PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County AC	AMANCE	Instrument Location Burlington	PO
Instrument Ser	ial No. <u>008924</u>	267 W. Front ST. Bulinston, NC	
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath segree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	• • • • • • • • • • • • • • • • • • •	
5.	Verify instrument accuracy;	•	,
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	•
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expiration danged every four months or after 125 Alcoh	
procedures we	re periormed on the instrument ind	JANUARY, 20 17 the forgo dicated above, in accordance with current rathe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	Low Start of the s	les Barres	C62
٠	Sign	nature of Certifying Official	Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008924 Test Record Number: 1277

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:56pm 1:56pm
FC	Pass	1:57pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

Toot

iest	Status	Time
PRNT	Pass	1:57pm

CRC Tests

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

Preventive Maintenance Status: Pass

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008924 Test Date: 01/23/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:17pm 2:18pm
ACCY CHK	.08	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_A	Texander Instrument Location Alexander County SD
Instrument Se	erial No. 008813 91 Commercal Park Ave: Taylorsville
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of da
OF THE STATE OF TH	

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1560 Test Date: 01/24/2017 Test Time: 8:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:42am
FLO	Pass	8:42am
FC	Pass	8:42am

Temperature Tests

Test	Status	Time
FC1	Pass	8:42am
SRC	Pass	8:42am
DET	Pass	8:42am
BAR	Pass	8:42am
BT	Pass	8:42am

Blank Tests

Test	Status	Time
AIR	Pass	8:43am

Printer Tests

Test	Status	Time
PRNT	Pass	8:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:43am 8:43am

Preventive Maintenance Status: Pass

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 01/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:47am
AIR BLK	.00	8:47am
ACCY CH	K .07	8:48am
AIR BLK	.00	8:49am
SUB TES	r .00	8:49am
AÎR BLK	.00	8:50am
SUB TES	T.00	8:52am
AIR BLK	- 0.0	8:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	rery in	nstrument Location AUCLY	Co. Jail
Instrument Se	rial No. <u>008664</u>	Newland	e inc
The preventive four months a	e maintenance procedures for the Intoxir e:	neters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displaced at degrees, plus or minus .2 degree of	ays pressure, or the alcoholic breath scentigrade;	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, of	collect breath sample;	
7.	When "PLEASE BLOW" appears, of	collect breath sample;	·
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.		
I certify that o procedures we Department of	n the day of	, 20 / the forgo d'above, in accordance with current r strument is functioning properly.	ing preventive maintenance egulations of the N.C.
The state of the s			
STATE STATE OF THE	NON.		÷.
	CARO		
APRILE, 17th		And the second s	640
	Signature	of Certifying Official	Certificaté Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 01/20/2017

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:

05/01/2015-05/01/2017

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

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:02am 11:03am 11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 832

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status ?	Гime
FC1 Pass	11:10am
SRC Pass	11:10am
DET Pass	11:10am
BAR Pass	11:10am
BT Pass	11:10am

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Status

Printer Tests

Test

PRNT	Pass	11:11am
	CRC Tests	
Test	Status	Time

Time

COMP Pass 11:11am CALPass 11:11am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

0	A COMMETERS, MODEL INTOX EC/IK II
County /	instrument Location Beautoit Co. (Durthouse
Instrument Seri	al No. 008586 100 F 2nd ST., WAShington, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on	the
procedures were	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.
Department of I	reactiful and Fluinian Services, and the instrument is functioning property.
STATE OF LOTTER	
S A	
+ ESSE QUAM VIDEN	Tind x. Kese 647
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 01/18/2017

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:57pm 12:58pm 12:58pm 12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm 1:02pm
SUB TEST AIR BLK	.00 .00	1:02pm
		- · · · · ·

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 01/18/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK	.00	12:58pm
ACCY CHK	.08	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bank	Instrument Location Beaufort Co. Courthouse	2
Instrument Seria	11 No. 008909 102 E. Dal ST., WAShingTON, N.C.	
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	<u>.</u> .
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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	
O'NE STATE OF NO. 1775	Jan 1 Landenburg C 47	
	Signature of Certifying Official Certificate Number	

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 01/18/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:22pm 12:23pm 12:24pm 12:25pm 12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 2625

