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



Signature of Certifying Official

Certificate Number

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/15/2017

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:48pm 12:49pm
ACCY CHK	.07	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	~ 00	12:54pm

Reported AC:

.00_g/210L

Signature of Chemical Analyst

Court CVR

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 683 Test Date: 12/15/2017 Test Time: 12:55pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

12:56pm

12:56pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	She Instrument Location Ashe County Jail
Instrument Seri	ial No. 008849Jefferson, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/15/2017

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: 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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	·00 /	11:37am
AIR BLK	.00	11:38am

Reported AC:

 $00_{-}q/2101$

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1114
Test Date: 12/15/2017 Test Time: 11:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	11:39am	i
FLO	Pass	11:39am	
FC	Pass	11:40am	

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am
4 4 7		

Blank Tests

Test	Stat	us	Time	1200
				1
AIR	Pass		11:4	0am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	ALAMANCE	Instrument Location_	ALAMANCE	6 JIAL
Instrument	Serial No. <u>0089/3</u>	Instrument Location_	5. Maple	25
		GRA	HAM, NL	
The prevent	ive maintenance procedures for the In are:	toximeters, Model Intox	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		alcoholic breath simul	ator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sampl	e;	
7.	When "PLEASE BLOW" appe	ears, collect breath sampl	e;	
8.	Print test record;			•
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
procedures	nt on the 28 day of <u>Dec</u> were performed on the instrument in t of Health and Human Services, and	dicated above, in accord	ance with current regu	eventive maintenance lations of the N.C.
Of the STA	TE OF NO.			
COREATE				
ESSE QUA	TARRENT A	Key I		442
	Sign	ature of Certifying Office	ial (Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 12/28/2017

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, SIMON S
Permit Number: 11434E
Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:03am 11:04am 11:05am 11:06am 11:07am 11:09am
AIR BLK	.00	11:10am

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Couzt CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 3028
Test Date: 12/28/2017 Test Time: 11:13am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

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

Pass 11:15am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	/ INTOXIMET	ERS, MODEL INTOX EC	/1K II
County A	AMANCO	Instrument Location Alam	ANCE CO JAK
Instrument Ser	ial No. <u>O O 8853</u>	109 S. MA GRAHAM, 1	ele ST
The preventive four months ar		e Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bedgree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirati hanged every four months or after 125	
procedures we	re performed on the instrument	eeewber, 20, the fo t indicated above, in accordance with co and the instrument is functioning prop	urrent regulations of the N.C.
STATE OF STA	11-1191	ignature of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 12/28/2017

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, SIMON S
Permit Number: 11434E
Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:03am
ACCY CHK	.08	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
ATR BLK	. 0.0	11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 2348
Test Date: 12/28/2017 Test Time: 11:10am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:10am
SRC	Pass	11:10am
\mathtt{DET}	Pass	11:10am
BAR	Pass	11:10am
BT	Pass	11:10am

Blank Tests

Test	Status	Time
AIR	Pass	11:11am

Printer Tests

Test	Status	Time
PRNT	Pass	11:11am
	CRC Teate	

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

Preventive Maintenance

**A Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINIETERS, MODEL INTOXICATION
County A	1 Instrument Location Bulington PD
Instrument Set	rial No. 008907 267 W. Front ST Bulingfor, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposedures w	on theday ofbe, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 12/28/2017

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, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 852 Test Date: 12/28/2017 Test Time: 10:15am EST

System Check: Passed

Baseline Tests

	restantis	Time
	The second secon	
	IR Pass	10:15am
	FLO Pass	10:15am
	FC Pass	10:15am
ŀ	Copple with a measure, but from the promoting particle. Seller 20, 12 or the filter with the manner of the filter	

Temperature Tests

Test	Status	Time	Ş.,
FC1	Pass	10:16am	į.
SRC	Pass	10:16am	J.
DET	-Pass	10:16am	
BAR	Pass	10:16am	
BE	Pass	10:16am	٠,

Blank Tests

4.5	and the same of the same of		4.65	1		
Tes	3 5 .	Sta	atus		Time	٩

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Printer Tests

Test Status Time

PRNT Pass 10:16am

CRC Tests

Test Status Time

COMP Pass 10:16am CAL Pass 10:16am

Preventive Maintenance

Stabus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1,	RITOXINETERS, MODEL INTOX ECINAL
County 1+LL	AMANCE Instrument Location Bulington PD
Instrument Seria	INO. 008812 267 W. Front ST Bulington, NC
The preventive refour months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7. :	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>28</u> day of <u>December</u> , 20 <u>/7</u> , the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
and the same of th	
STATE OF THE STATE	
* CALL VIDEA *	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 12/28/2017

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, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

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

Test Type: Breath Test

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

rest	g/210L	· 工工M6
DIAG	Pass	9:55am
AIR BLK	.00	9:55am
ACCY CHK	.07	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 0.08812 Test Record Number: 3093 Test Date: 12/28/2017 Test Time: 10:01am EST

System Check: Passed

Baseline Tests

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		O.	Marie Toronto	Pass	e di periodi di dia	10:0	2am
	FC	es de la lacella de lacella de la lacella de lacella	The second secon	Pass		10:0	2am

Temperature Tests

Post	Status	Time
FCI	Tarana and and and and and and and and and	10.02am
SRC	Pass Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
BT	- Pass	10:02am

~Blank Tests

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CRC Tests

Test Stat	us Time
the market of the second of th	The second secon
COMP Pass	10:03am
CAL Pass	10:03am

Preventive Maintenance

Status Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Nery Instrument Location Avery Co. Jail	·
Instrument Se	Serial No. 008664 Instrument Location Avery Co. Jail	
		·
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least one are:	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade;	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, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	٠,
8.	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.	
	t on theday of <i>lecember</i> , 20_/_Z_, the foregoing preventive mains were performed on the instrument indicated above, in accordance with current regulations of the tof Health and Human Services, and the instrument is functioning properly.	tenance N.C.
THE STATE		
NEA SE		
ARE QUANTI	649	-
	Signature of Certifying Official Certificate Nur	nber

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 12/01/2017

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Record Number: 881

Test Date: 12/01/2017

Test Time: 2:59pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:59pm 2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	3 • 0.0rpm

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	Very Instrument Location Bancer FIK PD
Instrument S	erial No. 008724 Instrument Location Baner Elk, NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample:
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	t on theday of
LOF THE STAT	E ON THE CONTROL OF T
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APRA 12, 0	TORRY AND THE STATE OF THE STAT
A COMMISSION OF THE PARTY OF TH	649
	Signature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 12/22/2017

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:05pm 4:06pm 4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 531
Test Date: 12/22/2017 Test Time: 4:13pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

Blank Tests

Test	Status	Time
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
AIR	Pass	4:14pm

Printer Tests

	T = X	
Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	
Test	Status	Time

COMP	Pass	4:15pm
CAL	Pass	4:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County K	Instrument Location Burke - Catawba Ja.
Instrument So	erial No. <u>DO 8904</u> <u>Morganton, NC</u>
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
TATE STATE	CAROLLE CAROLL
William St.	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 12/06/2017

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

05/01/2017-05/01/2019

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

Agency: DHHS
Test Type: Breath Test

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

a/2101.

Time

Test

1000	9/2101	. چې ۱۱۱ مليسل
. !		
DIAG	Pass	5:35pm
AIR BLK	.00	5:36pm
ACCY CHK	.08	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:40pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Record Number: 2139
Test Date: 12/06/2017 Test Time: 5:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	 Pass Pass	5:43pm 5:43pm
FC	Pass	5:43pm

Temperature Tests

Test	Status	Time
FÇ1	Pass	5:43pm
SRC	Pass	5:43pm
DET	Pass	5:43pm
BAR	Pass	5:43pm
BT	Pass	5:43pm

Blank Tests

Test	1	Status	Time	i
* 1				
ATR		Pass	5 · 43n	m

Printer Tests

Test	Status	Time
PRNT	Pass	5:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:44pm
CAL	Pass	5:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County 13	WKe Instrument Location Burke Cataloba Ja.
Instrument Ser	ial No. 068831 Instrument Location Burke Cataluba Jan Morganton, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that o	on the
procedures we	re performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of	f Health and Human Services, and the instrument is functioning properly.
OT ME STATE OF THE	A CONTROL OF THE CONT
* ESSE QUAM VIDES	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 12/06/2017

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:35pm 5:36pm 5:37pm
ACCY CHK	.00	5:3/pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:41pm
AIR BLK	.00	5:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831

Test Record Number: 1906

Test Date: 12/06/2017 Test Time: 5:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:43pm
FLO	Pass	5:43pm
FC	Pass	5:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:43pm
SRC	Pass	5:43pm
DET	Pass	5:43pm
BAR	Pass	5:43pm
BT	Pass	5:43pm

Blank Tests

Test	Status	Time
AIR	Pass	5:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:44pm

CRC Tests

Test	Status	Time
COMP	Pass	5:44pm
CAL	Pass	5:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	/ INTOXIMETERS, MODEL INTOX EC/ĮR II
County_	Bladen Instrument Location Bladen County
Instrume	15/9den Instrument Location Bloden County nt Serial No. 0088/8 Sheliff Department
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	that on theday ofcan bethe forgoing 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.
THE GREAT SET	STATE OF NO.

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

Signature of Certifying Official

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 12/05/2017

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

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:04pm 3:05pm
ACCY CHK	.08	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:12pm

Reported AC: ,

0/q/21/0L

Signature of Chemical Analyst

Court CVR

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

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BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 1331

Test Date: 12/05/2017

Test Time: 3:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC	Pass	3:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:15pm
CAL	Pass	3:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	laden Instrument Location Bladen Lounte
Instrument Seria	INO.008894 Sheriff Department
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
TOT THE STATE OF NO. 1775. WIN 120, 1775. WIN 120, 1775. WIN 120, 1775. WIN 120, 1775.	Signature of Certifying Official Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 12/05/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:04pm
AIR BLK	. 00	3:05pm

Reported AC:

 $0/q/210L_{I}$

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894

Test Record Number: 1037

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:06pm
FLO	Pass	3:06pm
FC	Pass	3:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

Printer Tests

rest		Status	Time
PRNT	-	Pass	3:07pm

CRC Tests

rest S	tatus	TIME
	·	3:07pm 3:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Brunswick Instrument Location Oak Island
Instrument S	erial No. 088648 Police Destaltment
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of derived above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:12pm 2:13pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00%	2:18pm
AIR BLK	.00	2:19pm

Reported AC: 🕠 g/21/01

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1550
Test Date: 12/06/2017 Test Time: 2:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET .	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass	2:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County _	Schnswick Instrument Location Brunswick Cours
Instrument S	erial No. 008602 Sheriff Departmen
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the 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.
OF THE STATE	



Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm

Reported AC: .00 /g/210/L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 000

Serial Number: 008602 Test Record Number: 3904
Test Date: 12/06/2017 Test Time: 1:17cm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the second second	NTOXIMETERS, MODEL INTOX EC/IR II
County_	ransalick Instrument Location Brunswick
Instrument Ser	rial No. 008585 Country Shert Defortme
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
CREAT STATE OF THE	

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 12/06/2017

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

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

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

Toat

1656	9/2101	TTIIIE
DIAG	Pass	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.08	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	
AIR BLK	.00	
SUB TEST	. 0.0	1:09pm
AIR BLK	.00	1:10pm

 $\alpha/210T$

Timo

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 3979
Test Date: 12/06/2017 Test Time: 1:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

CRC Tests

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II		
County /	Sunswick Instrument Location Sanset Beach	
Instrument Se	rial No. 008874 Police Department	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	on theday ofere	
STATE OF THE STATE	TO THE CARD AND TH	

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	11:33am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK		11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: /30% 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

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 616 Test Date: 12/06/2017 Test Time: 11:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
18 July 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:41am 11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
BT	Pass	11:41am

Blank Tests

Test	Status	Time
ATR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time

		•
COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \mathcal{B}	Uncombe Instrument Location Buncombe Co. Jail
Instrument Se	erial No. 008798 Asheville, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Enter information as prompted; Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>20</u> day of <u>December</u> , 20 <u>17</u> , 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.
STATE STATE OF THE	

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

> Serial Number: 008798 Test Date: 12/20/2017

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:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:03pm
AIR BLK	.00	3:04pm
ACCY CHK	.08	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 4263
Test Date: 12/20/2017 Test Time: 3:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
${ t FLO}$	Pass	3:12pm
FC	Pass	3:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
$_{ m BT}$	Pass	3:12pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test

