8909 100 F. SOR ST. WAShingTOW, N
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
OF WAY 20. 175 A	ORIH CAROUNA

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 04/18/2017

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

Subject'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:
08/01/2015-08/01/2017

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 2689

Test Date: 04/18/2017 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO FC	Pass Pass	12:15pm 12:15pm
	* U.D.D	

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
DD170	_	
PKMT.	Pass	12:16pm

CRC Tests

Test	Status	Time
COMP	Pass	12:16pm
CAL	Pass	12:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTUAIMETERS, MODEL INTOX EC/IR II
County Se	author Instrument Location Beautoit Co. Courthous
Instrument Se	rial No. 008586 102 F. Qne ST., WashingToN, N.C.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	, were \$1
OF WATER TO THE STATE OF THE ST	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 04/18/2017

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

Subject'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: 08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:00pm 12:01pm 12:02pm 12:03pm 12:04pm 12:05pm 12:07pm
AIR BLK	00	12:08pm

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 04/18/2017 Test Record Number: 1278

Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:12pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Buncombe Instrument Location But mobile Unit 1
Instrumen	t Serial No. <u>00 8973</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
STATE OF THE CONTROL	(M V Joh) 454
	Signature of Certifying Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 04/29/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:13pm 9:13pm 9:14pm 9:15pm 9:15pm 9:16pm
SUB TEST	.00	9:17pm 9:18pm
THE PLANT	. 0 0	2 • ±0 PIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Record Number: 306 Test Date: 04/29/2017 Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
${f BT}$	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm
	CDC Tests	

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	Unionise Instrument Location Bar Mobile Unit 11
Instrument S	Serial No. <u>00 8970</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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of, 20/, 20/ the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATI	E C A O C A ROLL A ROLL A C A ROLL A ROLL A C A ROLL A
MAND 350	Signature of Certifying Official Certificate Number
	Signature of Cetafying Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 04/19/2017

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

Subject'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: 08/01/2015-08/01/2017

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

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:09pm 9:10pm 9:11pm 9:12pm 9:12pm 9:13pm 9:15pm
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MV do

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Record Number: 298
Test Date: 04/19/2017 Test Time: 9:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

Printer Tests

Test	Status	Time
יזינאנונו	Dagg	0 10
PRNT	Pass	9:19pm

CRC Tests

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

Preventive Maintenance Status: Pass

MVJov
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Buncombe Instrument Location But Mobile Unit 1
Instrument S	Serial No
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 very department of the contraction of the co	on the
THE STATI	
	Signature of Certifying Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 04/19/2017

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

Subject'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:

08/01/2015-08/01/2017

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

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:03pm 9:04pm 9:04pm 9:05pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M V John

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Record Number: 297 Test Date: 04/19/2017 Test Time: 9:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:11pm 9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

Printer Tests

PRNT	Pass	9:12pm

CRC Tests

rest	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance Status: Pass

Analyst 2

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County C	Obactus Instrument Location Cabactus County SD
	Instrument Seri	ial No. 008590 30 Corban Ave., Concord
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
j.	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
-	procedures we	n the
	OTHE STATE OF THE	Signature of Certifying Official Certificate Number
i.		<i>y</i> -

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 2805

Test Date: 04/26/2017

Test Time: 12:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:55pm

Temperature Tests

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

Blank Tests

Test	Status	Time
_ L L L L	Deacas	

AIR Pass 12:55pm

Printer Tests

Time Test Status PRNT Pass 12:55pm

CRC Tests

Test Status Time

COMP 12:55pm Pass CAL Pass 12:55pm

Preventive Maintenance Status: Pass

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 Exp. Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:59pm 1:00pm 1:00pm 1:02pm
AIR BLK	.00	1:02pm 1:03pm
SUB TEST	.00	1:06pm

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 600	INTOAMILIERS, MODEL INTO A EC/IK II
County (-()	Instrument Location Cabassus County Sil
Instrument Ser	ial No. 008625 30 Corban Ave., Concord
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence,
4.	Enter information as prompted;
5.	Verify instrument accuracy;
	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
. 9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day of 2000, 2017 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE 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.

DHHS 4080 (11/07)

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 04/26/2017 Test Record Number: 4556
Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm

CRC Tests

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 04/26/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2016-01/01/2018

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

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.08	12:44pm
AIR BLK	. 0 0	12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
ATR BLK	0.0	12 · 49mm

Reported AC: .00 g/210L

Signature of Chemical Aralyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

acres.	INTOXIMETERS, MODEL INTOX EC/IR II
County _	aba(1VS Instrument Location Caba(1VS County S
Instrument S	erial No. 008792 30 Corban Ave., Concord
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	O(±) A\
STATI ST	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 04/26/2017 Test Record Number: 2472 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
\mathtt{BT}	Pass	12:16pm

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 12:17pm

CAL Pass 12:17pm

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:20pm 12:20pm 12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	abasses Instrument Location Kansasoks PD
Instrument Se	Marcon 1601 1 11 11
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of 20(1), 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 2670

Test Date: 04/26/2017

Test Time: 1:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:58pm 1:58pm
FC	Pass	1:58pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:58pm 1:58pm
DET	Pass	1:58pm
BAR	Pass	1:58pm
BT	Pass	1:58pm

Blank Tests

Test	Status	Time

AIR Pass 1:59pm

Printer Tests

PRNT Pass 1:59pm	Test	Status	Time
	PRNT	Pass	1:59pm

CRC Tests

Test	Status	Time
COMP	Pass	1:59pm
CAL	Pass	1:59pm

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
-10	•	
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Q0 g/210L Report de

Signature of Chemical Ahalyst

Court CVR

Analyst

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

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

Signature of Cértifying Official

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 04/24/2017 Test Record Number: 2453

Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
${ t FLO}$	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

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

Blank Tests

Test Time Status

AIR Pass 12:03pm

Printer Tests

Test Status Time

PRNT Pass 12:03pm

CRC Tests

Test Time Status

COMP Pass 12:03pm CALPass 12:03pm

Preventive Maintenance Status: Pass

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 04/24/2017

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

Subject'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:
01/01/2016-01/01/2018

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

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	12:05pm
AIR BLK	.00	12:05pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm

Reported AC: 00 g/210L

Signature of Chemical

Court CVR

Analyst

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	leveland Instrument Location Cleve and County SU-An
Instrument Seri	al No. 008893 407 M Brayer St., Shelby
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.
	14h 17
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893 Test Record Number: 1495

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
\mathtt{BT}	Pass	11:48am

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test	Status	l'ime
PRNT	Pass	11:49am

CRC Tests

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

Preventive Maintenance Status: Pass

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893 Test Date: 04/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	11:52am 11:52am
AIR BLK	.08	11:53am 11:54am
SUB TEST	.00	11:54am
AIR BLK SUB TEST	.00 .00	11:55am 11:57am
AIR BLK	.00	11:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOA EC/IR II
County(Currituele Instrument Location Currituel Co. 50-(810)
Instrument Se	erial No. 008949 1123 Ocean trail, Cosolla, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of Atti/, 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.
OTHE STATE	
	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 04/27/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:39pm
ACCY CHK	.07	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
ATR BLK	0.0	1 : 45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Cere

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 426

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	s Time	
PPNT	Dagg	1 · 47mm	

CRC Tests

Test	Status	Time
COMP	Pass	1:47pm
\mathtt{CAL}	Pass	1:47pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch	erokee Instrument Location Cherokee Co. Jail
Instrument Seria	1 No. 008711 Murphy, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the
THE STATE OF THE	
OLAM NIV	Elit K. Cutter 635
	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 04/06/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8457E

Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:23am 11:24am 11:24am 11:25am 11:26am 11:27am
SUB TEST	. 0.0	11:28am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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and the same of the contract of the property o

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

Department of Health and Human Services Rev. 12/2007

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711

Test Record Number: 877

Test Date: 04/06/2017

Test Time: 11:31am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:32am

Temperature Tests

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

Blank Tests

Test	Status	Time	
ΔTD	Dagg	11.32am	

Printer Tests

Test	Status	Time
	Dean	- 11 - 20
DKM.I.	Pagg	

CRC Tests

Test	Status	Time
COMP	Pass Pass	11:32am

Preventive Maintenance Status: Pass

Onif R. Cuth-

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch	Instrument Location Cherokee Co. Jail
Instrument Seria	INO. 008622 Murphy, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of
OF THE STATE OF A LONG TO THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 04/06/2017

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

Subject'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: 8457E
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG607502 Exp Date: 03/15/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622

Test Record Number: 987

Test Date: 04/06/2017

Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	11:30am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Open	GERLAND.	Instrumen	t Location <u> GA</u> て	HOBILE	WAIT THE
Instrument Seria	INO. <u>00 887/</u>				·
The preventive four months are	naintenance procedures for the In	toximeters, M	Model Intox EC/IR	II to be followe	ed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg			c breath simula	ator 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 be	eath sample;		
7.	When "PLEASE BLOW" appe	ars, collect be	eath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	I	Ť		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.				
procedures were	theday ofh\ldot\delta\	cated above,	in accordance with	current regula	reventive maintenance tions of the N.C.
CHEVIATE OF THE STATE OF THE ST	OS: HE CAROLINA	3			661
	Signa	ature of Certi	fying Official		ertificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

> Serial Number: 008871 Test Date: 04/28/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, JOCK B
Permit Number: 20630E
Effective:
05/01/2016-05/01/2018

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

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:44pm 10:45pm 10:46pm 10:47pm 10:48pm 10:49pm
SUB TEST	.00	10:50pm
ATR RIK	0.0	10.51pm

Reported AC: .00 g/210L

Signatur of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008871

Test Record Number: 881

Test Date: 04/28/2017 Test Time: 10:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55pm
FLO	Pass	10:55pm
FC	Pass.	10:55pm