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:30pm 12:30pm
FC	Pass	12:30pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:30pm 12:30pm 12:30pm 12:30pm 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 CAL	Pass Pass	12:31pm 12:31pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ber	Instrument Location Bettie Co. S.O.		
Instrument Seria	INO. 008897 222 County Farm Rd., Windson		
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9,	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 30 day of 1914 day of 2017 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.		
TATE OF THE STATE	Signature of Certifying Official Certificate Number		

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 01/30/2017

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1050 Test Date: 01/30/2017 Test Time: 11:15am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ber	he Instrument Location Bethe Co. S.O.
Instrument Seria	al No. 008588 222 County Farm Rd., Wi-1dso.
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008588 Test Date: 01/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:47am
AIR BLK	.00	9:48am
ACCY CHK	.08	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:53am
ATR BLK	.00	9:54am

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008588

Test Record Number: 896

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:55am
SRC	Pass	9:55am
DET	Pass	9:55am
BAR	Pass	9:55am
BT	Pass	9:55am

Blank Tests

Test	Status	Time
ATR	Pass	9:56am

Printer Tests

Test	Status	Time
PRNT	Pass	9:56am
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bunc	combe	Instrument Location Buncomb	e Co Juil
Instrument Seria	1 No. <u>00 863/</u>	A shevil	le, NC
The preventive n four months are:		toximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath s gree 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" 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 cani simulator solution is being char whichever occurs first.	ster is being changed before expiration da nged every four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of I	the 23 day of June e performed on the instrument ind Health and Human Services, and t	icated above, in accordance with current references to the instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
OTH STATE OF MENT OF THE STATE OF MENT OF THE STATE OF TH	Sigr	nature of Certifying Official	649 Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631 Test Date: 01/23/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, $ANTHONY\ J$

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:15pm 1:16pm
ACCY CHK	.07	1:16pm
AIR BLK	.00 .00	1:18pm 1:18pm
SUB TEST AIR BLK	.00	1:18pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 4660 Test Date: 01/23/2017 Test Time: 1:23pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm
	CRC Tests	
Test	Status	Time

1:24pm

1:24pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BUA	combe	Instrument Location Buncon Ashe Vi	nbe Co Jail	
Instrument Ser	rial No. <u>008798</u>	Ashevi	11e,NC	
The preventive four months ar		intoximeters, Model Intox EC/IR II to b	e followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer shows	
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; as	nđ		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath icoholic Breath Simulator tests,	
procedures we	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.	
STATE OF THE STATE	S COSTILL CAROLING			
TO COLOM VIO		Marie and Marie	649	
	Sig	gnature of Certifying Official	Certificate Number	

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 01/23/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:14pm
ACCY CHK	.08	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 3969
Test Date: 01/23/2017 Test Time: 1:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

Printer Tests

C+ 5+110

rest	Status	Time
PRNT	Pass	1:23pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 130	rke	Instrument Location Bushe -	
Instrument Ser	al No. <u>00 8904</u>	Monganta	n Ne
The preventive four months are	maintenance procedures for the Intox	kimeters, 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	plays pressure, or the alcoholic breatle centigrade;	h 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	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	r is being changed before expiration of devery four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that on procedures wer Department of	theday ofday of	, 20/2 the for ted above, in accordance with curren instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE OF THE STATE	CANOLII CANOLII CANOLII		
+ COE QUAN VIDEN	Signatur	re of Certifying Official	649 Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 01/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:56pm 4:57pm 4:58pm 4:59pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:03pm
AIR BLK	.00	5:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1981

Test Date: 01/24/2017

Test Time: 5:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:05pm
FLO	Pass	5:05pm
FC	Pass	5:05pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:05pm 5:05pm
DET	Pass	5:05pm
BAR	Pass	5:05pm
BT	Pass	5:05pm

Blank Tests

Test	Status	Time
AIR	Pass	5:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:06pm
CAL	Pass	5:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bur	Ke Instrument Location Burke-Cata Was Jail
Instrument Seria	INO. 008831 Morganton, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 the procedures were Department of He	he
THE STATE OF THE S	
OF THE STATE OF NO.	
	E CARD THE STATE OF THE STATE O
* SER QUAM VIDEN *	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 01/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	4:57pm
AIR BLK	.00	4:58pm
ACCY CHK	.08	4:59pm
AIR BLK SUB TEST	.00 .00	5:00pm 5:00pm
	.00	5:00pm
AIR BLK SUB TEST	.00	5:01pm
ATR BLK	00	5:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 1746