COMP

CAL

Status

Time

3:13pm

3:13pm

PRNT	Pass	3:12pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

MAY 1 7 2018

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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



Signature of Certifying Official

Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 12/21/2017

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: HUTCHINSON, JOSEPH
Permit Number: 19951E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L Time	
DIAG	Pass 2:30	om.
AIR BLK	.00 2.31	ρį'n.
ACCY CHK	,07 3.31	ρĥi,
AIR BLK	.00 2:32	ρm:
SUB TEST	.00 2:33	om.
AIR BLK	.00 2,34	om.
SUB TEST	.00 2:35	ojn.
AIR BLK	.00 2:36	om"

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

CATAMBA COUNTY CATAMBA COUNTY SD 170 Serial Number: 008687 Test Date: 12/21/2017

Test Time: 2.37pm EST

Test Record Number: 2555

System Check: Passed :

Baseline Tests

Test	Status	•	Time
IR	Pass	٠	2:37pm
FLO	Pass		2:37pm
FC	Pass		2:37pm:
	• ;		1. 17.1.1.1

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET.	Pass (2:38pm 2:38pm
BT	Pass	2:38pm

,	Test	200	Status		Time

	•	· , ,
AJR:	Pass	2:38pm

Test	Status	Time

`	٠,		1
PRNT	•	Pagg	2 - 38 mms
E KINH		PARK :	2 5 5 6 LINE

Statùs

Pass ::

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Clay	Instrument Location / Gy	County Jail
Instrument Serial No. 00 8608	Hayesville, NC	
The preventive maintenance procedures for the four months are:	ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1. Verify the ethanol gas canis 34 degrees, plus or minus 2	ster displays pressure, or the alcoholic bre 2 degree centigrade;	ath simulator thermometer show
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	
	canister is being changed before expiration changed every four months or after 125 A	
I certify that on the		ent regulations of the N.C.
T CER QUAMMONIAL T CER QUAMMO		635
- John State of the State of th	Signature of Certifying Official	Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 12/28/2017

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: CUTLER, DANIEL R
Permit Number: 08457
Effective:
09/01/2017-09/01/2019

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

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

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 1169
Test Date: 12/28/2017 Test Time: 12:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

tear	Status, 11me
AIR	Pass 12:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm

CRC Tests

Test	Status	'l'ıme
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ETERS, MODEL INTOX	EC/IR II	0
County (JRRITICK	Instrument Location		
Instrument Serial No. 008949	1123 Ocean	Trail, Car	olla, N
The preventive maintenance procedures for four months are:	or the Intoximeters, Model Intox EC/IR	R II to be followed at lea	ast once every
1. Verify the ethanol gas of 34 degrees, plus or minu	anister displays pressure, or the alcohous .2 degree centigrade;	olic breath simulator the	rmometer shows
2. Verify instrument displa	nys time and date;		
3. Initiate breath test seque	ence;		
4. Enter information as pro	ompted;		$\frac{\sqrt{\sqrt{2}}}{\sqrt{2}}$
5. Verify instrument accur	acy;		
6. When "PLEASE BLOW	" appears, collect breath sample;		
7. When "PLEASE BLOW	" appears, collect breath sample;		<i>:</i>
8. Print test record;			
9. Verify Diagnostic Progr	am; and		
	gas canister is being changed before ex ing changed every four months or after		
I certify that on theday of procedures were performed on the instrum Department of Health and Human Service	December, 2017 ment indicated above, in accordance wiles, and the instrument is functioning pr	_ the forgoing preventi ith current regulations or operly.	ve maintenance f the N.C.
THE STATE OF NO. 17. TO THE ST	Parks Hand		anng

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

Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 12/20/2017

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 Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:46pm
AIR BLK	.00	12:46pm
ACCY CHK	.08	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Hnd R. Kees Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 446 Test Date: 12/20/2017

Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:42pm

' Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

Blank Tests

Test		Status	Time
AĮR	1	Pass	12:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm
•	CDC Tests	

Test	Status	Time
COMP	Pass Pass	12:43pm 12:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (instrument Location Kannapoles PD
Instrument Se	erial No. 008589 401 Laurette way Kannapolis
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 3th day of least 2017 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 Date: 12/13/2017

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: 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	Pass	12:05pm
AIR BLK	.00	12:06pm
ACCY CHK	.08	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:12pm
ATR BLK	0.0	12:120m

Report 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

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 2774 Test Date: 12/13/2017 Test Time: 12:15pm EST

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
BT	Pass	12:16pm

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	.04
Test	Status	Time

resc	status	TTIIIC
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>~</i>		, MODEL INTOX EC/II	_ · N
County (aballus	Instrument Location Cabally	15 County SD
Instrument Ser	rial No. <u>008</u> 590	30 Corban Ave. Co	oncord'
		, , , , , , , , , , , , , , , , , , ,	
The preventive four months ar	e maintenance procedures for the Intox re:	imeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath centigrade;	simulator thermometer show
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.		is being changed before expiration da devery four months or after 125 Alco	
	on the 13th day of leaver performed on the instrument indicate f Health and Human Services, and the i		oing preventive maintenance regulations of the N.C.
STATE OF THE STATE	111CW2	re of Certifying Official	656 Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 12/13/2017

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: 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	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVK

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 2872 Test Time: 1:36pm EST Test Date: 12/13/2017

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:36pm
FLO	Pass	1:36pm
FC	Pass	1:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass,	1:36pm

Blank Tests

Test	Status	Time
AIR	Pass.	1:370m

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:37pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 12/13/2017

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: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG	Pass	1:23pm
AIR BLK	.00	1:24pm
ACCY CHK	.08	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm

Reported AC: \ .00 g/210L

Signature of Chemica

L Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 4725
Test Date: 12/13/2017 Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:34pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pagg	1.35nm

Printer Tests

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

COMP Pass 1:35pm CAL Pass 1:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	leveland Instrument Location Cleveland County SD-Amy	
Instrument S	erial No. 008893 407 Mª BrayerSt., Shelby	
The preventing	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	on the day of december 20 17 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.	
TARE JUNE STATION OF THE STATION OF		

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893 Test Date: 12/14/2017

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 AIR BLK SUB TEST	Pass .00 .08 .00	10:12am 10:13am 10:14am 10:15am 10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893 Test Record Number: 1612 Test Date: 12/14/2017 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:21am 10:21am 10:21am 10:21am 10:21am
•		

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:22am

10:22am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Clevelard Instrument Location Clevelard County SD-Annex

Instrument Serial No. 008887 407 M- Brayer St., Shelby

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- Print test record;
- Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 day of lecender, 20) 7 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 12/14/2017

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	9:54am
AIR BLK	.00	9:55am
ACCY CHK	.08	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Record Number: 2537 Test Date: 12/14/2017 Test Time: 10:04am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	10:05ar	

Printer Tests

Status

Time

10:05am

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	RAVEN Instrument Location HAV	reLock AD
Instrument Seri	al No. <u>008800</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	•
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n theday ofeenber, 20, the re performed on the instrument indicated above, in accordance with f Health and Human Services, and the instrument is functioning pr	n current regulations of the N.C.
STATE OF STA	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 12/08/2017

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

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

Test Type: Breath Test

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

g/210F	Time
Pass	10:17am
.00	10:18am
.07	10:18am
.00	10:19am
.00	10:20am
.00	10:21am
.00	10:22am
.00	10:23am
	Pass .00 .07 .00 .00

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1120 Test Date: 12/08/2017 Test Time: 10:24am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:25am

Printer Tests

Test	The State of	Status.	Time

PRNT		Pass	10:25am
	•		

CRC Tests

Test	Status	Time
COMP	Pass ;	10:25am
CAL	Pass	10:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County CK	PAVEN Instrument Location MCAS CHERRY POINT
Instrument Seri	1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5. *	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the S day of December, 20/7, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 12/08/2017

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

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

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

g/210L	Time
Pass	11:41am 11:41am
.08	11:42am
.00	11:43am
.00	11:43am
.00	11:44am
.00	11:46am
.00	11:47am
	Pass .00 .08 .00 .00

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 518
Test Date: 12/08/2017 Test Time: 11:47am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

Blank Tests

Test Status Time

AIR Pass 11:49am

Printer Tests

Test Status Time
PRNT Pass 11:49am
CRC Tests

Test Status Time

COMP Pass 11:49am

CAL Pass 11:49am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location New	Bern Al
Instrument	: Serial No. <u>008817</u>		
The prever	ntive maintenance procedures for the Intons are:	oximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breat ree centigrade;	h simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	urs, 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.	ter is being changed before expiration ged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
procedure	hat on theday ofes were performed on the instrument indent of Health and Human Services, and t	licated above, in accordance with curr	ent regulations of the N.C.
SO SE	LIZ TU	incle E Hall ature 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)

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 12/14/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:30am 11:30am 11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1314
Test Date: 12/14/2017 Test Time: 11:36am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:37am

Temperature Tests

Status	Time
Pass	11:37am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
6.0		
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Tect	Statue	Time

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN Instrument Location CRAVEN COUNTY
Instrument	Serial No. 008732 Instrument Location CRAVEN COUNTY Serial No. 008732 SHERIFF'S OFFICE
The prever	ative 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.
procedure	nat on the
GREAT SET	Signature of Certifying Official ATE OF COMPANY AND

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

DHHS 4080 (11/07)

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 12/14/2017

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: HALL, RANDY E Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:09pm 12:10pm 12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 1996 Test Date: 12/14/2017 Test Time: 12:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
21.5		
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm
. I C	rass	12.10pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County &	ARTERET Instrument Location Emca	CALD ISLE AS
Instrument S	Gerial No. <u>008620</u>	
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 a whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that or ocedures we Department o	on the day of cembel, 20 / 7 the ere performed on the instrument indicated above, in accordance with curf Health and Human Services, and the instrument is functioning properly	rent regulations of the N.C.
STATE OF THE STATE	CASOL	
APRIL 12. 078	Rare EHOLD	354
	Signature of Certifying Official	Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 12/06/2017

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

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

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Rand & Holf Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1921 Test Date: 12/06/2017 Test Time: 12:18pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	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	12:20pm

Printer Tests

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

Preventive Maintenance Status: Pass

Karl & Holl
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	Rteret	Instrument Location 17	gutic Beach 1
Instrument Ser	ial No. <u>00 8785</u> _		
The preventive four months ar	maintenance procedures for the Intox	imeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic br centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	s being changed before expiratio every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the day of	the fd above, in accordance with current trument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF A	A CAROLLI		
*COSE QUAM VIDEN *	Signature	of Certifying Official	354 Continue V

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:05pm 1:05pm 1:06pm 1:07pm 1:07pm
AIR BLK SUB TEST AIR BLK	.00	1:08pm 1:09pm 1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Karl E-Hall
Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 12/06/2017

Test Record Number: 978
Test Time: 1:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm
The state of the s		

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARTERET Instrument Location Mok	chead City PD
Instrument :	Serial No. <u>00873/</u>	
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	A	
certify that or rocedures we be partment o	on the day of ecember, 20/7 the ere performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning proper	
Buraman.	D	
THE STATE	O NORTH THE RESERVE TO THE RESERVE T	
* ASSE QUAM VIDA	- Care Elalp	354
	Signature of Certifying Official	Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	1:33pm
AIR BLK	.00	1:34pm
ACCY CHK	.07	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 1986
Test Date: 12/06/2017 Test Time: 1:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pas s	1:43pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	1:43pm 1:43pm 1:43pm 1:43pm 1:43pm

Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

Printer Tests

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

*		
		2012
COMP	Pass	1:44pm
CAL	Pass	1:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, and the state of
County	ARTERET Instrument Location CARTERET County
Instrument S	Gerial No. 008882 SHERIFTS OFFICE
<u> </u>	
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 of procedures we Department of	on theday ofday of
TARE STATE OF THE	Carle Hall 354
٠	Signature of Certifying Official Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:41pm 2:42pm 2:43pm
AIR BLK SUB TEST	.00 .00	2:44pm 2:45pm
AIR BLK	.00	2:46pm
SUB TEST AIR BLK	.00	2:47pm 2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl F-Holf
Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882

Test Record Number: 1660

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

Blank Tests

rest	Status	Time
AIR	Pass	2 - 50pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm
	CRC Tests	