Temperature Tests

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

Blank Tests

Status Time Test

10:56pm AIR Pass

Printer Tests

Time Test Status

PRNT 10:56pm Pass

CRC Tests

Status Test Time

COMP Pass 10:56pm 10:56pm CAL Pass

沈atus: Pass

Preventive Maintenance

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cur	ABERLAND Instrument Location BAT MORILE UNIT THE
Instrument Ser	ial No. 0067!7
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
* * • 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
STATE STATE OF THE	(00)
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 4
250

Serial Number: 008717 Test Date: 04/28/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENACE

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

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

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

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:42pm 10:43pm 10:44pm 10:45pm 10:46pm
AIR BLK	.00	10:47pm
SUB TEST	.00	10:48pm
AIR BLK /	.00	10:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008717 Test Date: 04/28/2017 Test Record Number: 546
Test Time: 10:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:51pm
FLO	Pass	10:51pm
FC	Pass	10:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:51pm
SRC	Pass	10:51pm
DET	Pass	10:51pm
BAR	Pass	10:51pm
BT	Pass	10:51pm

Blank Tests

Test Status Time

AIR Pass 10:52pm

Printer Tests

Test Status Time

PRNT Pass 10:52pm

CRC Tests

Test Status Time

COMP Pass 10:52pm CAL Pass 10:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County <u>CAS</u>	well			Co Defention C.
	Instrument Serial	No. 008593	231 Comby	PARK Ro	YANCYUILLE 1
	The preventive m four months are:	aintenance procedures for the In	toximeters, Model Into	x EC/IR II to be fol	lowed at least once every
		Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		e alcoholic breath si	mulator thermometer shows
	2.	Verify instrument displays time	and date;		
	3.	Initiate breath test sequence;			
	4.	Enter information as prompted;		'	
	5.	Verify instrument accuracy;	er e		
	6.	When "PLEASE BLOW" appe	ars, collect breath samp	ole;	,
eri.	7.	When "PLEASE BLOW" appe	ars, collect breath samp	ole;	··
	8.	Print test record;			
	9.	Verify Diagnostic Program; and	!		
		Verify that the ethanol gas canic simulator solution is being chan whichever occurs first.			
	I certify that on the procedures were procedures were properties to the procedures of He	eday of	, 20 , , 20 , 20 , according to the instrument is function	0 / / / the forgoinance with current responding properly.	ng preventive maintenance gulations of the N.C.
	OTHE STATE OF NO.	A A	as 5		662
g (Sign	ature of Certifying Offi	icial	Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 04/05/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

g/210L

Test

Report ed/

Time

DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.08	2:19pm
AIR BLK	.00	2:20pm
CITE TECT	0.0	2 • 21 mm

AIR BLK .00 2:20pm SUB TEST .00 2:21pm AIR BLK .00 2:22pm

SUB TEST .00 2:23pmAIR BLK .00 2:24pm

AIR BLK .00 2:24pl

A / Kas Form

Signature of Chemical Analyst

Court CVR

Analyst

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1432

Test Date: 04/05/2017

Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR -	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

rest	Status	TTIIIE
PRNT	Pass	2:26pm

CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyC	RAVEN	Instrument Location		BILE	DOIT C
Instrument Seri	al No. <u>308647</u>		RIVER	BEND,	MC
The preventive four months are	maintenance procedures for the In	ntoximeters, Model Intox	EC/IR II to be fol	lowed at least	once every
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath si	mulator therm	ometer shows
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	• ?			
5.	Verify instrument accuracy;			,	
6,	When "PLEASE BLOW" app	ears, collect breath samp	le;	·	
7.	When "PLEASE BLOW" app	ears, collect breath samp	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	nd ·			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed beinged every four months	fore expiration dat or after 125 Alcoho	e, or the alcoholic Breath Sin	olic breath nulator tests,
I certify that or procedures we Department of	n the day of April 100 the performed on the instrument in Health and Human Services, and	dicated above, in accordathe instrument is function	the forgoince with current realing properly.	ing preventive egulations of th	maintenance ne N.C.
OF THE STATE OF TH					
William Control	Ulliam R. e.	nature of Certifying Offic		Certificate	
	Sig	mature of Certifying Office	iai	Certificate	mannoer

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008647 Test Date: 04/08/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

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

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:25pm 9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
ATR BLK	-00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008647

Test Record Number: 2315

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
\mathtt{BT}	Pass	9:32pm

Blank Tests

Test	Status	Time

AIR Pass 9:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm

CRC Tests

Test	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DURHAM	Instrument Location Dunham Go JAIL		
Instrument Serial No. 008878	Duham NL		
The preventive maintenance procedures for the Infour months are:	toximeters, Model Intox EC/IR II to be followed at least onc	e every	
1. Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	lisplays pressure, or the alcoholic breath simulator thermometree centigrade;	eter shows	
2. Verify instrument displays time	and date;		
3. Initiate breath test sequence;			
4. Enter information as prompted;			
5. Verify instrument accuracy;		•	
6. When "PLEASE BLOW" 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 can simulator solution is being charwhichever occurs first.	ster is being changed before expiration date, or the alcoholic ged every four months or after 125 Alcoholic Breath Simula	breath itor tests,	
I certify that on the	Apair , 20 / 7 the forgoing preventive ma icated above, in accordance with current regulations of the Note instrument is functioning properly.	intenance J.C.	
STATE OF NORTH AND A STATE OF	(S.		
* tost quantion * *	TO LAND 12 THE TOTAL THE T		
Sign	ature of Certifying Official Certificate Nu	mber	

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 04/07/2017

Citation Number: M0000000-0

Subject's Name: PEVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time

DIAG	Pass	7:41am
AIR BLK	.00	7:42am
ACCY CHK	.08	7:42am
AIR BLK	.00	7:44am
SUB TEST	.00	7:44am
AIR BLK	.00	7:45am
SUB TEST	.00	7:47am
AIR BLK	.00	7:48am

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 3895

Test Date: 04/07/2017

Test Time: 7:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 7:50am

Printer Tests

Test Status Time

PRNT Pass 7:50am

CRC Tests

Test Status Time

COMP Pass 7:50am CAL Pass 7:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Duy	RHAM Instrument Location Durham Country JAIL
Instrument Serial	No. 008891 219 5. Mangan ST Duham NE
	Duham NE
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	whichever occurs first.
I certify that on a procedures were Department of H	the
OTH STATE OF A	OQUITE CAROLING
* APRIL 12, 1780 * ESSE QUAN VIDEN	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Continuate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 04/07/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:39am
AIR BLK	.00	7:40am
ACCY CHK	.08	7:41am
AIR BLK	.00	7:42am
SUB TEST	.00	7:42am
AIR BLK	.00	7:43am
SUB TEST	.00	7:45am
ATR BIK	. 00	7:46am

Reported AC: .00 0/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3512

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:47am 7:47am
FLO	Pass	/:4/a.iii
FC	Pass	7:47am

Temperature Tests

Test	Status	Time
FC1	Pass	7:47am
SRC	Pass .	7:47am
DET	Pass	7:47am
BAR	Pass	7:47am
BT	Pass	7:47am

Blank Tests

Time

AIR Pass 7:48am

Printer Tests

rest	Status	TIME
ידואכונו	Dace	7 • /l 🛭 🗆 m

CRC Tests

Test	Status	Time
COMP	Pass	7:48am
CAL	Pass	7:48am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DURHAM	Instrument Location <u>Ωυν θ</u> φ	m Go JAIL
Instrument Serial No. 008859	219 5. Ma Duham NC	ingum 57
<u> </u>	Duham ac	
The preventive maintenance procedures for four months are:	the Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1. Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic b .2 degree centigrade;	reath simulator thermometer shows
2. Verify instrument display	s time and date;	
3. Initiate breath test sequen	ce;	
4. Enter information as pron	npted;	
5. Verify instrument accurac	ey;	
6. When "PLEASE BLOW"	appears, collect breath sample;	
7. When "PLEASE BLOW"	appears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic Program	m; and	
	s canister is being changed before expirate g changed every four months or after 125	
I certify that on theday ofday of		irrent regulations of the N.C.
THE STATE OF NO. 1778. AND 20. 1778. CAROLLE STATE OF NO. 1778. AND 20. 1778.	les Brais	642
	Signature of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 04/07/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	7:38am 7:39am 7:40am 7:41am
SUB TEST	.00	7:42am
AIR BLK	.00	7:43am
SUB TEST	.00	7:44am
ATP BIK	- 0.0 	7:45am

Reported AC: ____0g g

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 2106

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:51am
FLO	Pass	7:51am
FC	Pass	7:51am

Temperature Tests

Test	Status	Time
FC1	Pass	7:51am
SRC	Pass	7:51am
DET	Pass	7:51am
BAR	Pass	7:51am
BT ·	Pass	7:51am

Blank Tests

Test Status Time

AIR Pass 7:52am

Printer Tests

Test Status Time

PRNT Pass 7:52am

CRC Tests

Test Status Time

COMP Pass 7:52am
CAL Pass 7:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

÷	County <u>E</u>	gecombe (o. Massistrate	7. Aces
	Instrument Se	rial No. 008588 Office, 300 S. Amaronda Rd., Tark) X)
	The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
red in	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
		on the	
	STATE OF STA	NORTH CARD	
	EST QUAN'V	Kell 1 (643	
rac Ya		Signature of Certifying Official Certificate Number	

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008588 Test Date: 04/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:41am 9:42am 9:42am 9:43am
SUB TEST	.00	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008588

Test Record Number: 905

Test Date: 04/04/2017

Test Time: 9:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	T1-me
FC1	Pass	9:51am
SRC	Pass	9:51am
DET	Pass	9:51am
BAR	Pass	9:51am
BT	Pass	9:51am

Blank Tests

Test	Status	Time

AIR Pass 9:52am

Printer Tests

Test	Status	Time
דמאק	Dagg	9 · 52am

CRC Tests

Test	Status	Time
COMP	Pass	9:52am
CAL	Pass	9:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County FA	IAMLIN Instrument Lo	cation FRANKLINGE	n PD
ger war	Instrument Se	erial No. <u>008815</u> # 7 W	estion FRANKLINGE 1257 MASON S Whyton, PVC	67
	The preventiv	ve maintenance procedures for the Intoximeters, Mod		
	1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic breath sim	ulator thermometer shows
_	2.	Verify instrument displays time and date;		
1 1	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		
	5.	Verify instrument accuracy;		
right .	6.	When "PLEASE BLOW" appears, collect breat	h sample;	
	7.	When "PLEASE BLOW" appears, collect breat	h sample;	
	8.	Print test record;		
•	9.	Verify Diagnostic Program; and		
	10.	Verify that the ethanol gas canister is being chars simulator solution is being changed every four myhichever occurs first.	iged before expiration date, nonths or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
	I certify that procedures v Department	t on the <u>27</u> day of <u>April</u> were performed on the instrument indicated above, in t of Health and Human Services, and the instrument	_, 20 <u>/7</u> _, the foregoing accordance with current re is functioning properly.	preventive maintenance egulations of the N.C.
	TATE STATE S		ng Official	Certificate Number
	A signed ori	iginal of the preventive maintenance record shall be k	ept on file for at least three	years.