Test Date: 01/24/2017

Test Time: 5:07pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:09pm

Printer Tests

	D	F 00
PRNT	Pass	5:09pm
	~~~	

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County(	-abatus Instrument Location Kanna	polis 90.
Instrument Se	t Serial No. 008589 401 Lauteate Way,	Kannapdis
The preventive four months a	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that opposed ures we Department of	nat on the 17th day of 1900/ 2017 the fors were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
TO THE STATE OF THE PARTY OF TH	Signature of Certifying Official	656 Certificate Number

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 01/17/2017

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.07	1:32pm
AIR B <b>LK</b>	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
ATR RIK	0.0	1:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 2620

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

# Printer Tests

Test	Status	Time
PRNT	Pass	.1:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:25pm 1:25pm

Preventive Maintenance Status: Pass

Analyst

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

County (C	abarrus	Instrument Location (A)	alle County SD
Instrument So	erial No. <u>008793</u> ,	30 Condan Av., C	Cancord
The prevention four months		e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic l degree centigrade;	preath 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;		
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 expira changed every four months or after 12:	ation date, or the alcoholic breath  Alcoholic Breath Simulator tests,
	vere performed on the instrument	indicated above, in accordance with cond the instrument is functioning prope	
STATE STATE OF THE	M.M.	Signature of Certifying Official	656 Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 01/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective: 01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:59am 11:59am 12:00pm 12:01pm 12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
ATD BIK	0.0	$12 \cdot 05 \text{pm}$

Reported AC 100 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

rtment of Health and Human Service Rev. 12/2007

# CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 2357

Test Date: 01/17/2017

Test Time: 11:55am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:56am 11:56am
FC	Pass	11:56am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass,	11:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:56am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance Status: Pass

Analyst

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

County_	ANIUS Instrument Location Cabattle County SU
Instrument S	Serial No. 008625 30 Corban Ave., Carcord
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on theday of, 20
TATE OF THE CAREATORY O	

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 01/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:15pm 12:16pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Remorked AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 4455
Test Date: 01/17/2017 Test Time: 12:09pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

d = _ = _ _

m - - - -

12:11pm

rest	Status	Time
PRNT	Pass	12:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:11pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 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. 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

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 01/17/2017

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:28pm 12:29pm
ACCY CHK	.08	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
ATR BLK	. 0.0	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 2782

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:25pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	12:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	

Test	Status	Time

COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	atawba Instrument Location Catawba County SD
County	/
Instrument Se	erial No. 008687 100 B Southwest Blod, Newton
+. is 	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on the day of da
TATE OF THE CAREAN CONTROL OF THE CAREAN CON	Signature of Certifying Official Certificate Number

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 01/06/2017

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: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2016-01/01/2018

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

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

Test	g/210L	Time
DIAG	Pass	8:47am
AIR BLK	.00	8:48am
ACCY CHK	.07	8:48am
AIR BLK	.00	8:49am
SUB TEST	.00	8:50am
AIR BLK	.00	8:51am
SUB TEST	.00	8:53am
ATD BIK	0.0	8 - 54 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687

Test Record Number: 2340

Test Date: 01/06/2017

Test Time: 8:55am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	8:55am
FLO	Pass	8:55am
FC	Pass	8:55am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:56am
	CRC Tests	

Test	Status	Time
COMP	Pass	8:56am
CAL	Pass	8:56am

Preventive Maintenance Status: Pass

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

County	HATTHAM	Instrument Location Chan.	ign Ca. JA12
Instrument Se	rial No. <u>////////////////////////////////////</u>	Parsono NC	
The preventiv four months a		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 legree centigrade;	breath simulator thermometer show
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	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expira nanged every four months or after 12.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	•		
I certify that of procedures w Department of	ere performed on the instrument i	holicated above, in accordance with c d the instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
OREATE THE STATE OF THE STATE O	CAROLIN CAROLI		
# SSE QUANV		2 Hoursell	37/
	S	ignature of Certifying Official	Certificate Number

CHATHAM COUNTY JAIL 180

Serial Number: 008591 Test Date: 01/12/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:44am 10:45am 10:45am 10:46am 10:47am