Test	Status Time

COMP	Pass	2:50pm
CAL	Pass	2:50pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	ARTERET Instrument Location CARTERET Gusty
Instrument S	erial No. 008917 SHERIFF'S OFFICE
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3 .	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008917 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	2:48pm 2:49pm 2:49pm 2:50pm 2:51pm 2:51pm 2:53pm 2:54pm
AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .08 .00 .00	2:49pm 2:49pm 2:50pm 2:51pm 2:51pm 2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand & Hold Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008917 Test Date: 12/06/2017

Test Record Number: 696 Test Time: 2:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance Status: Pass

Anglyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Jana de la companya d	INTOXIMETERS, MODEL INTOX EC/IR II
County	ol 4mbus Instrument Location Columbus Count
Instrument Se	rial No. 008886 Shelift Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of, 20// the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Signature of Certifying Official

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	9:26am 9:27am 9:28am 9:28am 9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:32am
AIR BLK	.00	9:32am

Reported AC:

Signature of

Court CVR

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 12/06/2017

Test Record Number: 1344

Test Time: 9:33am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	9:34am 9:34am 9:34am
	Pass	9:34am
BT	Pass	9:34am

Blank Tests

Test	Status	Time
AIR	Pass	9 • 35am

Printer Tests

Test	Status	Time
PRNT	Pass	9:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:35am 9:35am

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 12/06/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:31am 9:32am 9:32am 9:33am 9:34a m
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am

Reported AC:// q/2/10L

Signature of Chemical Analyst

Court CVR

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

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 12/06/2017 Test Record Number: 1985
Test Time: 9:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:39am
FLO	Pass	9:39am
FC	Pass	9:40am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:40am

Printer Tests

	•
PRNT Pass 9	9:40am

CRC Tests

Test	Status	Time
COMP	Pass	9:40am
CAL	Pass	9:40am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	nu benefand Co. Instrument Location FT BRAGG
Instrument S	Serial No. <u>(208903</u> PM)
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 sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that corocedures we Department o	on the
THE STATE OF THE S	112.
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 12/15/2017

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

	•	
DIAG	Pass	1:20pm
AIR BLK	.00	1:20pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm

q/210L

Reported AC:

AIR BLK

Test

.90 g/210L

1:27pm

Time

Signature of Chemical Analyst

.00

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903

Test Record Number: 2062 Test Time: 1:28pm EST

Test Date: 12/15/2017

-000 11mo. 1.20pm 101

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm
* *** * *	rass	1:23Diii

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance

A Status: Pass

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (unberlasses Co. Instrument Location FT BRACE
Instrument S	Serial No. <u>008784</u> P. M. O.
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.
I certify that opposed ures we Department o	on the
STATE OF THE STATE	

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

Signature of Certifying Official

Certificate Number

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 12/15/2017

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

rest	9/2101	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:17pm 1:18pm 1:19pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Record Number: 739 Test Date: 12/15/2017

Test Time: 1:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

Blank Tests

Test	Status	Time
	100	
AIR	Pass	1:2600

1:26pm

Test	Status	Time
PRNT	Pass	1:26pm

Printer Tests

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

Instrument Serial No. OO 86/4	unty C	Instrument Location Combodato Control
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evour months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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.	unty <u>t</u>	MABELLAND Instrument Location Comboland & Det Center
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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.	trument Seria	INO. 008614 Fayetteville NC
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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.		
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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.	e preventive r r months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed 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 test whichever occurs first.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	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 test whichever occurs first.	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 test whichever occurs first. entify 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 test whichever occurs first. The strifty that on the	5.	Verify instrument accuracy;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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.	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 tensions that on the	7.	·
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terms whichever occurs first. Trify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terms whichever occurs first. rtify that on the	9.	Verify Diagnostic Program; and
cedures were performed on the instrument indicated above in accordance with accordance with		Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
OTHE STATE OF THE CARD AND ADDRESS OF THE CARD ADD	edures were p	performed on the instrument indicated above in accordance with a respect to the instrument indicated above in accordance with a respect to the instrument indicated above.
	CTATE	
	OF THE 20, 1775	
		CAROUN
* COE QUAN VIDEN *	APRIL 12, 17 TH	
Signature of Certifying Official Certificate Number	· ·	Signature of Cartifying Official

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

Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 12/14/2017

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
Permit Number: 6108E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	2:19pm 2:20pm 2:21pm 2:22pm 2:23pm 2:24pm 2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 12/14/2017

Test Record Number: 3912
Test Time: 2:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
B T	Pass	2:41pm

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County (1)	MBEDLAND Instrument Location ComBERLAND & DET CEN
Instrument Ser	ial No. DO 8632 Fayetteville NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on	
procedures were Department of I	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.
OF THE STATE OF A	
E DE SE	
ARM 12, THE	
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 12/14/2017

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
Permit Number: 6108E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	2:02pm 2:03pm 2:04pm 2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 12/14/2017

Test Record Number: 3977

Test Time: 2:39pm EST

System Check: Passed

Baseline Tests

Test		
FLO	Pass Pass Pass	2:40pm 2:40pm 2:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	Instrument Location Combectano Co DET. CENT
Instrument Seri	al No. 008672 Fayetheville, 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.
I certify that on procedures were Department of I	the
THE STATE OF THE S	
FISE QUAM VIDEN	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 12/14/2017

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
Permit Number: 6108E
Effective:
08/01/2017-08/01/2019

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

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

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

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

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

/ Ahalyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 12/14/2017

Test Record Number: 5798
Test Time: 2:13pm EST

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

Test	Status	Time
AIR	Pass	2:15pm

Printer Tests

rest	Status	Time
PRNT	Pass	2:15pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (UMBERLAND Instrument Location Comperciano Co DET CENTER
Instrument Seria	INO. 008633 FAYETTEVILLE, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10,	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	heday of
STATE OF NO.	A CAROLINA C
* AND IZ. ITS	Signature of Certifying Official Continues Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 12/14/2017

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
Permit Number: 6108E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:56pm 1:57pm
ACCY CHK	.07	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 4554

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 2:15pt
SRC Pass 2:15pt
DET Pass 2:15pr
BAR Pass 2:15pt
BT Pass 2:15pt

Blank Tests

Test	Status	Time
ATR	Pass	2 · 15pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:16pm

Preventive Maintenance Status: Pass

Pass

2:16pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARteret Instrument Location CARteret County
Instrument S	Gerial No. 008605 SHERIFFS OFFICE
The prevent	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 Department	on theday ofANUALY, 20/S, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 01/02/2018

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:28pm 12:29pm 12:29pm 12:31pm 12:31pm 12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605

Test Record Number: 3672 Test Date: 01/02/2018 Test Time: 12:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:40pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

Printer Tests

Test

PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP	Pass	12:40pm
CAL	Pass	12:40pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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



Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 12/14/2017

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 Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:01pm 1:02pm 1:03pm 1:04pm 1:05pm
AIR BLK SUB TEST	.00	1:07pm 1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 908
Test Date: 12/14/2017 Test Time: 1:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

Status	Time
Pass	1:14pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pagg	1 • 1 5 mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm

Preventive Maintenance Status: Pass

Pass

1:15pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dyplia Instrument Location Wallace
Instrument	Serial No. <u>00890/</u> Police Departm
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
STATE CINETAL STATE OF THE CIN	

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

Signature of Certifying Official

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008901 Test Date: 12/05/2017

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: RHODES, KENNETH C Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: / 00 g/210/L

Signature of Chemical Analyst

Court CVR

Analyst

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008901

Test Record Number: 1114

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

CRC Tests

Test	Status	Time
COMP	Pass	11:16am
CAL	Pass	11:16am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

Signature of Certifying Official

Certificate Number

DUPLIN COUNTY DUPLIN CO. SD 300

Serial Number: 008864 Test Date: 12/05/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	g/5T0T	Time
DIAG	Pass	9:18am
AIR BLK	.00	9:19am
ACCY CHK	.08	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:21am
AIR BLK	.00	9:22 am
SUB TEST	.00	9:24am
AIR BLK	.00	9:24am

Reported ACA /.00 /g/210L

Signature of Chemical Analyst

Court CVR

M. C. Alabore

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 3265

Test Date: 12/05/2017 Test Time: 9:25am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:26am 9:26am 9:26am 9:26am 9:26am

Blank Tests

Test	Status	Time
AIR	Pass	9:26am

Printer Tests

Test	Status	Time
PRNT	Pass	9:26am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FRANKLIN Instrument Location Franklin Co LEC
Instrumen	Serial No. 008873 285 # T Kemp AD Louisburg NC
	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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
S S S S S S S S S S S S S S S S S S S	

FRANKLIN COUNTY FRANKLIN COUNTY JAIL 340

Serial Number: 008873 Test Date: 12/07/2017

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:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

.00 a/2/10L

Signature of Chemical

ical Amalyst

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

FRANKLIN COUNTY FRANKLIN COUNTY JAIL 340

Serial Number: 008873 Test Record Number: 1475
Test Date: 12/07/2017 Test Time: 10:50am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:51am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	•

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FIRM	NKLIN	Instrume	nt Location FRA	ANKLIN	Co. LEC
Instrument Seria	ul No. <u>008933</u>	285	TKEMP	Ro	LUUISBURG,A
The preventive r	naintenance procedures for the	Intoximeters,	Model Intox EC/II	R II to be fo	ollowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			olic breath :	simulator thermometer show
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 b	reath sample;		
7.	When "PLEASE BLOW" ap	pears, collect b	oreath sample;		
8.	Print test record;				. '
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.				
	the day of performed on the instrument i Health and Human Services, an	ndicated above	, in accordance wi	ith current i	oing preventive maintenance regulations of the N.C.
STATE OF STA	ORTH CAROLINA				
* ESSE QUAM VIDER V	- Bus	gnature of Cert	nth ifving Official		Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 12/21/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	4:58pm
AIR BLK	.00	4:59pm
ACCY CHK	.08	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK		5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 948

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:06pm
FLO	Pass	5:06pm
FC	Pass	5:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

Blank Tests

Test	Status	Time
AIR	Pass	5:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:07pm
	CRC Tests	

Test	Status	'l'ıme
COMP	Pass	5:07pm
CAL	Pass	5:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count	Milford Instrument Location Bat Mcbile Un
Instrument Se	rial Nol 08/015 Guilford Co SO
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
, 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of day of cere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

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

Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 12/15/2017

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
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:17pm 11:18pm 11:18pm
AIR BLK	.00	11:19pm
SUB TEST AIR BLK	.00 .00	11:21pm 11:22pm
SUB TEST AIR BLK	.00	11:23pm 11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

One Boten

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Record Number: 5515 Test Date: 12/15/2017 Test Time: 11:27pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

^	INTOXIMETERS, MODEL INTOX EC/II	RII .
County GU	Instrument Location Bat V	nobile Unit
Instrument Seri	al No. 008816 Guilford Co	50
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be a	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record,	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that or procedures wer Department of	theday ofcmbc/, 20the foregoing performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
And The Control of th		
STATE OF THE STATE		
		•
APPL 12, 078	Onija B Skymu	LOUL
e.	Signature of Certifying Official	Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 12/15/2017

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

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:35pm 11:36pm 11:37pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

John Bokenn

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Record Number: 7377
Test Date: 12/15/2017 Test Time: 11:43pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	11:43pm
Pass	11:43pm
Pass	11:43pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	11:43pm
SRC	Pass	11:43pm
\mathtt{DET}	Pass	11:43pm
BAR	Pass	11:43pm
BT	Pass	11:43pm

Blank Tests

Test Status Time

AIR Pass 11:44pm

Printer Tests

Test Status Time

PRNT Pass 11:44pm

CRC Tests

Test Status Time

COMP Pass 11:44pm CAL Pass 11:44pm

Preventive Maintenance Status: Pass

Donipa Boston

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	INTOXIMETERS, MODEL INTOX ECTR II TUILLORD Instrument Location Greensbore JAI
Instrument Se	erial No. <u>008790</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
THE STATE OF THE S	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 12/19/2017

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: DEAN, L K
Permit Number: 11598E
Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:58pm 3:59pm
ACCY CHK	.07	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6125 Test Date: 12/19/2017 Test Time: 4:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:07pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm
	CRC Tests	
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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Greens boro JAI
Instrument Se	rial No. <u>00 8794</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of
OTH STATE OTH ST	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 12/19/2017