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 04/27/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:35am 10:36am 10:37am 10:38am
AIR BLK SUB TEST	.00 .00	10:39am 10:40am
AIR BLK	.00	10:41am

Reposited AC: <00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 1076

Test Date: 04/27/2017

Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:45am 10:45am
FC	Pass	10:45am

Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

Blank Tests

Test Status Time

AIR Pass 10:45am

Printer Tests

Test Status Time

PRNT Pass 10:45am

CRC Tests

Test Status Time

COMP Pass 10:46am CAL Pass 10:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FRANKLIN Instrument Location FRANKLIN CO LEC
Instrumen	t Serial No. 008933 285 T. Kemp RD Louishus, NC
The prevention	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	hat on the 27 day of April , 20 17, the foregoing preventive maintenance
	es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
CORPATION OF STATE OF	TATE OF NOTE TO SERVICE STATES 142
	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 04/27/2017

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

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 856

Test Date: 04/27/2017

Test Time: 9:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:52am
SRC	Pass	9:52am
DET	Pass	9:52am 9:52am
BAR	Pass	9:52am
BT	Pass	9:52am

Blank Tests

Test	Status	Time

AIR Pass 9:53am

Printer Tests

Test	Status	Time
PRNT	Pass	9:53am

CRC Tests

Test	Status	Time
COMP	Pass	9:53am
CAL	Pass	9:53am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FRANKLIN	Instrument Location FRANKI	IN COLEC
Instrument Serial No. OOF942	284 T. Ke.	mp Ro
	285 T. Kei Louisburg, r	J 6.
The preventive maintenance procedures for the four months are:		
1. Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer shows
2. Verify instrument displays tir	me and date;	
3. Initiate breath test sequence;		
4. Enter information as prompte	ed;	est in
5. Verify instrument accuracy;		
6. When "PLEASE BLOW" ap	ppears, collect breath sample;	
7. When "PLEASE BLOW" ap	pears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic Program; a	and	
	nnister is being changed before expiration anged every four months or after 125	
I certify that on the 27 day of procedures were performed on the instrument in Department of Health and Human Services, and		
OF THE STATE OF NO.		
* COR QUAN VIDEN *	es Draning	642
Sí	gnature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 003942 Test Date: 04/27/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: ONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:23am
AIR BLK	. 00	9:24am
ACCY CHK	.08	9:24am
AIR BLK	.00	9:25 am
SUB TEST	.00	9:26am
AIR BLK	, 00	9:27am
SUB TEST	.00	9:28am
ATP BLK	OΩ	9-29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 1205

Test Date: 04/27/2017

Test Time: 9:32am EDT()

System Check: Passed -

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:32am
SRC	Pass	9:32am
DET	Pass	∋:32am
BAR	Pass	9:32am
BT	Pass	🤈:32am

Blank Tests

Test	Status	Time
AIR	Pass	9:33am

Printer Tests

Test	Status	Filme
END NUT	Pass	9:33a m

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 2670

Test Date: 04/24/2017

Test Time: 1:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:48pm 1:48pm
F'C'	Pass	1:49pm

Temperature Tests

Test	Status	Time
FCL	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
ΒT	Pass	1:49pm

Blank Tests

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

AIR Pass 1:49pm

Printer Tests

Test	Status	T TIII @
7. W. S. V. T.	- D	1 40mm
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 003643 Test Date: 04/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
D#86	Dagg	1:52pm
DIAG	Pass	
AIR BLK	.00	1:53pm
ACCY CHK	.07	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm

Reputated AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

County HALIFAY	_ Instrument Location ROArsoka RAPIDS PD
Instrument Serial No. 008056	1040 RUANULO AUR
	ROSMOR RAPIds, NC
The preventive maintenance procedures for the four months are:	Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2. Verify instrument displays ti	me and date;
3. Initiate breath test sequence;	
4. Enter information as prompte	ed;
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" ap	pears, collect breath sample;
7. When "PLEASE BLOW" ap	pears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; a	and
	nnister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the 26 day of Approcedures were performed on the instrument in Department of Health and Human Services, and	, 20 /7 the forgoing preventive maintenance ndicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
TO THE STATE OF NO. 1777 AND THE CAROLINA CAROLI	
Jef-4)	Ces Braces 642
Si	gnature of Certifying Official Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 557

Test Date: 04/26/2017

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	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
\mathtt{BT}	Pass	2:16pm

Blank Tests

Test	Status	Time

AIR Pass 2:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

CRC Tests

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

Preventive Maintenance Status: Pass

nalvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HALIFAX		Instrument Location	on ROANUKE	RAPIOS PD
Instrument Serial No	108635	1040 Ro. Roanole	moke Ac RAPIDS	NC
The preventive maintenance four months are:	procedures for the In		,	followed at least once every
1. Verify the 34 degree	ethanol gas canister of s, plus or minus .2 deg	displays pressure, or tl gree centigrade;	he alcoholic breath	simulator thermometer shows
2. Verify ins	trument displays time	and date;		·
3. Initiate br	eath test sequence;			
4. Enter info	rmation as prompted;			
5. Verify ins	trument accuracy;			
6. When "PL	EASE BLOW" appe	ars, collect breath sam	nple;	
7. When "PI	EASE BLOW" appe	ars, collect breath sam	nple;	
8. Print test i	ecord;			
9. Verify Dia	agnostic Program; and	l .		
 simulator	t the ethanol gas canis solution is being chan occurs first.	ster is being changed t ged every four month	pefore expiration de s or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
 I certify that on the 26 procedures were performed Department of Health and H	day of	cated above, in according instrument is function	20_/7 the forg dance with current oning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF NO PLANTS OF THE STATE OF NO PLANTS OF THE STATE OF NO PLANTS OF THE STATE OF THE S	11			
 * date Quam vion *	Hole	S AUA ature of Certifying Off	<i>09</i>	662 Certificate Number
	Signa	mare or Certifying Off	ividi	Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:01pm 2:02pm 2:03pm 2:04pm 2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:07pm
ATR BLK	.00	2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635

Test Record Number: 1581

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
\mathtt{BT}	Pass	2:14pm

Blank Tests

Pass AIR 2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County /	HALIFAX Instrument Location HALIFAY G. SLOWER'S OFFICE
	Instrument Ser	ial No. 008695 355 Fevrell Cn.
· · · · · · · · · · · · · · · · · · ·	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 wer	the
	OTHE STATE OF	Signature of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: ONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:59pm 1:00pm 1:01pm 1:02pm 1:03pm 1:04pm 1:05pm
AIR BLK	.00	1:07pm

Report#d Ac: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 2245

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass	1:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:10pm
SRC	Pass	1:10pm
DET	Pass	1:10pm
BAR	Pass	1:10pm
\mathtt{BT}	Pass	1:10pm

Blank Tests

Test	Status	Time
ATR	Pagg	1 • 1 1 mm

Printer Tests

	Status	
PRNT	Pass	1:11pm

CRC Tests

Test	Status	Time
COMP	Pass	1:11pm
CAL	Pass	1:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County He	Aford Instrument Location Murfreesboro PD.
Instrument Se	rial No. 008906 115 E. Broad St., Murfresbor
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE CULANVI	Mell 1 The second secon
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 04/17/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/01/2015-07/01/2017

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	12:10pm 12:10pm 12:11pm 12:13pm 12:13pm
AIR BLK	.00 . 00	12:14pm 12:16pm
ATR BLK	.00	12:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 587

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:19pm
CAL	Pass	12:19pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 04/25/2017

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

Subject'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:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:47am
AIR BLK	.00	9:47am
ACCY CHK	.08	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 427

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:55am
FLO	Pass	9:55am
FC	Pass	9:55am

Temperature Tests

Test	Status	Time
FC1	Pass	9:55am
SRC	Pass	9:55am
DET	Pass	9:55am
BAR	Pass	9:55am
\mathtt{BT}	Pass	9:55 a m

Blank Tests

Test	Status	Time

Pass 9:56am AIR

Printer Tests

Test	Status	Time
PRNT	Pass	9:56am

CRC Tests

Test	Status	Time
COMP	Pass	9:56am
CAL	Pass	9:56am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	ncoln	Instrument Location	County Courthouse
	Instrument Ser	rial No. <u>008827</u>	#1 Court Square 1	-incoln ten
	The preventive four months ar	maintenance procedures for the e:	Intoximeters, Model Intox EC/IR II to be	followed at least once every
	1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath legree centigrade;	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;		
ori Ste	6.	When "PLEASE BLOW" appears, collect breath sample;		
	7.	When "PLEASE BLOW" app	pears, collect breath sample;	
٠	8.	Print test record;		
	9.	Verify Diagnostic Program; as	nd	
	10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration of anged every four months or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
	I certify that or procedures were Department of	re performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
	STATE OF STA	CAROLIN (WILL)		656
)		Į Sig	nature of Certifying Official	Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 2562