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: DEAN, L K
Permit Number: 11598E
Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:25pm 3:26pm 3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 5825
Test Time: 3:32pm EST

Test Date: 12/19/2017 Test Time: 3:32pm EST

-

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

Blank Tests

Test	Status	Time
AÏR	Pass	3:34pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:34pm

CRC Tests

Test	Status	Time
COMP	Pass	3:34pm
CAL	Pass	3:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	intoxivierers, Wodel intoxection Greensboro JA;
Instrument Ser	rial No. <u>008638</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
STATE INDOORSELS IN COUNTY OF THE COUNTY OF	The constant of the constant o

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 12/19/2017

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: DEAN, L K Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:01pm 3:01pm
ACCY CHK	.08	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 3316
Test Date: 12/19/2017 Test Time: 3:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:08pm

Temperature Tests

Test	Status .	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:09pm 3:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Graham	Instrument Location Craham Co. SO.
Instrument Serial No. OO 8915	Robbinsville, NC
The preventive maintenance procedures for the I four months are:	intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show egree centigrade;
2. Verify instrument displays tim	e and date;
3. Initiate breath test sequence;	
4. Enter information as prompted	l;
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" app	pears, collect breath sample;
7. When "PLEASE BLOW" app	pears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; an	nd .
	nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests
I certify that on the day of procedures were performed on the instrument incompartment of Health and Human Services, and	dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STATE OF NO. 1777.	
STE CLUM VIDERAL	nature of Certifying Official Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 12/07/2017

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: CUTLER, DANIEL R
Permit Number: 08457
Effective:
09/01/2017-09/01/2019

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

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

TESC	9/2100	TTITE
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.08	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 723
Test Date: 12/07/2017 Test Time: 10:48am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

Temperature Tests

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

Blank Tests

Test	Status	Time
		•
AIR	Pass	10:49am

Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	

Test	Status	Time
and the state of the		
COMP	Pass	10:49am
CINT	Dage	10.40

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	uilford Instrument Location Bat Mobile Unit
Instrument Seri	al No. 008814 SHP-Guilford
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Daya B Skinner WHY
	Signature of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 12/01/2017

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
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:14pm 11:15pm 11:16pm 11:17pm 11:17pm
AIR BLK SUB TEST	.00 .00	11:18pm 11:19pm
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816

Test Record Number: 7373

Test Date: 12/01/2017

Test Time: 11:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22pm
FLO	Pass	11:22pm
FC	Pass	11:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	11.2200
		11:22pm
SRC	Pass	11:22pm
DET	Pass	11:22pm
BAR	Pass	11:22pm
BT	Pass	11:22pm

Blank Tests

Test	Status	Time

AIR Pass 11:23pm

Printer Tests

Test Status Time	'est	: Status	Time
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PRNT Pass 11:23pm

CRC Tests

Test	Status	Time

COMP Pass 11:23pm CAL Pass 11:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston	Instrument Location BA+ N	nobile Unit 11
Instrument	t Serial No. <u>DO 8970</u>		· · · · · · · · · · · · · · · · · · ·
The prever		the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the alcoholic breath .2 degree centigrade;	n simulator thermometer show
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	
10.		s canister is being changed before expiration of g changed every four months or after 125 Alco	
I certify the procedures Departmen	at on the day of s were performed on the instrument of Health and Human Services,	nt indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE GREAT SET OF THE CREAT SET OF THE CR	ATE ON NOTE HE CANONIA AM YOUR	Signature of Certifying Official	Certificate Number

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008970 Test Date: 12/02/2017

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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:18pm
AIR BLK ACCY CHK	.00 .07	9:19pm 9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm

.00 g/210L Reported AC:

Chemical Analyst

Mu D

Court CVR

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008970 Test Record Number: 415 Test Date: 12/02/2017 Test Time: 9:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:25pm
FLO	Pass	9:25pm
FC	Pass	9:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:25pm
SRC	Pass	9:25pm
DET	Pass	9:25pm
BAR	Pass	9:25pm
BT	Pass	9:25pm

Blank Tests

Test	Status	Time
ATR	Pass	9:26pm

Printer Tests

Test	Status	TIME
PRNT	Pass	9:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:26pm
CAL	Pass	9:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County (paston	Instrument Location GUSTAN	
Instrument S	Gerial No. <u>008687</u>	425 N. Marietta St.	Gadonia
The prevention four months		toximeters, Model Intox EC/IR II to be i	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration danged every four months or after 125 Alco	
procedures w		icated above, in accordance with current he instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OTHE STATION OF THE S	FON OR Sign	ature of Certifying Official	656 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 12/20/2017

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: AG721401 Exp Date: 08/02/2019

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

Reported AC: .00 g/210L

Signatu:

Chemical Analyst

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 3722
Test Date: 12/20/2017 Test Time: 12:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

Blank Tests

Test	•	Status	Time
AIR		Pass	12:52pm

Printer Tests

Test PRNT	Status Pass	Time 12:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:52pm 12:52pm

Preventive Maintesance Status: Pass

Änalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GRA	Instrument Location CREEDMG	or PB
Instrument Seri	al No. 008641 1/1 MASONIC ST. CRE	EDMODR, NC
		·
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
procedures were	the <u>22</u> day of <u>DECEMBER</u> , 20 / 7 the forgo e performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	NOTIFIC CARRY CARRY CONTINUES OF THE CARRY CO	
THE COUNTY VON	Signature of Certifying Official	637 Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 12/22/2017

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, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:30pm
AIR BLK	.00	2:30pm
ACCY CHK	.07	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 978

Test Date: 12/22/2017

Test Time: 2:39pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 2:40p SRC Pass 2:40p DET Pass 2:40p	
BAR Pass 2:40p	m m m
BT Pass 2:40p	m

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GR	PANVILLE Instrument Location OXFORD PD	 .
Instrument Ser	orial No. 008923 ZOYE. MCCLANAHAN ST. DXFO	RD,
The preventive four months ar	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once extre:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	٠.
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	. ',
5.	Verify instrument accuracy;	÷ 1
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	eath tests,
I certify that of procedures we Department of	on the day of the forgoing preventive maintevere 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.	enance
O'NE STATE		
THE COLUMN TO	Signature of Certifying Official Certificate Number	er

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 12/22/2017

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, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Test Time DIAG 10:46am Pass AIR BLK .00 10:47am 10:47am ACCY CHK .07 AIR BLK .00 10:48am SUB TEST .00 10:49am 10:50am AIR BLK .00 SUB TEST .00 10:51am AIR BLK .00 10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 12/22/2017

Test Record Number: 1629
Test Time: 10:53am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:54am 10:54am 10:54am 10:54am
BT	Pass	10:54am

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Printer Tests

Status

Time

10:55am

Test

CAL

PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:55am

Preventive Maintenance Status: Pass

Pass

Analyst

ð

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Course HE		Instrument Location Ahosh	Vic P.D.
Instrument Seria	al No. 008848	705 W. MAINS	TT. Ahoskie, N.
	,		
The preventive four months are		toximeters, 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 br gree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;	,	
4.	Enter information as prompted		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	đ	
10.		ster is being changed before expiratinged every four months or after 125	
	e performed on the instrument ind	the icated above, in accordance with cur he instrument is functioning properly	rrent regulations of the N.C.
STATE OF STA	SATORIAN CONTRACTOR OF THE PARTY OF THE PART	, GA, Keel	647
	Sigr	nature of Certifying Official	Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 12/19/2017

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: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:39am
AIR BLK	.00	9:40am
ACCY CHK	.08	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HERTFORD COUNTY AHOSKIE PD 450

Test Record Number: 1298 Serial Number: 008848

Test Time: 9:48am EST Test Date: 12/19/2017

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:50am	

Printer Tests

Test	Status	Time
1 .	and for the second	
PRNT	Pass	9:50am

CRC Tests

iest	Status	TIME
COMP	Pass	9:50am
CAL	Pass	9:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location HYDE Co. S. O - Derac-	٠,
Instrument Se	rial No. 008918 NCID, Ocracoke, 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;	3
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	٠
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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 OF TH		

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008918 Test Date: 12/14/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	3:59pm
AIR BLK ACCY CHK	.00	4:00pm 4:01pm
AIR BLK	.00.	4:02pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008918

Test Record Number: 577

Test Date: 12/14/2017

Test Time: 3:55pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:56pm
SRC	Pass	3:56pm
DET	Pass	3:56pm
BAR	Pass	3:56pm
BT	Pass	3:56pm

Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:57pm

CRC Tests

Test	Status	TIME
COMP	Pass	3:57pm
CAT.	Pass	3:57pm

Preventive Maintenance Status: Pass

Analyst

Cuel

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hea	Instrument Location Henderson Co Detenting
Instrument Se	rial No. 008806 Instrument Location Henderson Co Detenting
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE STATE OF THE COLUMN OF T	

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

DHHS 4080 (11/07)

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 12/15/2017

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: BURNETTE, ANTHONY U

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test g/210L Time

DIAG Pass 3:43pm
AIR BLK .00 3:44pm
ACCY CHK .07 3:45pm
AIR BLK .00 3:46pm
SUB TEST .00 3:47pm
AIR BLK .00 3:48pm
SUB TEST .00 3:49pm
AIR BLK .00 3:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 2322
Test Date: 12/15/2017 Test Time: 3:51pm EST

System Check: Passed

Baseline Tests

Test	Status	"/Time
i <u>al</u> lie .		II.
IR	Pass	3:52pm
FLO	Pass	; 3:52pm
FC	Pass	3:52pm

Temperature Tests

Test "	Status	Time
FC1	Pass	3:52pm
SRC	Pass]	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm
Sa po	1 100	12 (1)

Blank Tests

Test Status Time

AIR Pass 3:52pm

Printer Tests

Test Status Time

PRNT Pass 3:53pm

CRC Tests

Test Status Time

COMP. Pass 3:53pm CAL Pass 3:53pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Contradita and Aller, a finding authority

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARNETT Instrument Location BAT MOR	SILE UNIT #4
Instrument Seria	INO 002717	
instrument sera	11 NO. (1) (1) (1)	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dasimulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
	the day of bec, 20 / 7 the forgot performed on the instrument indicated above, in accordance with current realth and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	SARO SARO SARO SARO SARO SARO SARO SARO	
FOR QUAM VIDEN		66/
	// Signature of Certifying Official	Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008717 Test Date: 12/09/2017

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 10:16pm 10:16pm 10:17pm 10:18pm
AIR BLK SUB TEST	.00	10:19pm 10:20pm
AIR BLK	.00	10:21pm

Reported AC

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008717 Test Record Number: 599 Test Date: 12/09/2017 Test Time: 10:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:23pm
FLO	Pass	10:23pm
FC	Pass	10:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:23pm
SRC	Pass	10:23pm
DET	Pass	10:23pm
BAR	Pass	10:23pm
BT	Pass	10:23pm

Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	10·24pm

CRC Tests

Test	Status	Time
COMP	Pass	10:24pm
CAL	Pass	10:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETER	RS, MODEL INTOX EC/I	IR II
County Hayle		Instrument Location / $\sqrt{47}$ ω oc	od Co. Jail
Instrument Seria	INO. 008714	Waynesville, NC	
The preventive n four months are:		toximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breat gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on to procedures were Department of H	the day ofc performed on the instrument ind lealth and Human Services, and the	the fo icated above, in accordance with curre he instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF THE STATE OF A			
	School State of the State of th		
* EST QUAM VIDER *	Oil!	R. Cuth	635
		ature of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 12/05/2017

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: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Out R. Cuth

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1459
Test Date: 12/05/2017 Test Time: 11:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

Temperature Tests

Status	Time
Pass	11:47am
	Pass Pass Pass Pass

Blank Tests

Status	Time
Pass	11:47am
	_

Printer Tests

Test

		•
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time

Status

Time

COMP Pass 11:47am CAL Pass 11:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hay noos	Instrument Location Hoywood Co. Jail
Instrument Serial No. OO 87/2	
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 show degree centigrade;
2. Verify instrument displays tir	me and date;
3. Initiate breath test sequence;	
4. Enter information as prompte	ed;
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" ap	ppears, collect breath sample;
7. When "PLEASE BLOW" ap	ppears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; a	and
	nister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests
Location that on the 5 day of 12	cember, 20/7 the forgoing preventive maintenance
procedures were performed on the instrument i	ndicated above, in accordance with current regulations of the N.C.
Department of Health and Human Services, and	d the instrument is functioning properly.
CARDON 12. 173 VOCANO	
	R. Cullo