Test Date: 04/12/2017

Test Time: 8:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:52am
FLO	Pass	8:52am
FC	Pass	8:53am

Temperature Tests

Test	Status	Time
FC1	Pass	8:53am
SRC	Pass	8:53am
DET	Pass	8:53am
BAR	Pass	8:53am
BT	Pass	8:53am

Blank Tests

Test	Status	Time

AIR Pass 8:53am

Printer Tests

Test	Status	Time
PRNT	Pass	8:53am

CRC Tests

Test	Status	Time
COMP	Pass	8:53am

Preventive Maintenance Status: Pass

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 04/12/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	8:56am
AIR BLK	.00	8:56am
ACCY CHK	.07	8:57am
AIR BLK	.00	8:58am
SUB TEST	.00	8:59am
AIR BLK	.00	9:00am
SUB TEST	.00	9:02am
AIR BLK	.00	9:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR/

Analyst

	PREVENTIVE MAINTENANCE RECORD
\sim	INTOXIMETERS, MODEL INTOX EC/IR II
County	ech enburg Instrument Location CMPD- LEC
Instrument Seri	al No. 008691 601 E. Trado St. Charlotte
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of April 20 17 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.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691

Test Record Number: 6768

Test Date: 04/26/2017

Test Time: 11:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:05am

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 11:05am

Printer Tests

Test Status Time

PRNT Pass 11:05am

CRC Tests

Test Status Time

COMP Pass 11:05am CAL Pass 11:05am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
	199	
DIAG	Pass	11:09am
AIR BLK	15, 100	11:09am
ACCY CH	K .08	11:10am
AIR BLK	. 00	11:11am
SUB TES	T .00	11:12am
AIR BLK	.00	11:12am
SUB TES	T .00	11:14am
AIR BLK	. 00	11:15am

Reported AC: .. 00 g/210L

Signature

Chemica

Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County / la	dison	Instrument Location Mars	14:11 PD
	Instrument Seri	al No. <u>009582</u>	Mars	4:11. NC
	The preventive four months are	maintenance procedures for the Int	oximeters, Model Intox EC/IR II to	be followed at least once every
	1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic bre ree centigrade;	ath simulator thermometer shows
	2.	Verify instrument displays time	and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		÷
e Planting	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
	7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
	8.	Print test record;		
	9.	Verify Diagnostic Program; and		
	10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration ed every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
·	procedures were	the / & day of / And performed on the instrument indicates and the Human Services, and the	, 20 / 7 the formated above, in accordance with current is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
	OTHE STATE OF A	OSAR CAROLINA	and the second s	
u di di Walazi	* COLOM VIDER		and the same of th	640
		Signat	ure of Certifying Official	Certificaté Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 04/18/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2015-05/01/2017

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

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test .	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:59pm 4:00pm 4:00pm 4:01pm 4:02pm 4:03pm
SUB TEST	.00	4:05pm
AIR BLK	. 0.0	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582

Test Record Number: 1095

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:07pm 4:07pm
FC	Pass	4:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:07pm
SRC	Pass	4:07pm
DET	Pass	4:07pm
BAR	Pass	4:07pm
BT	Pass	4:07pm

Blank Tests

TODE DUCCUD ITM	Test	Status	Time
-----------------	------	--------	------

AIR 4:08pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	4:08pm

CRC Tests

	CIC ICACA	
Test	Status	Time
COMP CAL	Pass Pass	4:08pm 4:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mac	
Instrument Seria	INO. 008795 Highlands, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
96 	whichever occurs first.
I certify that on t procedures were Department of H	heday of, 20_/_ the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF AN 20. 1772 STATE OF AN 20. 1772 STATE GLAM VORENT ASSE GLAM VORENT	Signature of Certifying Official Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 04/05/2017

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

Subject'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: 8457E
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
•		
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.07	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 421

Test Date: 04/05/2017 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR . Pass 11:19am

Printer Tests

Test Time Status

PRNT Pass 11:19am

CRC Tests

Test Status Time

COMP Pass 11:19am CAL Pass 11:19am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX Instrument Location 1201 Clear Instrument Serial No The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence: 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Cer fying Official

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2521

Test Date: 04/03/2017

Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

Test	Sta tus	Time
IR	Pas s	1:56pm
FLO	Pass	1:56pm
FC	Pas s	1:56pm

Temperature Tests

Test	Sta tus	Time
FC1	Pass	1:57pm
SRC	Pas s	1:57pm
DET	Pass	1:57pm
BAR	Pas s	1:57pm
\mathtt{BT}	Pass	1:57pm

Blank Tests

Test Status Time

AIR Pass 1:57pm

Printer Tests

Test Status Time

PRNT Pass 1:57pm

CRC Tests

Test Status Time

COMP Pass 1:57pm CAL Pass 1:57pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 04/03/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

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

Reported AC: 00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst //
rming Preventive Maintena

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County / le	cklenburg Instrument Location Pineville PD
	Instrument Serie	al No. 006703 427 Main St. Pineville
	-	
	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;
X	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
47.	8.	Print test record;
•	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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 to procedures were Department of H	the day of day of 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. dealth and Human Services, and the instrument is functioning properly.
	COT THE STATE OF NO.	Marilean 656
)		Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5548

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

Blank Tests

Time Test Status

AIR Pass 2:57pm

Printer Tests

Test Status Time

Pass 2:57pm PRNT

CRC Tests

Status Time Test

COMP 2:57pm Pass CAL Pass 2:57pm

Preventive Maintenance Status: Pass

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 04/03/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	2:59pm 3:00pm 3:01pm 3:02pm 3:02pm 3:03pm 3:05pm
SUB TEST ATR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	Necklenburg Instrument Location But Mobile Unit 11
	erial No. 008973
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 04/13/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:03pm 9:04pm 9:05pm 9:06pm 9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst '

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 289
Test Date: 04/13/2017 Test Time: 9:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:11pm 9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
\mathtt{BT}	Pass	9:11pm

Blank Tests

Test	Status	Time
ATR	Pass	9 · 12pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm

CRC Tests

Test	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Decklenburg Instrument Location But Mobile Unit 11
Instrument S	erial No. 008970
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 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 13 day of 17, 20/7 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.
ZE STATE OF	
FSE QUAM	Chil V Das 658
	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 04/13/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Shl Vory Analyst

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 295
Test Date: 04/13/2017 Test Time: 9:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	9 • 1 2 mm

Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm

CRC Tests

rest	Status	rime
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance Status: Pass

Analyst'

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County/	MOORE Instrument Location SOUTHERN PINES BUCE LE	f
	Instrument Ser	ial No. 008720 SOUTHERN PINES, NC	
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:	
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
1	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	I certify that or procedures we Department of	n the	
	A CALL OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number	

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 04/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:08pm 4:08pm 4:09pm 4:10pm 4:12pm 4:13pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:15pm

Reported AC: .00 g/210L

Signature & Chemical Analyst

Court CVR

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720

Test Record Number: 957

Test Date: 04/04/2017

Test Time: 4:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:17pm
SRC	Pass	4:17pm
DET	Pass	4:17pm
BAR	Pass	4:17pm
BT	Pass	4:17pm

Blank Tests

rest Status Time	Test	Status	Time
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AIR Pass 4:17pm

Printer Tests

PRNT Pass 4:17pm

CRC Tests

Test Status Time

COMP Pass 4:17pm CAL Pass 4:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II	[ላ
County NEW HANOVER Instrument Location BAT MO	BILE DUIT 9
Instrument Serial No. OOS 707 Instrument Location BAT MO LINE TERS, WODEL IN TO A CONTROL OF THE CONTROL OF TH	SCTON, MC
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folk four months are:	
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer shows
 Verify instrument displays time and date; 	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	-
9. Verify Diagnostic Program; and	e or the alcoholic breath
10. Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh	olic Breath Simulator tests,
whichever occurs first.	•
I certify that on the	ing preventive maintenance egulations of the N.C.
OF THE STATE OF MON	
+ ASTE CHAN YOUR HE COLLEGE CO	648
Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707 Test Date: 04/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	8:53pm 8:54pm 8:55pm 8:56pm 8:56pm 8:57pm
SUB TEST	.00	8:59pm 9:00pm
HTK DPV	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707 Test Record Number: 2390

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:01pm 9:01pm
FC	Pass	9:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
\mathtt{BT}	Pass	9:01pm

Blank Tests

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

9:02pm AIR Pass

Printer Tests

Test	Status	Time
ייועסס	Dagg	9 : 02pm

CRC Tests

Test	Status	Time
COMP	Pass	9:02pm
CAL	Pass	9:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County NE	W HANDVER Instrument Location BAT MOBILE UNIT
	Instrument Seria	Instrument Location BAT MOBILE UNIT 9 INO. 008575 WILMINGTON, NC
	The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
•	3	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	procedures were	the
	STATE OF STA	ACAROLINA CAROLINA DE LA CAROLINA DELA CAROLINA DEL CAROLINA DE LA
	* ARE QUANTIFIE	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008575 Test Date: 04/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575

Test Record Number: 997

Test Date: 04/28/2017

Test Time: 8:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass Pass	8:36pm 8:36pm
FLO		-
FC	Pass	8:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:36pm
SRC	Pass	8:36pm
\mathtt{DET}	Pass	8:36pm
BAR	Pass	8:36pm
BT	Pass	8:36pm

Blank Tests

Test	Status	Time
7. TD	Dagg	8 • 3 7 mm

Printer Tests

Test	Status	Time
DDNT	Pass 	8:37pm
E L/TAT	1400	~ · · · · · · · · · · · · · · · · · · ·