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 12/05/2017

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: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK		11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 1964

Test Date: 12/05/2017

Test Time: 11:45am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	11:46am 11:46am 11:46am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:46am 11:46am 11:46am 11:46am 11:46am

Blank Tests

Test	Status	Time
4.5		

Printer Tests

Test	Status	Time	
	the second secon		

PRNT		11:47am
	Pass	

CRC Tests

Test	Status	Time
COMP	Pass	11:47am

Preventive Maintenance Status: Pass

County	INTOXIMETERS, MODEL INTOX E	
Instrument Se	erial No. 008685 750 W. Itele)	1 Ave., Modesville
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II tare:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic based degrees, plus or minus .2 degree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	,
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first.	
	on the day of leave above, in accordance with conference of Health and Human Services, and the instrument is functioning proper	
WWWD SPATE NA DATE NA	Signature of Certifying Official	Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 12/20/2017

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
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: \00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685

Test Record Number: 2868

Test Date: 12/20/2017

Test Time: 11:09am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:09am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
	* * *	
AIR	Pass	11:10am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am

CRC Tests

Test	Status	Time
COMP	Pass	11:10am
CAL	Pass	11:10am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jones	Instrument Location_	JONES	County
Instrument S	derial No. <u>008705</u>	SHERIFTS		
The preventi	ive maintenance procedures for the In are:	toximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath si	mulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10. ,-	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.			
I certify tha procedures Departmen	t on theday of were performed on the instrument in t of Health and Human Services, and	dicated above, in accord	ance with current	g preventive maintenance regulations of the N.C.
STAN STAN STAN STAN STAN STAN STAN STAN	Control of the second s	acture of Certifying Offic	<u></u>	354 Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 12/19/2017

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: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:18pm 12:19pm 12:20pm 12:21pm 12:21pm
AIR BLK	.00	12:22pm
SUB TEST ATR BLK	.00	12:24pm 12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 1189
Test Date: 12/19/2017 Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
BT	Pass	12:26pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Toct	Qtatue	Time

the state of the s			
COMP	Pass	12:27pm	
CAL	Dagg	12:27pm	
CAL	Pass		

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DONES	Instrument Location BAT	MOBILE	UNIT 9
Instrument Seri	al No. <u>008616</u>			
The preventive four months are	maintenance procedures for the Int	toximeters, Model Intox EC/IR II	to be followed a	t least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic ree centigrade;	breath simulator	thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			•
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;		•	
9.	Verify Diagnostic Program; and	I		
10.		ster is being changed before expir ged every four months or after 12		
procedures wer	the	icated above, in accordance with	current regulatior	entive maintenance as of the N.C.
THE STATE OF THE OWN TO STATE OWN TO STATE OF THE OWN TO STATE OF THE OWN TO STATE OWN TO STAT	CAROLL	ature of Certifying Official		48

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008616 Test Date: 12/15/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	10:37pm
AIR BLK ACCY CHK	.00 .07	10:38pm 10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008616 Test Record Number: 2372 Test Date: 12/15/2017 Test Time: 10:45pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:46pm

10:46pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

The first of the second of the

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Lincoln	Instrument Location Lincol	n County Courthouse
Instrument	Serial No. 008827	#1 Court Squar	e, Lincolnton
The preven	tive maintenance procedures for s are:	r the Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minus	nister displays pressure, or the alcoholic brea s .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument display	ys time and date;	
3.	Initiate breath test sequer	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	cy;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	' appears, collect breath sample;	
8.	Print test record;		*
9.	Verify Diagnostic Progra	m; and	
10.	Verify that the ethanol gas simulator solution is bein whichever occurs first.	is canister is being changed before expiration g changed every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
procedures	were performed on the instrume	the form the instrument is functioning properly.	orgoing preventive maintenance nt regulations of the N.C.
CREAT STATE OF STATE	TE OF NORTH CAROLIN		
APRIL 12.	NOON X	E. All	650
	///	Signature of Certifying Official	Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 12/08/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:42pm
AIR BLK	.00	4:43pm
ACCY CHK	.07	4:43pm
AIR BLK	.00	4:44pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 2756 Test Date: 12/08/2017 Test Time: 4:37pm EST

System Check: Passed

Baseline Tests

IR Pass 4:38pm FLO Pass 4:38pm FC Pass 4:38pm	Test	Status	Time
	FLO	Pass	4:38pm
FC Pass 4:30pm	FC	Pass	4:300111

Temperature Tests

Test	Status	Time
FC1	Pass	4:38pm
SRC	Pass	4:38pm
DET	Pass	4:38pm
BAR	Pass	4:38pm
BT	Pass	4:38pm

Blank Tests

Test	Status	Time
AIR	Pass	4:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:39pm

CRC Tests

	ıme
CAL Pass 4	:39pm
	:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Latte	Instrument Location SANTE	IRD POLICE DEPT,
Instrument	t Serial No. <u>00 8867</u>	SANFORD NC	
The preven	ntive maintenance procedures for the Ir	atoximeters, 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 brogree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
-5 . .	Verify instrument accuracy;		
<u>,</u> 6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiration and every four months or after 125 A	
	nat on the <u>O</u> day of <u>D</u> s were performed on the instrument indent of Health and Human Services, and t		rent regulations of the N.C.
S S S S S S S S S S S S S S S S S S S		Jacure of Certifying Official	371 Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 12/01/2017

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: RUSSELL, LARRY

Permit Number: 6108E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:10pm
AIR BLK	.00	2:11pm
ACCY CHK	.07	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
ATR BLK	. 00	2:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 1015

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:20pm 2:20pm 2:20pm 2:20pm 2:20pm
	;-	*

Blank Tests

Test	Status	Time
	the second secon	

2:20pm AIR Pass

Printer Tests

rest	Status	TTITE
	4	
	100	
\mathtt{PRNT}	Pass	2:20pm

CRC Tests

Test	Status	Time
COMP	Pass	2:20pm
CAL	Pass	2:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	ican Instrument Location Macon Co. Jail
Instrument Seri	al No. 008789 Franklin, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures wer Department of	theday of
STATE OR AT THE COLOR OF THE CO	A CONTROL OF THE CONT
SOF QUAM VIOLE	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 12/19/2017

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: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:38am 10:39am 10:40am
AIR BLK	.00	10:40am 10:41am 10:42am
SUB TEST AIR BLK	.00	10:42am
SUB TEST AIR BLK	.00 .00	10:44am 10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789

Test Record Number: 613

Test Date: 12/19/2017

Test Time: 10:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:46am 10:46am
FC	Pass	10:47am

Temperature Tests

Test Status Time	
FC1 Pass 10:47 SRC Pass 10:47 DET Pass 10:47 BAR Pass 10:47	am am
BAR Pass 10:47	alli
BT Pass 10:47	am

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

Test

CAL

Status

PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:47am

Time

10:47am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mac	Instrument Location Macon Co. Jail
Instrument Serial	No. 008618 Franklin, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A STATE O	Signature of Certificial Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 12/19/2017

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: CUTLER, DANIEL R
Permit Number: 08457
Effective:
09/01/2017-09/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:37am 10:38am 10:38am 10:39am 10:40am
		10:40am
AIR BLK	.00	and the second s
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 1794
Test Date: 12/19/2017 Test Time: 10:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time		
IR	Pass	10:46am		
FLO	Pass	10:46am	· contrata and the same of the same	one parties replay
FC	Pass	10:46am		

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:47am 10:47am

Preventive Maintenance Status: Pass

Analyst

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

The control of the second
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	DORE	Instrument Location	POORE CO	Jau
Instrument Seri	al No. <u>00 8 735</u>	CARTHAGE	NC	
The preventive four months are	maintenance procedures for the Int	oximeters, Model Intox EC/	IR II to be follow	red at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		holic breath simu	lator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;		•	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
· · : : ** 8.	Print test record;			
9.	Verify Diagnostic Program; and			
10. I certify that or	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before eged every four months or aft	ter 125 Alcoholic	Breath Simulator tests,
procedures wer	re performed on the instrument indi Health and Human Services, and the	cated above, in accordance v	with current regul	ations of the N.C.
OTHE STATE OF THE PROPERTY OF	NORTH CAROLINA Sign	ature of Certifying Official) 	37/ Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 12/19/2017

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: RUSSELL, LARRY

Permit Number: 6108E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:26pm 3:27pm
ACCY CHK	.07	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Record Number: 2031

Test Date: 12/19/2017

Test Time: 3:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:34pm
FLO	Pass	3:34pm
FC	Pass	3:34pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:34pm 3:34pm 3:34pm 3:34pm 3:34pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:35pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg	Instrument Location_	13ppt Mobil	t Unix 11
	nt Serial No. <u>008973</u>		·	
The preve	entive maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sampl	e;	
7.	When "PLEASE BLOW" appe	ears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed bef nged every four months o	ore expiration dat or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify to procedur Departm	that on theday ofday of	icated above, in accordance instrument is function	the forgoince with current reining properly.	ing preventive maintenance egulations of the N.C.
THE GREAT SET OF	STATE OF NORTH	Jory		658
	Sigr	nature of Certifying Office	ial	Certificate Number

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 12/07/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:15pm 9:16pm 9:17pm 9:18pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 438
Test Date: 12/07/2017 Test Time: 9:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
FC	Pass	9:24pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:25pm 9:25pm

Preventive Maintenance Status: Pass

Analyst-

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location But Milite Unit 1]
Instrument S	erial No
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	on the
STAL COREAL SEASON OF STALL SE	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 12/07/2017

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

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

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

m - - -

Test	g/210L	Time
DIAG	Pass	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970

Test Record Number: 421

Test Date: 12/07/2017 Test Time: 9:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

Test	Status	Time
COMP	Pass	9:24pm
CAL	Pass	9:24pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_\(\)	lecklenbung Ins	trument Location Hun-	talsyille PD
Instrument S	erial No. <u>0089096</u>	30 Julian Cla	irke Ave., Huntes
The preventi	ve maintenance procedures for the Intoxime	eters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		reath simulator thermometer shows
2.	Verify instrument displays time and de	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	llect breath sample;	
7.	When "PLEASE BLOW" appears, co	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.		
	on the 3 day of Quanto vere performed on the instrument indicated of Health and Human Services, and the inst	above, in accordance with cu	
TATE OVER 12. CONTROL OF THE CONTROL	S NO CHI CAROUND TO THE CAROUND TO T		656
	\Signature o	of Ceftifying Official	Certificate Number

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008910 Test Date: 12/13/2017

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: 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: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
		₩.
DIAG	Pass	10: 4 9am
AIR BLK	.00	10:50am
ACCY CHK	.08	10:50am
AIR BLK	.00	10:52am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:Ŝ5am

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008910

Test Record Number: 698

Test Date: 12/13/2017

Test Time: 10:57am EST

System Check: Passed

Baseline Tests

Test	Status	Time
		•
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

Temperature Tests

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

Blank Tests

Time Test Status

AIR Pass 10:58am

Printer Tests

Status Time Test

PRNT Pass 10:58am

CRC Tests

Status Time Test

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Dowell Instrument Location Mc Dox	Nell Co. Jal
Instrument Ser	al No. <u>008888</u> <u>Marior</u>	NC_
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be te:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	late, or the alcoholic breath pholic Breath Simulator tests,
procedures we	on theday of <u>Dec ember</u> , 20 <u></u> , the foregous re performed on the instrument indicated above, in accordance with current f Health and Human Services, and the instrument is functioning properly.	nt regulations of the N.C.
STATE OF THE STATE		
AND SERVE CARE		649
	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (11/07)

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 12/14/2017

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:

05/01/2017-05/01/2019

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

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

rest	g/210L	Time
DIAG	Pass	4:42pm
AIR BLK	.00	4:43pm
ACCY CHK	.07	4:44pm
AIR BLK	.00	4:45pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1496
Test Date: 12/14/2017 Test Time: 4:50pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:51pm
FLO	Pass	4:51pm
FC	Pass	4:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:51pm
SRC	Pass	4:51pm
DET	Pass	4:51pm
BAR	Pass	4:51pm
BT	Pass	4:51pm

Blank Tests

Test	Stati	us	Time
		100	
AIR	Pass		4:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:51pr
	CRC Tests	
Test	Status	Time

	Application of the second	1.00
COMP	Pass	4:52pm
CAL	Pass	4:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Dowell Instrument Location Mc Dowell Co. Jail
Instrument Ser	ial No. 008892 Marion, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the <u>14</u> day of <u>Dec ember</u> , 20/7, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 12/14/2017

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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401

Exp Date: 01/24/2019

Test	g/210L	Time

DIAG	Pass	4:43pm
AIR BLK	.00	4:44pm
ACCY CHK	.07	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm
ATR BLK	.00	4:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Record Number: 564

Test Date: 12/14/2017

Test Time: 4:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:51pm
FLO	Pass	4:51pm
FC	Pass	4:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
BT	Pass	4:52pm

Blank Tests

Test	Status	Time
ATR	Pass	4:52pm

Printer Tests

Test.

1000	Deacab	2 2
PRNT	Pass	4:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:53pm 4:53pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

Signature of Certifying Official

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.

I certify that on the

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 12/07/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	TIME
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/2/0L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1683 Test Date: 12/07/2017 Test Time: 11:37am EST

System Check: Passed

Baseline Tests

Test	Status	Time
		3
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

Temperature Tests

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

Blank Tests

Test		Status	Time
	-		
ATR		Pagg	11:38am

Printer Tests

. 1		100	١
Test	Status	Time	
PRNT	Pass	11:38	am
	CRC Tests		1
Test	Status	Time	ڒ
COMP	Pass	11:38	am

Preventive Maintenance Status: Pass

Pass

11:38am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ed Hanover Instrument Location Wilming for
Instrument S	erial No. 008628 Police Departmen
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures we Department o	on theday of, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	CAROL

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 12/07/2017

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: RHODES, KENNETH C Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:29am 10:29am 10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 12/07/2017

Test Record Number: 4377
Test Time: 10:35am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:36am
SRC	Pass	10:36am
DET	Pass	10:36am
BAR	Pass	10:36am
BT	Pass	10:36am

Blank Tests

Test	Status	Time
*		

AIR Pass 10:37am

Printer Tests

Test	Status	lime
PRNT	Pass	10:37am

CRC Tests

Test	Status	Time
COMP	Pass	10:37am
CAL	Pass	10:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	en Hand et Instrument Location Caroling Beach
Instrument S	erial No. 008661 Police Departme
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofday_c
OTHE STAT	CONTRACTOR OF THE PARTY OF THE



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 12/07/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time DIAG Pass 9:23am AIR BLK .00 9:23am ACCY CHK .07 9:24am AIR BLK .00 9:25am SUB TEST .00 9:25am AIR BLK .00 9:26am SUB TEST .00 9:28am AIR BLK .00 9:29am

Reported AC/ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 2393

Test Date: 12/07/2017 Test Time: 9:30am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:30am
FLO	Pass	9:30am
FC	Pass	9:30am

Temperature Tests

Test Status Ti	
SRC Pass 9: DET Pass 9: BAR Pass 9:	31am 31am 31am 31am 31am

Blank Tests

Test	Status	Time
AIR	Pass	9:31am

Printer Tests

rest	Status	TTIIIE
PRNT	Pass	9:31am
	CRC Tests	

rest	Status	Trille
		•
COMP	Pass	9:31am
CAL	Pass	9:31am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No.	erial No. 008617 County Speciff Deplan
mon unione of	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of
TAN STATION OF THE ST	

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

Signature of Certifying Official

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	4:17pm
AIR BLK	.00	4:18pm
ACCY CHK	.08	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:21pm
AIR BLK	.00	- 4:22pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm

m-1 --- -

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617

Test Record Number: 2851

Test Date: 12/06/2017

Test Time: 4:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:26pm
FLÖ	Pass	4:26pm
FC	Pass	4:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass	4:26pm

Blank Tests

Test	Status	Time
AIR	Pass	4:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:27pm

CRC Tests

Test	Status	Time
COMP	Pass	4:27pm
CAL	Pass	4:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTO A EC/IN II
County Nea	Hanover Instrument Location New Hanover
Instrument Seria	No. 008626 County Shoriff Departmens
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of, 20, 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 Gertificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 12/06/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:19pm 4:20pm
ACCY CHK	.07	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm

Reported AC: / 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 6938

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:35pm
FLO	Pass	4:35pm
FC	Pass	4:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:35pm
SRC	Pass	4:35pm
DET	Pass	4:35pm
BAR	Pass	4:35pm
BT	Pass	4:35pm

Blank Tests

Test	Status	Time	
ATR	Pass	4:36pm	

Printer Tests

Test	Status	Time
PRNT	Pass	4:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:36pm
CAL	Pass	4:36pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Rocky Mount The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the ___/___ ______, 20 / 7, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 12/18/2017

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:27am
ACCY CHK	.07	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reparted AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2158 Test Date: 12/18/2017 Test Time: 11:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	the state of the s	11:40am
	Pass	
DET	Pass	11:40am
BAR	Pass -	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
ΣTD	Dagg	11.41am

Printer Tests

Test	Status	Time
PRNT	Pass	11:41am

CRC Tests

Test	Status	Time
COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. 008740 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; 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. ______, 20_/7_, the foregoing preventive maintenance 18 day of <u>Doc</u> I certify that on the _ procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 12/18/2017

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401

Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:28am 11:29am 11:29am 11:30am 11:31am 11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:34am

Reported AC. .. 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 633 Test Date: 12/18/2017 Test Time: 11:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11.40am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:40am 11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ASH Instrument Location NASHVILLE PD
Instrument Ser	ial No. <u>008630</u> 5015. BARNOS ST NAShville, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
nrocedures v	on the
THE STAT	
COREAT SE	
COSE QUANT	Signature of Certifying Official Certificate Number

NASH COUNTY NESHVILLE PD 630

Serial Number: 008630 Test Date: 12/18/2017

Citation Number: M0000000-0

Subject!s Name:

PREVENTIVE, MAINTENANCE

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

Subject!s Sex: Male

Driver's Nisense State. YX Driver's License State: XX
Driver's License Number: NONE

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

rffeetive: q5/01/2017-05/01/2019

Officer s Name: NONE, NONE Type of Leendy: FTA Agence: BHHS Test Type: Freath Test

Lot Number | AG721401 Exp. Date | 108/02/2019

Time

10:38am

10:39am

10:40am

10:41am

10:42am

10:43am

10:44am

10:45am

Reported A. 1.00 g/210L

mical Analyst

Analyst

NASH COUNTY NASHVILLE PULCED

Ser al Number: 008630 Test Record Number: 3999 Teat Date: 12/18/2017 Test Time: 20:46am EST

System Check: Passed

Baseline Tests

Test	Status Time
IR	Pass 10: Sam
FLO	Pass 10:
FC	Pass 10:

Temperature Tests

Test	Status	Time	
FC1	Pass	"10 ,	
SRC	Pass	10:	
DET	Pass ,	10	
BAR	Pass	TO:	
BT	Pass	TO:	

Blank Tests

Test	Status Time Pass 10:	
		I
AIR	Pass 10:	Ī

Printer Tests

Test	Status Time	ı
	Status Time Pass 10:7	
PRNT	Pass 10:	ш

CRC Tests

Test	1	Status Time
COMP		Pass 10:
CAL		Pass 10:47

Preventive Maintenanc Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location ONSLO	ow County	
Instrument	SUBSIDE SUBSIDERS AFT	ice	
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
.8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,	
I certify th procedure Departme	at on theday ofAR, 20, the foregoing severe performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.	
CONTRACTOR OF STATE O	ATE ON TO SELECT ON THE SELECT	354 Certificate Number	

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

DHHS 4080 (11/07)

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008917 Test Date: 01/11/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:11am 10:11am
ACCY CHK	.08	10:12am
AIR BLK SUB TEST	.00 .00	10:13am 10:14am
AIR BLK	.00	10:14am
SUB TEST	.00	10:16am
ATD BIK	ሰበ	10 · 17am

Reported AC: , 00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008917 Test Date: 01/11/2018 Test Record Number: 700
Test Time: 10:17am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:18am
FC	Pass	10:18am

Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

Blank Tests

Test	Status	Time
AIR	Pass	10:18am

Printer Tests

Test	Status	Time
PRNT	Pass	10:18am

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	10:18am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Dr	SLOW	Instrument Location CAMA L	Ejenue AMC
Instrument Seri	000000		
The preventive four months are		ximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.	plays pressure, or the alcoholic breath ee centigrade;	simulator thermometer show
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration d ed every four months or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
procedures we	re pertormed on the instrument mai	cated above, in accordance with currence instrument is functioning properly.	it regulations of the rive.
THE STATE OF THE TOTAL PROPERTY OF THE PROPERT	CAROLIN CARE	JEHOO ure of Certifying Official	354 Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 12/07/2017

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: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:02am
AIR BLK	.00	11:02am
ACCY CHK	.08	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:07am
ATP RIK	0.0	11.08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1448
Test Date: 12/07/2017 Test Time: 11:09am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status Time
FC1	Pass 11:09am
SRC	Pass 11:09am
DET	Pass 11:09am
BAR	Pass 11:09am
BT	Pass 11:09am

Blank Tests

Test	Status	rime
AIR	Pass	11:10am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am
	CRC Tests	

Test	status	TTIIIE
COMP	Pass Pass	11:10am 11:10am
CAL		

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 0	Instrument Location JACK SCAWILLE AS
Instrument Se	rial No. <u>008930</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures w Department	on theday ofday of
STATE OF THE STATE	
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 12/07/2017

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: HALL, RANDY B

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
	1 S. M. 15	
DIAG	Pass	11:37am
AIR BLK	.00	11:37am
ACCY CHK	.08	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 003330 Test Record Number: 2042 Test Date: 12/07/2017 Test Time: 11:44am EST

System Check: Passed

Baseline Tests

Test Status Time

IR Pass 11:44am FLO Pass 11:44am FC Pass 11:44am

Temperature Tests

Test Status Time

FC1 Pass 11:44am
SRC Pass 11:44am
DET Pass 11:44am
BAR Pass 11:44am
BT Pass 11:44am

Blank Tests

Test Status Time

AIR Pass 11:45am

Printer Tests

Test Status Time

PRNT Pass 11:45am

CRC Tests

Test Status Time

COMP Pass 11:45am
CAL Pass 11:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NSLOW Instrument Location ONSLOW	Coursty
Instrument Se	answar silver for A FE.	ce '
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follower:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	•
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath lic Breath Simulator tests,
procedures v	t on theday of <u>Jecem Jek</u> , 20 <u>/7</u> , the foregoing were performed on the instrument indicated above, in accordance with current to of Health and Human Services, and the instrument is functioning properly.	g preventive maintenance regulations of the N.C.
STATI TO THE STATI		354 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 12/07/2017

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: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 4289
Test Date: 12/07/2017 Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

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

Preventive Maintenance Status: Pass

March E-Half
Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DUSLOW Instrument Location ONSLOW County
Instrument	Serial No. 008931 SHERIFF'S OFFICE
The prevent	tive 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.
	at on theday ofderiverday ofderiverderiver
PATE OF STATE OF STAT	Signature of Certifying Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 12/07/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:23pm 12:24pm 12:24pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:29pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 2729
Test Date: 12/07/2017 Test Time: 12:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:30pm
SRC	Pass	12:30pm
DET	Pass	12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

Blank Tests

Test	Status	Time
•		
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Kard E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ

_	INTOXIMETERS, MODEL INTOX EC/IR II
County DU	Show Instrument Location MCAS New River
Instrument Serial	No. 008919 PMO
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
A signed origins	Signature of Certifying Official Certificate Number I of the preventive maintenance record shall be kept on file for at least three years.