CRC Tests

Test	Status	Time
COMP	Pass	8:37pm
CAL	Pass	8:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OCETO 4		. 1	INTOXIMETERS, MODEL INTOXICAL	1) in 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; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the Say of April 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		County NE.	WHANOVER Instrument Location BATTIO	BILLE DRIT
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. 1 certify that on the Say of April 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		Instrument Saris	INO 008704 WILMIN	16TON, NC
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. 1 certify that on the 25 day of 212 212 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	-	msu ument serie		
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the Aday of Aday		The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll	owed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	:	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the		2.	Verify instrument displays time and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		3.	Initiate breath test sequence;	
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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		4.	Enter information as prompted;	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the		5.	Verify instrument accuracy;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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		6.	When "PLEASE BLOW" appears, collect breath sample;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		7.	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		8.	Print test record;	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		9.	Verify Diagnostic Program; and	
Department of Health and Human Services, and the instrument is functioning properly. STATE OF THE STATE OF T		10.	simulator solution is being changed every four months or after 125 Alcoho	e, or the alcoholic breath blic Breath Simulator tests,
White Daves US		procedures we	re performed on the instrument indicated above, in accordance with current re	ng preventive maintenance egulations of the N.C.
White Daves US		STATE OF STA	A CRUE CAROLINA CAROL	
	_	TOSE CITY AND THE TIME TO THE	Signature of Certifying Official	Color America

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008704 Test Date: 04/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:49pm 8:50pm 8:51pm 8:51pm 8:52pm 8:53pm 8:54pm
AIR BLK	.00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008704

Test Record Number: 448

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass Pass	8:56pm 8:56pm
FLO FC	Pass	8:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	8;56pm
SRC	Pass	8:56pm
DET	Pass	8:56pm
BAR	Pass	8:56pm
BT	Pass	8:56pm

Blank Tests

Status Time Test

AIR Pass 8:57pm

Printer Tests

Time Test Status

PRNT 8:57pm Pass

CRC Tests

Status Time Test

COMP Pass 8:57pm 8:57pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County A/F	-W HANOVER Instrument Location BAT MOBILE UNIT
Instrument Seria	INO. 008647 Instrument Location BAT MOBILE UNIT
The preventive r	
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
STATE OF THE PROPERTY OF THE P	NORTH CAROLINA CAROLI
ASER R. DI	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647 Test Date: 04/28/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

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

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	8:25pm 8:26pm 8:27pm 8:28pm 8:28pm 8:29pm
SUB TEST	.00	8:31pm
ATP BLK	.00	8:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647 Tes

Test Record Number: 2318

Test Date: 04/28/2017 Test Time: 8:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:32pm
FLO	Pass	8:32pm
FC	Pass	8:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:33pm
SRC	Pass	8:33pm
DET	Pass	8:33pm
BAR	Pass	8:33pm
BT	Pass	8:33pm

Blank Tests

Test	Status	Time
AIR	Pass	8:33pm

Printer Tests

Test	Status	Time
DPNT	Pagg	8 · 3 3 m

CRC Tests

Test	Status	Time
COMP	Pass	8:34pm
CAL	Pass	8:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	EW HAMOVER	Instrument Location	BAT MOBILE ONI
Instrument Ser	ial No. <u>008616</u>	L	BAT MOBILE ONI DILMINGTON, NO
The preventive four months ar		ntoximeters, Model Intox EC/IR	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lic breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5,	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	•
8.	Print test record;	•	
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before ex nged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department o		プピリレ , 20 <u>//</u> dicated above, in accordance wi the instrument is functioning pr	_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.
THE STATE OF THE CREAT OF THE C	Colon Sign	nature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Date: 04/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	8:48pm 8:49pm
ACCY CHK	.07	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:54pm
ATR BIK	0.0	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616

Test Record Number: 2300

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:55pm
FLO	Pass	8:55pm
FC	Pass	8:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:56pm
SRC	Pass	8:56pm
DET	Pass	8:56pm
BAR	Pass	8:56pm
BT	Pass	8:56pm

Blank Tests

Test	Status	Time

8:56pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	8:56pm

CRC Tests

Test	Status	Time
COMP	Pass	8:57pm
CAL	Pass	8:57pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County North	Haupton Instrument Location North Haupton Co 5 Las. FF's
	Instrument Serial	No. 008688 105 W. Jefferson 57 JACKSON, NC
		JACKSON NC
	The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
		whichever occurs first.
	procedures were	he day of , 20 / 7 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
٠.	STATE OF A	
	+ case Quam vines	Hales Garage 662
i.		Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008688 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: ONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:50am 11:51am 11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
ATD DIK	$\cap \cap$	11.57am

Reported AC: 00 g/210L

Chemical Analyst

Court CVR

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

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NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 751

Test Date: 04/26/2017

Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:59am 11:59am
FC	Pass	11:59am

-Temperature Tests-----

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

Blank Tests

Test	Status	Time
7. T D	Dagg	11.59an

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County Non:	TH Hampton G SHOWF'S
	Instrument Serial	No. 008607 105 W. Jefferson ST JAckson, NC
	The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
_	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
:	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	procedures were	ne
	A THEORY WITH D SECTION AS THE PARTY OF THE	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

_Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:18am 11:19am 11:20am 11:21am
SUB TEST	.00	11:22am
AIR BLK	.00	11:22am
SUB TEST AIR BLK	.00 .00	11:24am 11:25am

Reported AC:

.00) g/210I

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 887

Test Date: 04/26/2017 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

Blank Tests

Test	Status	Time	
AIR	Pass	11:28am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29am 11:29am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	Instrument Location Person G. L.E.C.	
Instrument Se	erial No. 008693 120 Court ST ROXBORD, NC	
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	1
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;)W:
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ts,
procedures w	on the	ice
O THE STATE OF THE		· —

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 04/05/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective: 05/01/2015-05/01/2017

Officaria Nama, NONE NON

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:44am 11:45am
ACCY CHK	.07	11:46am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
ATR BLK	0.0	11.50am

Reported AC:

00/g/210I

Signature of Chemic

Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1317

Test Date: 04/05/2017

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 SRC DET	Pass Pass Pass	11:52am 11:52am 11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

Blank Tests

Test Status Tir

AIR 11:53am Pass

Printer Tests

rest	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:54am

11:54am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	PERSON Instrument Location PERSON CO. LEC
Instrume	nt Serial No. 008880 120 COURT ST. ROKBORD, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on theday of
STATE CREAT STATE OF	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 04/05/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8937E

Effective:

08/01/2015-08/01/2017

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	11:44am
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
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1118
Test Date: 04/05/2017 Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

Test Status Time

IR Pass 11:52am
FLO Pass 11:52am
FC Pass 11:52am

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 11:52am

Printer Tests

Test Status Time

PRNT Pass 11:52am

CRC Tests

Test Status Time

COMP Pass 11:53am CAL Pass 11:53am

Preventive Maintenance Status: Pass

Bus D Smoth

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County Po	Instrument Location Polk County SD
	Instrument Seri	al No. 008910 46 Ward St. Columbus
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
)	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that or procedures were Department of	the day of day of 2017 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 CREAT OF THE C	Signature of Certifying Official Certificate Number
)		Digitate of Collyma Official Continuate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832

Test Record Number: 1332

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:21pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:21pm 12:21pm 12:21pm 12:21pm
bar BT	Pass	12:21pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance Status: Pass

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 04/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: *Male* iver's License State: *X*

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:24pm
ACCY CHK	.07	12:25pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	. 0.0	12:29pm

Reported AC: .00 g/210L

Signature of Chemical

Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	County //	Instrument Location Litt (o. Defenhon Cont.
	Instrument Se	erial No. 008851 124 Detention Dr., Greenville, MC.
	The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
*:	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
Same Same	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that procedures w Department of	on the day of da
	STATI STATI	Signature of Certifying Official Certificate Number
	A signed orig	ginal of the preventive maintenance record shall be kept on file for at least three years.

.

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008851 Test Date: 04/21/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:32am 10:33am 10:34am 10:35am 10:35am 10:36am 10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008851

Test Record Number: 578

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

Blank Tests

Test	Status	Time

AIR Pass 10:41am

Printer Tests

Test	Status	TIME
PRNT	Pass	10:41am

CRC Tests

Test	Status	Time
COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	10HMONIO Instrument Location BAT MOBILE CONTINUED	1
Instrument Se	Serial No. 008717 HAWIETT	
· ·	<u>*</u>	
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet 34 degrees, plus or minus .2 degree centigrade;	er sho
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic b simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify that of procedures we Department of	on the day of	tenane
STATE		
NO THE PARTY OF TH		
A STATE QUAM VID		
	Signature of Certifying Official Certificate Numb	per

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008717 Test Date: 04/07/2017

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

Subject'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, JOCK B
Permit Number: 20630E
Effective:
05/01/2016-05/01/2018

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

Test Type: Breath Test

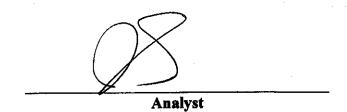
Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:14pm 10:15pm 10:16pm 10:17pm 10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008717

Test Record Number: 543

Test Date: 04/07/2017

Test Time: 10:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

Blank Tests

Test	Status	Time
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AIR Pass 10:27pm

Printer Tests

Test	Status	Time

PRNT Pass 10:27pm

CRC Tests

Test	Status	Time
COMP	Pass	10:27pm
CAL	Pass	10:27pm

Preventive Maintenance Status; Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

• :	County	HUDUO Instrument Location BAT MOBILE UNITHY
	Instrument Seria	INO. 008871 HAMLETT
	The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
٠	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		heday of
	STATE OF NO. 1775	S CAROLLES CONTRACTOR OF THE SECOND CONTRACTOR
	. ·	Signature of Certifying Official Certificate Number

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008871 Test Date: 04/07/2017

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

Subject'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, JOCK B
Permit Number: 20630E
Effective:

05/01/2016-05/01/2018

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

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:12pm 10:13pm 10:14pm 10:15pm
SUB TEST	.00	10:16pm
AIR BLK	00	10:17pm
SUB TEST	.00	10:18pm
AIR BLK	.00_	10:19pm

Reported AS .00

.00 g/210L

Signature/of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008871

Test Record Number: 876

Test Date: 04/07/2017

Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:25pm
FLQ	Pass	10:25pm
FC	Pass	10:25pm

Temperature Tests

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

Blank Tests

Test Status Time	ì
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10:26pm AIR Pass

Printer Tests

Time Test Status

PRNT 10:26pm Pass

CRC Tests

Status Time Test 10:26pm COMP Pass 10:26pm CALPass

Preventive Maintenance Status. Pass

Analyst

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



Signature of Certifying Official

606

Certificate Number

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

Department of Health and Human Services, and the instrument is functioning properly.