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 12/07/2017

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: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702402

Exp Date: 01/24/2019

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

DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.08	1:31pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	00	1:36pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

March E Holf
Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919

Test Record Number: 584

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:37pm
	Pass Pass Pass Pass

Blank Tests

Status Time Test AIR Pass 1:38pm

Printer Tests

Status Time Test PRNT Pass 1:38pm

CRC Tests

Time Status Test COMP 1:38pm Pass CAL Pass 1:38pm

Preventive Maintenance Status: Pass

Carl E-Half
Analyst



	INTOXIMETE	RS, MODEL INTOX EC/IR	
County	RANGE	Instrument Location Chaple A	111 PD
Instrument Ser	ial No. <u>008839</u>	828 Martin Little Kin Chapel Hill NK	us In Blud
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be f	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	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	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests
procedures w	ere performed on the instrument i	, 20, the forego indicated above, in accordance with currend the instrument is functioning properly.	nt regulations of the N.C.
STATE OF THE STATE	CAROLIN SALE	gnature of Certifying Official	<i>ÇÇ</i> Z_ Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 12/28/2017

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, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG621494 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	. 00, .	12:35pm

Rep@rted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 1552 Test Date: 12/28/2017 Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

Temperature Tests

Test	Status	Time
		自語 職制 犯
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm
		· -

Blank Tests

ুTest Status Tim

AIR Pass 12:36pm

Printer Tests

,	Τ'n	S	t i	ŧ,	 Stat	119	1.	ir i	mĕ.

PRNT Pass 12:36pm

CRC Tests

Test Status Time

COMP Pass 12:37pm CAL Pass 12:37pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVETE	RS, MODEL INTOX ECITE	\sim \sim
	RANGE	γ	4,11 PD
Instrument Se	rial No. 008856	828 Malin Litter Chapel Hill, NC	King Ja Bl
The preventiv		Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath s egree centigrade;	imulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nnd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration da nanged every four months or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
procedures v	were performed on the instrument	indicated above, in accordance with curren nd the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
WIND SOFT	CAROUND STATE OF THE PARTY OF T	ignature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 12/28/2017

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, SIMON S
Permit Number: 11434E
Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:25pm 12:26pm
ACCY CHK	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2413
Test Date: 12/28/2017 Test Time: 12:32pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:33pm 12:33pm
FC	Pass	12:33pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:33pm 12:33pm 12:33pm 12:33pm 12:33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm

CRC Tests

Test	Status	Time
COMP	Pass	12:34pm
\mathtt{CAL}	Pass	12:34pm

Preventive Maintenance

Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location BAT MOBILE UNIT 9
Instrument	Serial No. 008704 Instrument Location BAT MOBILE UNIT 9 Serial No. 008704 JACKSONVILLE, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
nrocedure	that on the <u>lo</u> day of <u>DECENBER</u> , 20 // the forgoing preventive maintenance as 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.
SOUTH SEE	TIATE OF NO.
* 555	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704 Test Date: 12/16/2017

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:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:41pm 9:42pm
ACCY CHK AIR BLK	.08 .00	9:43pm 9:44pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services

Rev. 12/2007

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704 Test Record Number: 498
Test Date: 12/16/2017 Test Time: 9:48pm EST

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	Pass	9:49pm
SRC	Pass	9:49pm
DET	Pass	9:49pm
BAR	Pass	9:49pm
\mathtt{BT}	Pass	9:49pm

Blank Tests

Test	Status	Time
AIR	Pass	9:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm

CRC Tests

Test	Status	Time
COMP	Pass	9:50pm

Preventive Maintenance Status: Pass

Aĥalyst

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

		, MODEL INTOX ECIN	
County 1	Amkico	Instrument Location PANKIC	CO COUNTY
Instrument Ser	ial No. <u>008640</u> _	SHERIFFIS OFFICE	`
The preventive four months ar		timeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath e centigrade;	simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	,	
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed before expiration d d every four months or after 125 Alco	ate, or the alcoholic breath bholic Breath Simulator tests,
I certify that of procedures we Department of	on theday ofcere performed on the instrument indiction of Health and Human Services, and the	cated above, in accordance with current is functioning properly.	ing preventive maintenance at regulations of the N.C.
STATE OF THE STATE	Signati	ure of Certifying Official	354 Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 12/19/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:33pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E Holf Analyst

PAMIJICO COUNTY PAMIJICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 1290 Test Date: 12/19/2017 Test Time: 1:36pm EST

System Check: Passed

and the organization of

Baseline Tests

Status	Time
Pass	1:36pm
Pass	1:36pm
Pass	1:36pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	

Test	Status	Time
СОМР	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance Status: Pass

Analyst

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

Department of Health and Human Services Rev. 12/2007

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

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

Signature of Certifying Official

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 12/07/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:12pm 2:13pm 2:13pm 2:14pm 2:15pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC:

0/0/g/21/0/L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services

Rev. 12/2007

PENDER PENDER CO SD 700

Serial Number: 008935

Test Record Number: 2210

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:21pm
FLO	Pass	2:21pm
FC	Pass	2:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
BT	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm

CRC Tests

rest	Status	Time
COMP	Pass	2:22pm
CAL	Pass	2:22pm

Preventive Maintenance Status: Pass

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

2006年代金庫標準的電子

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

Signature of Certifying Official

Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 12/07/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
ATR BLK	. 0.0	2:22pm

Reported AC: / . 0 g/2/10L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Analyst

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

PENDER PENDER COUNTY SD 700

Test Record Number: 871 Serial Number: 008946

Test Time: 2:24pm EST Test Date: 12/07/2017

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:24pm
∍SRC	Pass	2:24pm
DET	Pass	2:24pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

Blank Tests

Test	Status	Time
ATR	Pagg	2:25mm

Printer Tests

Test	Status	Time
500		
PRNT	Pass	2:25pm

CRC Tests

Test	Status	Time
COMP	Pass	2:25pm
CAL	Pass	2:25pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Analyst

Forensic Tests for Alcohol Branch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR	II 1
County	Fender Instrument Location Pende	r County
Instrument Se	erial No. 008948 Sheriff Dypan	AMENT AM
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be forme:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first. on the	nolic Breath Simulator tests,
TARRE QUANT		Certificate Number

PENDER COUNTY SHERIFF DEPT ANNEX

Serial Number: 008948 Test Date: 12/07/2017

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

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:49pm 12:49pm 12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC:

of Chemical Analyst Signature

Court CVR

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

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 791 Test Date: 12/07/2017 Test Time: 12:55pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
		•
AIR	Pass	12:56pm

Printer Tests

Status

Test

COMP

CAL

PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time

Time

12:56pm

12:56pm

Preventive Maintenance Status: Pass

Pass

Pass

Malyst

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

		ERS, WODEL INTOX EC	
County_	ICHMOND		iond as Mas's offi
Instrument Ser	rial No. 008701	ROCKINGHAM	NC
The preventive four months ar		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ag	ppears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expirat hanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department o	ere performed on the instrument	indicated above, in accordance with curd the instrument is functioning proper	rrent regulations of the N.C.
O'ME STATE	STORING CAROLING	Port Russell	371
	5	Signature of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

> Serial Number: 008701 Test Date: 12/15/2017

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: RUSSELL, LARRY

Permit Number: 6108E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:11pm 4:12pm 4:12pm
AIR BLK SUB TEST	.00 .00	4:13pm 4:14pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 1141
Test Date: 12/15/2017 Test Time: 4:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FĻO	Pass	4:20pm
FC	Pass	4:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

Printer Tests

m ÷	· (1 to be see	E i ma
	CRC Tests	÷
PRNT	Pass	4:21pm
TESL	Status	TIME

rest	Status	TIME
COMP	Pass	4:21pm
CAL	Pass	4:21pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

la de la companya de	RICHMONID	Instrument Location RICHMOND Co. MAG'S OF
Instrument Seri	000000	ROCKINGHAM NC
	·	
The preventive four months are		ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 2	ster displays pressure, or the alcoholic breath simulator thermometer shows 2 degree centigrade;
2.	Verify instrument displays	time and date;
3.	Initiate breath test sequence	;
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 expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	re performed on the instrumen	t indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
THE STATE OF THE S	Note that the state of the stat	271 271

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

> Serial Number: 008840 Test Date: 12/15/2017

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: RUSSELL, LARRY Permit Number: 6108E Effective: 08/01/2017-08/01/2019

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

> Lot Number: AG607602 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	4:08pm 4:09pm
ACCY CHK	.07	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm

.00 g/210L Reported AG:

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840

Test Record Number: 2027

Test Date: 12/15/2017

Test Time: 4:16pm EST

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
\mathtt{BT}	Pass	4:17pm

Blank Tests

Test	Status	Time	
» TD	Daga	4 . 1 7 mm	
AIR	Pass	4:17pm	

Printer Tests

Test	Status	TIME
PRNT	Pass	4:17pm

CRC Tests

Test	Status	Time
COMP	Pass	4:17pm
CAL	Pass	4:17pm

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

W. Carried	Instrument Location + 1/2 + Mountain
County	Instrument Location 11/07/100/1/06/17
Instrument Se	rial No. 008938 Police Department
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 day of day o
I certify that procedures w Department	vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATIS OF STATIS STATIS STATIS STATIS OF STATIS OF STATIS OF STATIS STAT	

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 12/20/2017

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: AG607602 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:40am 10:40am 10:41am 10:42am 10:43am 10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:45am
11110 0110		10,100

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Limite / Complete

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 592
Test Date: 12/20/2017 Test Time: 10:47am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:48am 10:48am 10:48am 10:48am 10:48am

Blank Tests

Test	Status	Time
AIR	Pass	10:48am

Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

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

	INTOXIMETERS, MODEL INTOX EC/IR-II
County,	Instrument Location Sur 14 (SUNTY Jail
Instrument Se	erial No. 108934 Dotson, N.C.
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures v Department	on the
CTAT	
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 12/19/2017

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:34am
ACCY CHK	.07	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	√ 00	10:39am
ATD DIAZ	<u> </u>	10.40am

Reported AC:

00 g/21<u>0</u>L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 1838
Test Date: 12/19/2017 Test Time: 10:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

PRNT	Pass	10:42am
	CRC Tests	
That	Chatua	Trimo

Test	Status	Time
		A
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

age: Se	INTOXIMETERS, MODEL INTOXICOR II
County	Instrument Location / JOUNT ATTY
Instrument S	erial No. 008943 Police Desgr tment
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify that procedures v	Verify that the ethanol gas canister is being changed before 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 GRIENTS OF THE STATE OF T	Signature of Certifying Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 12/19/2017

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	'l'ime
DIAG AIR BLK	Pass	9:07am 9:08am
ACCY CHK	.08	9:09am
AIR BLK	.00	9:09am
SUB TEST	.00	9:10am
AIR BLK	.00	9:11am
SUB TEST	.00	9:12am
ATR BLK	- 00	9:13am

Reported AC: .00

.00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 1972

Test Date: 12/19/2017

Test Time: 9:14am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:14am
SRC	Pass	9:14am
\mathtt{DET}	Pass	9:14am
BAR	Pass	9:14am
${f BT}$	Pass	9:14am

Blank Tests

Test	Status	Time
ATR	Pass	9:15am

Printer Tests

Test	Status	Time
PRNT	Pass	9:15am

CRC Tests

Test	Status	Time
COMP	Pass	9:15am
CAL	Pass	9:15am

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Su/	ą:h	Instrument Location <u>Su</u>	
Instrument Seria	11 No. <u>008911</u>	Bryson Cit	ly, NC
		·	
The preventive r four months are:	naintenance procedures for the I	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoho egree centigrade;	lic 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 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 exp nged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on t procedures were Department of H	heday ofe performed on the instrument indealth and Human Services, and	dicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance h current regulations of the N.C. perly.
OTHE STATE OF NO.	CAROUNA A		
	Sign	nature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008911 Test Date: 12/06/2017

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: 08457
Effective:
09/01/2017-09/01/2019

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

Test Type: Breath Test

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

Test	g/210L	Time
		197
DIAG	Pass	10:47am
AIR BLK	.00	10:47am
ACCY CHK	.08	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	1	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008911 Test Record Number: 594
Test Date: 12/06/2017 Test Time: 10:53am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

Temperature Tests

Test	Status 🦠	Time
FCI.	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	. Pass	10:54am
BT	Pass	10:54am

Blank Tests

1 1 1		:	,
Test	Status		Time

AIR 🔧 🔠 Pass 👾 10:55am 🤫

Printer Tests

Test Status Time

PRNT Pass 10:55am

CRC Tests

Test Status Time

COMP Pass 10:55am CAL Pass 10:55am

Preventive Maintenance Status Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_SZ	wain	Instrument Location Swall	1 Co. Jail
Instrument Se	erial No. <u>008723</u>	Bryson City	, NC
	· 		,
The preventive four months a	we maintenance procedures for the lare:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic bregree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration unged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
**		/	
I certify that of procedures we Department o	on the day of ere performed on the instrument in if Health and Human Services, and	dicated above, in accordance with current is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATE STATE OF THE	ON NOTIFIC ARROWS		
ESE QUAM VIO	Paint	R. Cuth	635
	Sign	nature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 12/06/2017

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: 08457
Effective:
09/01/2017-09/01/2019

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	.07	10:29am 10:30am 10:31am
AIR BLK SUB TEST	.00 .00	10:32am 10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 718
Test Date: 12/06/2017 Test Time: 10:37am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:38am 10:38am 10:38am 10:38am 10:38am
DΪ	Pass	10:38dill

Blank Tests

Test	Status	lime
•		* .
ATR	Pass	10:38am

Printer Tests

Test:

4, 4		•
PRNT	Pass	10:38am
•	CRC Tests	

Status

Time

Test	Status	Time
COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Panpson Instrument Location Sampson Count
Instrument Ser	rial No. 008877 Shelift Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the day of
STATE OF THE STATE	

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 12/05/2017

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

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:10pm 1:11pm
ACCY CHK	.08	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	·	1:16pm
AIR BLK	.00	1:16pm

Reported AC:

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

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 2732
Test Date: 12/05/2017 Test Time: 1:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	 Pass	1:21pm

Printer Tests

Test

PRNT	Pass	1:21pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance Status: Pass

Analyst

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



nav	_ INTOXIMETERS, MODEL INTOX EC/IR II
County	ampson Instrument Location Jampson Logn
Instrument S	069925 St. 1/fs Decem
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of der
GREAT STATE OF THE	

Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 12/05/2017

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: RHODES, KENNETH C Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:08pm 1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm

Reported AC///00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 2370

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

Temperature Tests

Test St	atus Time
FC1 Pas SRC Pas DET Pas BAR Pas BT Pas	ss 1:15pm ss 1:15pm ss 1:15pm

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

CRC Tests

Test	Status	Time
COMP	Pass	1:16pm
CAL	Pass	1:16pm

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_ U/-	KE	Instrument Location	TO MONDE 10
Instrument Seria	11 No. 008584	RAIEDLIN PY)
The preventive i	naintenance procedures for the In	toximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholi gree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	7
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expi ged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on 1	he / day of <i>OC</i> (20/7	the forgoing preventive maintenance
procedures were	performed on the instrument indicath and Human Services, and the	cated above, in accordance with	current regulations of the N.C.
STATE OF A	ROUN CAROUN		
* C.S.E. QUAM VIDEN *			667
	Signa	ture of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Date: 12/01/2017

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: VARNELL, BRYON L

Permit Number: 16896E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601

Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	10:13pm
AIR BLK	.00	10:14pm
ACCY CHK	.07	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2180

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:22pm
SRC	Pass	10:22pm
DET	Pass	10:22pm
BAR	Pass	10:22pm
BT	Pass	10:22pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County UAICE	Instrument Location	SAT MOSTIE 10
Instrument Serial No. <u>60</u>	8779 RAIFTCH	P.D.
The preventive maintenance four months are:	procedures for the Intoximeters, Model Into	x EC/IR II to be followed at least once every
	ethanol gas canister displays pressure, or the s, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer show
2. Verify ins	trument displays time and date;	
3. Initiate bre	eath test sequence;	
4. Enter info	rmation as prompted;	
5. Verify inst	trument accuracy;	
6. When "PL	EASE BLOW" appears, collect breath samp	ole;
7. When "PL	LEASE BLOW" appears, collect breath samp	ole;
8. Print test r	record;	
9. Verify Dia	agnostic Program; and	
simulator s	t the ethanol gas canister is being changed be solution is being changed every four months occurs first.	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that on the	day of DC , 20	the forgoing preventive maintenance
procedures were performed	on the instrument indicated above, in accorda luman Services, and the instrument is function	ance with current regulations of the N.C.
		mig property.
THE STATE OF ALL		
STATE OF THE PARTY		
APRA 12, 175		663
	Signature of Certifying Office	cial Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Date: 12/01/2017

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: VARNELL, BRYON L Permit Number: 16896E

nit Number: 16896. Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:12pm 10:13pm 10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
ATP BLK	0.0	10 · 19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Record Number: 3466
Test Date: 12/01/2017 Test Time: 10:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:20pm 10:20pm
FC	Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	KE	Instrument Location	MOB216 10
Instrument Seria	INO. 008116	RALEIZHI,	P.D.
	-		
The preventive r four months are:	-	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expir hanged every four months or after 12	
procedures were		indicated above, in accordance with a d the instrument is functioning property.	
O'ME STATE OF TWO TO THE STATE OF TWO THE STATE OF TWO	OR LANGUAGE CONTROL OF THE CAROLING CONTROL OF THE CAR		
* STATE QUAM VIDERIA]	12-	\$663
•	Š	ignature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Date: 12/01/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:10pm 10:11pm 10:11pm
AIR BLK	.00	10:12pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Record Number: 3419
Test Date: 12/01/2017 Test Time: 10:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:18pm
${ t FLO}$	Pass	10:18pm
FC	Pass	10:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC DET	Pass	10:18pm
BAR	Pass Pass	10:18pm 10:18pm
BT	Pass	10:18pm
	Labb	10.10pm

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:19pm 10:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	WAKE Instrument Location SAT MONDE 10	
Instrume	ent Serial No. 00 8580	
The previous mo	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least of the are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	ometer show
2	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4	Enter information as prompted;	
5	Verify instrument accuracy;	
6	When "PLEASE BLOW" appears, collect breath sample;	
7	When "PLEASE BLOW" appears, collect breath sample;	
8	Print test record;	
9	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Sin whichever occurs first.	olic breath nulator tests,
procedu	that on the	maintenance he N.C.
		ě
COREAT SERVICES	STATE ON OFFICE OF THE CARD	
***	Signature of Certifying Official Certificate	· · · · · · · · · · · · · · · · · · ·

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 12/01/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:11pm 10:12pm 10:12pm 10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Record Number: 2403 Test Date: 12/01/2017 Test Time: 10:19pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:20pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MA	Instrument Le	ocation	DE 10
Instrument Seria	INO. 009686		
The preventive r four months are:	naintenance procedures for the Intoximeters, Mod	el Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	, or the alcoholic breath si	imulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect 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 charsimulator solution is being changed every four multiple of the solution is being changed every four multiple of the solution is being changed every four multiple of the solution of the sol	nged before expiration dat nonths or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
procedures were	theday of	accordance with current re	ing preventive maintenance egulations of the N.C.
OF THE STATE OF TH	SAN TO SAN THE)	663
	Signature of Certify	ng Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 12/01/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:12pm 10:13pm 10:14pm 10:15pm 10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

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: 6540 Test Date: 12/01/2017 Test Time: 10:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:22pm
SRC	Pass	10:22pm
DET	Pass	10:22pm
BAR	Pass	10:22pm
BT	Pass	10:22pm

Blank Tests

Test	Status	Time
ATR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm
	CRC Tests	
Tect	Status	Time

1000	Doubab	+ 21110
		•
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location SAT 14	ONDE 10
Instrument	Serial No. <u>608637</u>	RAHERA P.D	
The prever		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;	1	•
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedure	s were performed on the instrument	indicated above, in accordance with currend the instrument is functioning properly	rent regulations of the N.C.
GREAT SE	TATE OF NORTH CAROL		
1000	12. TIPLE AVERAGE AND	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 12/01/2017

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

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

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

Test	g/210L	Time
DIAG	Pass	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.07	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Record Number: 2896 Test Date: 12/01/2017 Test Time: 10:19pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

TESC	Status	TIME
AIR	Pass	10.2000
TT1/	Labb	10:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:20pm

10:20pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\bigcup_{\Omega} \)	Shington Instrument Location Washington Co. S.O.
Instrument Seria	shington Instrument Location Washington Co. S.O. al No. 008829 Adams St., Plymonth, M.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
O'THE STATE OF THE	Vol. 11 Co. 43
	Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 12/19/2017

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 817
Test Date: 12/19/2017 Test Time: 11:08am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

Blank Tests

Test	Status	Time
		• .
AIR	Pass	11:09am

Printer Tests

Test	Status	TIME
PRNT	Pass	11:09am
•	CPC Tests	*

Test	Status	Time
COMP	Pass	11:09am
CAL	Pass	11:09am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (VAKE Instrument Location WAKE Co Detention G.
Instrument Ser	rial No. <u>008612</u> 3301 HAMMOND RD RALeigh, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
.1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 28 day of <u>Jeensey</u> , 2017, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 12/28/2017

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, SIMON S Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 3764
Test Date: 12/28/2017 Test Time: 2:43pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

Printer Tests

Test	Status	Time
1.		
PRNT	Pass	2:44pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ

	INTOXIMETERS, MODEL INTOXICATION (
County 4	Instrument Location WAKE Co Western 1
Instrument Se	rial No. 008577 3301 Hammed Ro RAleigh NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of
THE STATE OF THE S	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 12/28/2017

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, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401

Exp Date: 08/02/2019

Test	g/210L	Time

DTAG	Dogg	0.2000
DIAG	Pass	2:30pm
AIR BLK	.00	2:31pm
ACCY CHK	.07	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm

Report/ed/AC: .00 g/210L

Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Test Record Number: 3571 Serial Number: 008577 Test Time: 2:38pm EST Test Date: 12/28/2017

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:38pm 2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:39pm

Preventive Maintenance Status: Pass

Pass

CAL

2:39pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WALE Instrument Location Wake to Defention CT.
Instrumer	RALeigh, NL
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the 28 day of December, 20/7, the foregoing preventive maintenance res 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.
COREATE:	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 12/28/2017

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

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

Subject's Sex: Mala

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434F

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE NONE

Type of Agency: FIA

Agency: DHHS

Test Type: Breath Test

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

rest	3/ 4/10 n	Likue
		建设设备的
DIAG	Pas s	2 28pm
AIR BLK	.00	2:29pm
ACCY CHK	0.7	2:30pm
AIR BLK	.0042	2:31pm
SUB TEST	.00 mark	2:32pm
AIR BLK	.00,	2:33pm
SUB TEST	.00	2:34pm
ATD DIV		T. D.C.

Reported/AC: .00 g/QEOL

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

Analyst

Three BC/IR-IL: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 2705 Test Date: 12/28/2017 Test Time: 2:37pm EST

System Check: Passed

Baseline Tests

Test Status Time

IR Pass 2:37pm

Pass 2:37pm

PC Pass 2:37pm

Temperature Tests

FCY Pass 2:37pm SRC Pass 2:37pm DET Pass 2:37pm BAR Pass 2:37pm BT Pass 2:37pm

. Blank Tests 🕾

Test Status Time

ATR Pass 2:39pm

Printer Tests

Test Time

PRNT: Pass 2:38pm

Tests

Test Status Time

COMP Pass 2:38pm CAL

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wa	tauga Instrument Location Boone PO
Instrument So	erial No. <u>DO8716</u> <u>Boone</u> , NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted; Verify instrument accuracy;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 <u>29</u> day of <u>December</u> , 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.
TARE QUANT	Signature of Certifying Official Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 12/29/2017

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	9/210L	Time
DIAG	Pass	5:16pm
AIR BLK	.00	5:17pm
ACCY CHK	.08	5:18pm
AIR BLK	.00	5:19pm
SUB TEST	.00	5:19pm
AIR BLK	.00	5:20pm
SUB TEST	.00	5:22pm
AIR BLK	.00	5:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 2224

Test Date: 12/29/2017

Test Time: 5:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:24pm
FLO	Pass	5:24pm
FC	Pass	5:24pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:24pm 5:24pm
DET	Pass	5:24pm
BAR	Pass	5:24pm
BT	Pass	5:24pm

Blank Tests

Test	Status	Time
AIR	Pass	5:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:25pm 5:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

./	INTOXIVIETERS, MODEL INTOX ECOR II
County /	nce/ Instrument Location Vancely Co. Jail
Instrument Se	Instrument Location Vancey Co. Jail Parial No. 008653 Burns ville , WC
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures v	t on theday of
TARREST CHAMP	CAROLINA CAR
	Signature of Certifying Official Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 12/07/2017

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: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:23pm 3:24pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 12/07/2017

公室 医多种性 医神经性

Test Record Number: 1306

Test Time: 3:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

Blank Tests

Test	Status	Time
ATR	Pagg .	3 · 32mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:32pm 3:32pm

Preventive Maintenance Status: Pass

Analyst