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914

Test Record Number: 1866

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:11am
SRC	Pass	10:11am
DET	Pass	10:11am
BAR	Pass	10:11am
ΒT	Pass	10:11am

Blank Tests

Test	Status	Time
	•	
λTĐ	Dagg	10.12ar

Printer Tests

Test	Status	Time
PRNT	Pass	10:12am

CRC Tests

Test	Status	Time
COMP	Pass Pass	10:12am 10:12am

Preventive Maintenance Status: Pass

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 04/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
AIR BLK ACCY CHK AIR BLK	.07 .00	10:15am 10:16am 10:16am 10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
A TTO TOTAL	0.0	10.21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOULL CVK

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location SCOTTAND Co. Jail
Instrument Seria	INO. 008861 LAURINBURG, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify-instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
CALL STATE OF A CALL OF A	Signature of Certifying Official Signature of Certifying Official Signature of Certifying Official

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 04/05/2017

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

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:

08/01/2015-08/01/2017

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

Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/18/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 04/05/2017

Test Record Number: 1294
Test Time: 2:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

Test	Status	Time
	D	0.00
AIR	Pass	2:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:09pm 2:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SCOTLAND Instrument Location LAURINBURG BLICE D
Instrument Seri	ial No. <u>OO8834</u> <u>LAURINBURG</u> NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>05</u> day of <u>ARIL</u> , 20 17 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.
STATE OF STA	FS Al-Saule 371
en e	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 04/05/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	1:21pm
AIR BLK	.00	1:21pm
ACCY CHK	.08	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
ATR RLK	0.0	1 · 27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 794

Test Date: 04/05/2017

Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

'I'est	Status	Time
AIR	Pass	1:35pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	COTLAND Instrument Location RAT MOBILE CALT TO
Instrument Se	rial No. OOS869 LANGURUS
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
· 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
THE STATE OF THE ORIGINAL PROPERTY OF THE ORIG	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 6 820

Serial Number: 008869 Test Date: 04/15/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, JOCK B
Permit Number: 20630E
Effective:

05/01/2016-05/01/2018

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

Agency: Dans

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:45pm 9:46pm 9:46pm
ACCY CHR AIR BLK SUB TEST	.00	9:48pm 9:48pm
AIR BLK	.00	9: 49p m
SUB TEST ATR BLK	.00	9:50pm 9:51pm

Reported AC;

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 6 820

Serial Number: 008869 Test Record Number: 950 Test Date: 04/15/2017 Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:53pm
FLO	Pass	9:53pm
FC	Pass	9:53pm

Temperature Tests ------

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

Blank Tests

AIR Pass 9:54pm

Printer Tests

Test	Status	'I'ıme
PRNT	Pass	9:54pm

CRC Tests

Test	Status	Time	
COMP	Pass	9:54pm	
CAI.	Pagg	9 · 54 nm	

Preventive Maintenance
(Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5+	Kes Instrument Location 570Kes County Jack
Instrument Seria	11 No. 008596 Donbury, N.C.
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath
	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of, 20 / the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	The preventive of four months are 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. I certify that on procedures wern Department of the preventive of the preventive of the preventive of the prevention of the preventive

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 04/12/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 920

Test Date: 04/12/2017

Test Time: 2:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

Blank Tests

Test Status Ti

AIR Pass 2:36pm

Printer Tests

Test	Status	Time
PRNT	Pagg	2 • 36pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	2:36pm 2:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_S1	Tokes Instrument Location King Police
Instrument Se	rial No. <u>808610</u> Instrument Location King Holice Department
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	on theday of, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
O'ME STATE	

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 04/11/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:51pm
AIR BLK	.00	5:51pm
ACCY CHK	.07	5:52pm
AIR BLK	.00	5:53pm
SUB TEST	.00	5:54pm
AIR BLK	.00	5:55pm
SUB TEST	.00	5:56pm
AIR BLK	.00	5:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1841

Test Date: 04/11/2017

Test Time: 5:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:48pm
FLO	Pass	5:48pm
FC	Pass	5:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:48pm
SRC	Pass	5:48pm
DET	Pass	5:48pm
BAR	Pass	5:48pm
BT	Pass	5:48pm

Blank Tests

AIR Pass 5:49pm

Printer Tests

Test	Status	Time	
PRNT	Pass	5:49pm	

CRC Tests

Test	Status	Time
COMP	Pass	5:49pm
CAL	Pass	5:49pm

Preventive Maintenance Status: Pass

Analyst 6

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	100 mty 100	Instrument Location LOCUST P.D.		
Inst	rument Seria	INO. 008706 186 Ray Kennedy Dr., Locust		
	preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
	2.	Verify instrument displays time and date;		
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		
	5.	Verify instrument accuracy;		
P-Ne	6.	When "PLEASE BLOW" appears, collect breath sample;		
	7.	When "PLEASE BLOW" appears, collect breath sample;		
	8.	Print test record;		
	9.	Verify Diagnostic Program; and		
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
pro		the day of day of , 20 17 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
AK GREAT ST	O THE STATE OF A	Signature of Certifying Official Certificate Number		

STANLY LOCUST PD 830

Serial Number: 008706

Test Record Number: 3428 Test Time: 12:53pm EDT

Test Date: 04/03/2017

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

Blank Tests

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

AIR Pass 12:55pm

Status

Time

12:55pm

Printer Tests

Test

CAL

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

Preventive Maintenance

Pass

Status: Pass

Analyst

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 04/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:58pm 12:59pm 12:59pm 1:01pm 1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Report .00 g/210L

of Chemical Analyst Signature

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GAMPSON Instrument Location BAT MOBILE UNIT
Instrument Se	rial No. 008704 DUNN, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of ,20 17 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	CAROLL CA
The state of the s	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: 008704 Test Date: 04/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	7:31pm 7:32pm 7:32pm 7:33pm 7:34pm 7:35pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olu Ry Beneral Analyst

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: 008704 Test Date: 04/01/2017 Test Record Number: 444
Test Time: 7:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:39pm
FLO	Pass	7:39pm
FC	Pass	7:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:40pm
SRC	Pass	7:40pm
DET	Pass	7:40pm
BAR	Pass	7:40pm
BT	Pass	7:40pm

Blank Tests

Test	Status	Time
AIR	Pass	7:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:40pm 7:40pm

Preventive Maintenance Status: Pass

Clerky 3 -- 2 Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	SAMPSON Instrument Location BAT MOBILE UNIT
	Instrument Seri	AMPSON Instrument Location BAT MOBILE UNIT
	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;
7.4	2.	Verify-instrument displays-time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
٠.	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		theday ofA PiZIL, 20 1 7 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
	OF STATE OF	
	TARE QUAN VIDEN	Signature of Certifying Official Certificate Number
		Continue runner

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: 008575 Test Date: 04/01/2017

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

Subject'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:

08/01/2015-08/01/2017

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

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	7:36pm 7:37pm 7:37pm 7:38pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colun Ry Bands

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: 008575 Test Record Number: 993 Test Date: 04/01/2017 Test Time: 7:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

Temperature Tests

Status	Time
Pass	7:44pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	7:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:45pm 7:45pm

Preventive Maintenance Status: Pass

Colon Ry Banza Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	SAMPSON Instrument Location BAT MOBILE UNIT
2 ·	Instrument Seria	DUNN, NC
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on a procedures were Department of H	the day of 20
	OTHE STATE OF A	CYLIN CAROLIN
	* deer QUAN YORM X	Signature of Certifying Official Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: 008616 Test Date: 04/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	7:34pm 7:35pm 7:36pm 7:37pm 7:37pm 7:38pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

aluk Bang Analyst

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: 008616 Test Record Number: 2297
Test Date: 04/01/2017 Test Time: 7:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:41pm
FLO	Pass	7:41pm
FC	Pass	7:41pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:42pm

CRC Tests

Test	Status	Time
COMP	Pass	7:42pm
CAL	Pass	7:42pm

Preventive Maintenance Status: Pass

alug Baca Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JAMPSON Instrument Location BAT MOISILE UNI
Instrument Ser	ial No. 008707 Instrument Location BAT MOISILE UNI
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of
STATE OF THE STATE	NOTE THE CARDINAL PROPERTY OF THE PARTY OF T
EDF QUAM VIDEN	_ Cll R, 3- 648
	Signature of Certifying Official Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: 008707 Test Date: 04/01/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017.

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	7:33pm 7:34pm 7:35pm 7:36pm 7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:38pm
AIR BLK	.00	7:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: 008707 Test Record Number: 2385 Test Date: 04/01/2017

Test Time: 7:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:40pm
FLO	Pass	7:40pm
FC	Pass	7:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

Blank Tests

Test	Status	Time
AIR	Pass	7:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:42pm 7:42pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location / YRRE!! Co. 5.0.
Instrument Se	erial No. 008902 403 Main ST., Columbia, N.C
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 oprocedures we Department of	n the day of
THE STATE OF THE PARTY OF THE P	Coll Coll Coll Coll Coll Coll Coll Coll
	and the state of t

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 647

Test Date: 04/26/2017

Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

AIR Pass 1:05pm

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 04/26/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:56pm 12:57pm 12:58pm 12:59pm 12:59pm 1:00pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:02pm

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ex Keese

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Waxhaw PD
Instrument S	Serial No. 008598 3620 Providence Rd., Warhaw
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of
STATE OREAL TO THE STATE OF THE	
William Co.	Signature of Certifying Official Certificate Number
	1 Continued to Manager Manager

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 650

Test Date: 04/03/2017 Test Time: 10:09am

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

rest	Status	TIME	
AIR	Pass	10:10am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:10am

CRC Tests

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

Preventive Maintenance Status: Pass

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 04/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	10:13am
AIR BLK	.00	10:13am
ACCY CHK	.07	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	<u> </u>	Instrument Location Union County SD
Instrument S	erial No. <u>008876</u>	3344 Presson RJ., Monioe
The prevention four months		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 breath simulator thermometer shows degree centigrade;
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	ınd
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration date, or the alcoholic breath langed every four months or after 125 Alcoholic Breath Simulator tests,
	on the day of Ag were performed on the instrument in	the forgoing preventive maintenance hadicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STATE STATE OF THE	E O NORTH CAROLINE SI	gnature of Ceptifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 04/03/2017

Test Record Number: 4367 Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 11:20am DET Pass 11:20am	Test	Status	Time
1400 11.204	SRC DET BAR	Pass Pass Pass	11:20am 11:20am 11:20am 11:20am
	سك لسك	rass	11.20am

Blank Tests

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

AIR Pass 11:21am

Printer Tests

Test	Status	Time
PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:21am

11:21am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 04/03/2017

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

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

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
44		
DIAG	Pass	11:25am
AIR BLK	.00	11:25am
ACCY CHK	.07	11:26am
AIR BLK	.00	11:28am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR\ BLK	.00	11:31am

Reported Acc. .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	IERS, MODEL INTOX E	~\ IK II
County_	Inion	Instrument Location <u>Unia</u>	· County SU
Instrument S	erial No. <u>008886</u>	3344 Presson RJ.,	Monsoe
The prevention four months		he Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath 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		
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expirat changed every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	vere performed on the instrument	the tindicated above, in accordance with cure and the instrument is functioning properly	
OF STATE OF THE ST	CAROLLI CAROLL	Media	656
	The state of the s	Signature of Certifying Official	Certificate Number
A signed orig	ginal of the preventive maintenar	nce record shall be kept on file for at least	st three years,

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Rec

Test Record Number: 2584
Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 11:20am

Printer Tests

Test.	Status	Time
1881	Status	111111111111111111111111111111111111111

PRNT Pass 11:20am

CRC Tests

Test Status Time

COMP Pass 11:20am CAL Pass 11:20am

Preventive Maintenance Status: Pass

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 04/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:22am 11:23am 11:24am
AIR BLK	.00	11:25am
SUB TEST AIR BLK	.00 .00	11:25am 11:26am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical

f Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location VANCE Co Shortfs C
Instrument Seri	al No. 008870 156 Church ST Henderson NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 27 day of
A signed origin	Signature of Certifying Official Certificate Number all of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 04/27/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG525303 Exp Date: 09/10/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:02pm 12:03pm
ACCY CHK	.07	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	12:08pm

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 1825 Test Date: 04/27/2017 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12pi

12:12pm

12:12pm

Time

Printer Tests

Status

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VANCE Instrument Location VANCE CO Short E OFF
Instrumen	t Serial No. 008937 15C Church ST Henderson, NC
The preve	entive 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.
I certify procedu Departm	that on the
CREAT OF	SIGNATE OF CONTINUES AND

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

DHHS 4080 (11/07)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 04/27/2017

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

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

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

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:41am 11:42am 11:43am 11:44am 11:45am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 2348

Test Date: 04/27/2017

Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR 11:50am Pass

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am

CRC Tests

Test	Status	Time
COMP	Pass	11:50am
CAL	Pass	11:50am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Jayne Instrument Location Seymour Johnson For
Instrument Se	erial No. 008786 1016 Vermont GATISON Rel, 6
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
Of THE STATE	
STATE OF THE CARLANT	Inda beed Cry
	Signature of Certifying Official Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 04/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/510F	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

Reported AC: .00 q/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

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 270

Test Date: 04/24/2017

Test Time: 2:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:12pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

rest	Status	Time
PRNT	Pass	2:13pm

CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wf	Instrument Location BOT MOBILE UNIT 6		
Instrument Seri	al No. 009369 (DENDELL		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 2 2 day of P 2 20 1 7 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.		
O'M' STATE OF THE	Signature of Certifying Official Certificate Number		

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

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008869 Test Date: 04/22/2017

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

Subject'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, JOCK B
Permit Number: 20630E
Effective:
05/01/2016-05/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:54pm 8:55pm
ACCY CHK	.07	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:5 8 pm
AIR BLK	.00	8:5 9p m
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm

~/210T

mi ma

Reported 10 .00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008869

Test Record Number: 953

Test Date: 04/22/2017

Test Time: 9:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:03pm
SRC	Pass	9:03pm
DET	Pass	9:03pm
BAR	Pass	9:03pm
BT	Pass	9:03pm

Blank Tests

Test	Status	Time
ΔTR	Pass	mcr0:0

Printer Tests

Test	Status	Time	
ידואסם	Dadd	9 · 03 mm	

CRC Tests

Test	Status	Time
COMP	Pass Pass	9:03pm 9:03pm

Preventive Maintenance Status: Pass

7

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (instrument Location But Mobile Unit
Instrument Ser	ial No 008816 Wate Forest 70
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the day of , 20 , the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number
:	
A signed origina	al of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 04/21/2017

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

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	11:22pm 11:23pm
ACCY CHK	.07	11:24pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:27pm
ATR BLK	.00	1.1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB 5K mm Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 04/21/2017

Test Record Number: 7293

Test Time: 11:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time AIR Pass 11:32pm

Printer Tests

Test Status Time PRNT 11:32pm Pass

CRC Tests

Test Status Time COMP 11:32pm Pass CAL Pass 11:32pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	Jake 1	nstrument Location Bat Mabile Unit 1
Instrument Ser	rial No.008580	Roleigh PD
The preventive four months ar		meters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	ays pressure, or the alcoholic breath simulator thermometer shows centigrade;
2.	Verify instrument displays time and	date;
· 3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears,	collect breath sample;
7.	When "PLEASE BLOW" appears,	collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		is being changed before expiration date, or the alcoholic breath every four months or after 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	on the day of care performed on the instrument indicate f Health and Human Services, and the in	the forgoing preventive maintenance and above, in accordance with current regulations of the N.C. astrument is functioning properly.
THE STATE OF THE S	Signatur	e of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 04/08/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:14am 1:15am
ACCY CHK	.07	1:16am
AIR BLK SUB TEST	.00 .00	1:17am 1:17am
AIR BLK	.00	1:1/am 1:18am
SUB TEST	.00	1:20am
ATD DIV		1.21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

<u>OBSKANAL</u>

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Record Number: 2353 Test Date: 04/08/2017 Test Time: 1:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:22am
FLO	Pass	1:22am
FC	Pass	1:23am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:23am

Printer Tests

Toat

Ctatus

Time

rest	status	TIME
PRNT	Pass	1:23am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:24am 1:24am

Preventive Maintenance Status: Pass

DB 5 Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Noke Instrument Location Bet Mobile Unit
Instrument	Serial No. 60879 Raleigh PD
The preven four month	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmen	at on theday of, 20
COREAT CAREAT CASE OF THE CASE	

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Date: 04/08/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:56am 12:57am 12:57am 12:58am
SUB TEST	.00	12:59am
AIR BLK	.00	1:00am
SUB TEST	.00	1:02am
ATD BILV	በሰ	1 • 0 2 a m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Record Number: 3455 Test Date: 04/08/2017 Test Time: 1:06am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 1:07am

Printer Tests

1686	blatus	TIME
PRNT	Pagg	1 · 07am

CRC Tests

Test	Status	Time
COMP	Pass	1:07am
C'ΣT.	Dadd	1•07=m

Preventive Maintenance Status: Pass

OB SKINNING Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wate	Instrument Location Bet Mobile Unit 10
Instrument Serial No. OC 8 Lo 8 Lo	Rakigh PD
The preventive maintenance procedures for the I four months are:	ntoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2. Verify instrument displays time	e and date;
3. Initiate breath test sequence;	•
4. Enter information as prompted	;
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" app	ears, collect breath sample;
7. When "PLEASE BLOW" app	ears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; an	d .
	ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the day of for the procedures were performed on the instrument independent of Health and Human Services, and	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
O'THE STATE OF NO. O'THE	
ONUO.	nature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 04/07/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:33pm 9:34pm
ACCY CHK	.07	9:35pm
AIR BLK SUB TEST	.00 .00	9:35pm 9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB 5Kmin Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686

Test Record Number: 6477

Test Date: 04/07/2017 Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

Blank Tests

Test	Status	Time
ΔTR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:42pm 9:42pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	sake 1	Instrument Location <u>Ba+ Ma</u>	Dik Unit 1
Instrument Ser	erial No. (108584)	Raleigh PD	
The preventive four months a		imeters, Model Intox EC/IR II to be folk	owed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath single centigrade;	nulator thermometer shows
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	simulator solution is being change	r is being changed before expiration date d every four months or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
·	whichever occurs first.		
I certify that procedures we Department of	on the day of	ited above, in accordance with current re	ng preventive maintenance gulations of the N.C.
STATI OBERT	H & NOOTH CAROLING		\ ia
WALLES QUAM	Signati	ure of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584
Test Date: 04/07/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:42pm
AIR BLK	.00	9:43pm
ACCY CHK	.07	9:44pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

<u>OB Skum</u> Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2149
Test Date: 04/07/2017 Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Toat	Ctatua	Time
Test	Status	TTIIIE
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

CRC Tests

Test	Status	Time
COMP	Pass	9:52pm
CAL	Pass	9:52pm

Preventive Maintenance Status: Pass

OB Sky Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Vaaren In	astrument Location Warren Co LEC	p
Instrument Se	erial No. <u>00 8 7</u> 9 3	128 RAFTERS Ln	
The preventive four months a		neters, Model Intox EC/IR II to be followed at least onc	e every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree of	ays pressure, or the alcoholic breath simulator thermome	eter show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, of	collect breath sample;	
7.	When "PLEASE BLOW" appears, of	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		s being changed before expiration date, or the alcoholic every four months or after 125 Alcoholic Breath Simula	
	on the 26 day of Apaic were performed on the instrument indicated of Health and Human Services, and the in-	, 20 / 7 the forgoing preventive mains displayed above, in accordance with current regulations of the N strument is functioning properly.	intenance I.C.
STATE OF STA	Signature	SM2 Certifying Official Certificate Nur	

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	9:38am 9:38am
ACCY CHK	.08	9:39am
AIR BLK SUB TEST	.00 .00	9:40am 9:41a m
AIR BLK	.00	9:41am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am

Reported/AC: 00 g/2101

Signature of Chemical Analyst

Court CVR

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 1180

System	Check:	Passed
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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
\mathtt{BT}	Pass	9:47am

Blank Tests

Test	Status	Time

9:48am AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	9:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:48am

9:48am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	ARREN	Instrume	nt Location	NORL	WA Police	Dept
Instrument Seria	al No. <u>008945</u>	101	MAIN	57	NORLINA	NC

The preventive if four months are	maintenance procedures for the In	toximeters,	Model Into:	e EC/IR II t	o be followed at l	east once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg			alcoholic b	reath simulator th	nermometer 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 l	breath samp	ele;		
7.	When "PLEASE BLOW" appe	ars, collect	breath samp	ole;		
8.	Print test record;					
9.	Verify Diagnostic Program; and	l				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being ged every f	changed be our months	efore expiration or after 125	tion date, or the a Alcoholic Breatl	Icoholic breath a Simulator tests,
I certify that on procedures wer Department of I	the 26 day of 4 e performed on the instrument ind Health and Human Services, and t	cated above	, in accord	ance with co	arrent regulations	tive maintenance of the N.C.
OT ALL STATE OF THE STATE OF TH	# CAROS Sign	ature of Cer	D Lews tifying Off	icial	Certifi	Cate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 04/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR B L K	Pass	8:56am 8:57am
ACCY CHK	.08	8:58am
AIR BLK	.00	8:59am
SUB TEST	.00	9:00am
AIR BLK	.00	9:01am
SUB TEST	-00	9:02am
ATD BIK	00	9 • 03 am

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 345

Test Date: 04/26/2017 Test Time: 9:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:04am 9:04am
FC	Pass	9:04am

Temperature Tests

Test	Status	Time
FC1	Pass	9:04am
SRC	Pass	9:04am
DET	Pass	9:04am
BAR	Pass	9:04am
BT	Pass	9:04am

Blank Tests

Test	Status	Time

AIR Pass 9:05am

Printer Tests

Test	Status	Time
PRNT	Pass	9:05am

CRC Tests

Test	Status	Time
COMP	Pass	9:05am
CAL	Pass	9:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Nake Instrument Location Wake Co Deferition Ci
Instrument Seri	ial No. 008778 3301 Hammons Ro RALEISH, NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
STATE OF THE STATE	Ada Muss 642
•	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 04/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: . 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 2655
Test Date: 04/24/2017 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
ΔTP	Dagg	1 • 5 3 mm

Printer Tests

Status

Test

Time

1000	Deacas	1 11110
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:53pm 1:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	Take Instrument Location Wake Co Defendin CTE
Instrument Seria	1No. 008873 3301 Haanmans Ro Ruleigh NC
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.
procedures were	the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Date: 04/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:54am
AIR BLK	,00	9:55am
ACCY CHK	,08	9:55am
AIR BLK	,00	9:56am
SUB TEST	,00	9:57am
AIR BLK	,00	9:58am
SUB TEST	,00	9:59am
AIR BLK	,00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Test Record Number: 1451 Serial Number: 008873 Test Time: 10:01am EDT Test Date: 04/17/2017

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:02am

Temperature Tests

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

Blank Tests

AIR Pa	ass 10:	:02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:03am 10:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· · · · · · · · · · · · · · · · · · ·	Jilson Instrument Location Wilson Co. Detention (
Instrument S	erial No. 008627 100 E. Green St., Wilson, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 o	on the 12 day of 40 day of 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAIL	200 Color 1 Co
	Signature of Certifying Official Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 04/12/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:56am 10:57am 10:58am 10:59am 10:59am 11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2072 Test Date: 04/12/2017 Test Time: 11:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	11:04am 11:04am
FU	Pass	11:04am

Temperature Tests

Test	Status	Time
FC1	Pass	11:04am
SRC	Pass	11:04am
DET	Pass	11:04am
BAR	Pass	11:04am
BT	Pass	11:04am

Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

Test	Status	Time
PRNT	Pass	11:05am

CRC Tests

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance Status: Pass

)Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Dake		Instrument Location_	BAT	Mobile	Unit-10
Instrume	nt Serial No. <u>(</u>	008776	Knighte	Jale	PO	
			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
The prevenue four mon		ice procedures for the Ir	ntoximeters, Model Intox	EC/IR II t	to be followed a	t least once every
1.		the ethanol gas canister ees, plus or minus .2 de	displays pressure, or the agree centigrade;	alcoholic t	oreath simulator	thermometer show
2.	Verify i	instrument displays time	e and date;		-	
3.	Initiate	breath test sequence;				
4.	Enter in	nformation as prompted;	:			
5.	Verify i	instrument accuracy;				
6.	When "	PLEASE BLOW" appe	ears, collect breath sample	e;		
7.	When "	PLEASE BLOW" appe	ears, collect breath sample	e;		
8.	Print tes	st record;				
9.	Verify I	Diagnostic Program; and	d			
10.	simulate		ster is being changed before a second state of the second			
procedur			icated above, in accordar the instrument is function	nce with cu	arrent regulation	entive maintenance is of the N.C.
	STATE OF NORTH	***				
S S S S S S S S S S S S S S S S S S S	RIL 12, UTA QUAM VIDEA Y	(h)		The state of the s	60	60
		Sign	nature of Certifying Offic	ial	Certi	ficate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Date: 04/28/2017

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

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

Analyst's Name: SMITH, JASON R Permit Number: 19145E Effective: 03/01/2016-03/01/2018

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

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	9:39pm 9:40pm 9:41pm 9:42pm 9:42pm
AIR BLK SUB TEST AIR BLK	.00 .00	9:43pm 9:45pm 9:45pm

Court CVR

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Record Number: 3371 Test Date: 04/28/2017 Test Time: 9:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:49pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:49pm 9:49pm 9:49pm 9:49pm 9:49pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

9:50pm

Printer Tests

rest	Status	ттше
PRNT	Pass	9:50pm

CRC Tests

Test	Status	Time
COMP	Pass	9:50pm
CAL	Pass	9:50pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	lake	Instrument Location	CATMO	bile Unit 10
Instrument Ser	rial No. <u>008686</u>	Knightdale	PO	
	· ·			
The preventive four months ar	e maintenance procedures for the lee:	ntoximeters, Model Intox	EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		alcoholic breath	simulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	! ;	·	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath samp	le;	
7.	When "PLEASE BLOW" app	ears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; at	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.			
	n the day of re performed on the instrument in Health and Human Services, and		nce with current	oing preventive maintenance regulations of the N.C.
STATE OF THE STATE	NORTH CAROLINA	or marketing in the beautiful and the beautiful		
THE IZE QUANTIES	Sig	nature of Certifying Office	sial	Certificate Number
	1			

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 04/28/2017

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2016-03/01/2018

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

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:42pm 9:43pm 9:43pm 9:44pm 9:45pm 9:46pm 9:48pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Record Number: 6482 Test Date: 04/28/2017 Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	9 · 51 m

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

CRC Tests

Test	Status	Time
COMP	Pass	9:52pm
CAL	Pass	9:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	
Instrument Serial	INO. 008623 5228 GREEN'S DAIRY RO RALEIGH, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 to procedures were Department of H	the
TOTAL STREET,	
TO THE STATE OF MANY MANY OF THE STATE OF TH	Bus Demand 137
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 04/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	4:20pm
AIR BLK	.00	4:20pm
ACCY CHK	.08	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3508 Test Date: 04/04/2017 Test Time: 4:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:28pm
FLO	Pass	4:28pm
FC	Pass	4:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:28pm
SRC	Pass	4:28pm
DET	Pass	4:28pm
BAR	Pass	4:28pm
BT	Pass	4:28pm

Blank Tests

Test	Status	Time
AIR	Pass	4:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:28pm

CRC Tests

Test	Status	Time
COMP	Pass	4:29pm
CAL	Pass	4:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ake Instrument Location Batmobik Unit
Instrument S	erial No. W875 Garner PD
The preventi	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on 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.
CREAT STATE OF THE	Signature of Certifying Official Certificate Number
A signed orig	ginal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775 Test Date: 04/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:08am 12:08am 12:09am 12:10am 12:11am
AIR BLK	.00	12:12am
SUB TEST	.00	12:13am
ATD BIK	00	19:14am

m2 --- -

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

38 SKunn Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775 Test Record Number: 1701 Test Date: 04/01/2017 Test Time: 12:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:16am 12:16am
FC	Pass	12:17am

Temperature Tests

Status	Time
Pass	12:17am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:17am

Printer Tests

Test	Status	Time
PRNT	Pass	12:17am

CRC Tests

Test	Status	Time
COMP	Pass	12:18am
CAL	Pass	12:18am

Preventive Maintenance Status: Pass

Analyst