AIR BLK	.00	10:47am
SUB TEST	.00	10:50am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CHATHAM COUNTY JAIL 180

Serial Number: 008591

Test Record Number: 1805

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:52am 10:52am
FC	Pass	10:53am

# Temperature Tests

Test	Status	Time
FC1	Pass	<b>10:</b> 53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	<b>10:</b> 53am
$\mathtt{BT}$	Pass	10:53am

# Blank Tests

Test	Status	Time
AIR	Pass	10:53am

# Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance Status: Pass

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

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

Signature of Cert

Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX
220

Serial Number: 008887 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License 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	9:49am
AIR BLK	.00	9:50am
ACCY CHK	.08	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court 'CVR

Analyst

#### CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 2400 Test Time: 9:43am EST

Test Date: 01/04/2017 Test Time

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Status	Time
Pass	9:44am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:45am
	CRC Tests	
Test	Status	Time

1050	Beacab	TIMO
COMP	Pass	9:45am
CAL	Pass	9:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Clevelano 407 M'Brayer St. Shel Instrument Serial No. <u>OO6893</u> 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. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the , 20_____ 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. értifying Official

#### CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893

Test Record Number: 1454

Test Date: 01/20/2017

Test Time: 11:05am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 11:06am

#### Printer Tests

Test Status Time

PRNT Pass 11:06am

CRC Tests

Test Status Time

COMP Pass 11:07am CAL Pass 11:07am

Preventive Maintenance
Status: Pass

A = = I===4

CLEVELAND COUNTY CLEVELAND SD-ANNEX
220

Serial Number: 008893 Test Date: 01/20/2017

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: AG513102 Exp Date: 05/11/2017

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

Reported AC .00 g/210L

Signature of Chemica

Analyst

Court CVR

Analyst

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

County Con	Instrument Location Congeriano Co. Detention Co
Instrument Seri	ial No. 008632 Foyetteville NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the <u>O2</u> day of <u>Felonally</u> , 20 17 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROL
ASSE GRAMANE	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 02/02/2017

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

# CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 3790 Test Date: 02/02/2017 Test Time: 12:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:15pm 12:15pm
FC	Pass	12: <b>1</b> 5pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:16pm

12:16pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu	Viituck Instrument Location Cullituck 6.5.0. Corolla
Instrument Seria	al No. 008949 1123 Ocoan Trail, Corolla, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the Symplectic day of January, 20 17 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.
OF MAY 20, 1775  STATE OF MAY 20, 1775  STATE OF MAY 20, 1775  STATE OF MAY 20, 1775	
OLAM VIDE	Signature of Certifying Official Certificate Number
	DiBurding of Catalians Catalians Catalians Lightles

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 01/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:03pm 12:03pm 12:04pm 12:05pm 12:06pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:08pm
ATR BLK	. 0.0	$12 \cdot 0.90m$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 421

Test Date: 01/24/2017

Test Time: 12:10pm EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	12:11pm
SRC	Pass	12:11pm
DET	Pass	12:11pm
BAR	Pass	12:11pm
$\mathtt{BT}$	Pass	12:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

# Printer Tests

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

12:12pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. (C The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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. Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance 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

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008718 Test Date: 01/23/2017

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

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

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

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

Reported, AC: .00 g/210L

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

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008718 Test Record Number: 1524
Test Date: 01/23/2017 Test Time: 3:11pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:13pm

Preventive Maintenance Status: Pass

Pass

3:13pm

Analyst

CAL

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

Commence of	INTOXIMETERS, MODEL INTOX EC/IR II
County	AVKOSON Instrument Location LEXINGTON
Instrument Se	erial No. 008883 Police Department
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATION STATION OF STA	

# DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 01/23/2017

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:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102

Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:14pm 2:15pm
ACCY CHK AIR BLK	.08	2:15pm 2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST AIR BLK	.00 .00	2:19pm 2:21pm
TTY DIV	.00	2 . 2 I PIII

Reported AC: .00 g/210L

ghature of Chemical Analyst

Court CVR

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1722

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:24pm
CAL	Pass	2:24pm

Preventive Maintenance Status: Pass

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

County	FRANKLIN	Instrument Location_FA	ANKLIN CO LEC
Instrument	Serial No. <u>008942</u>		F. Kemp Ro burg, NC
	tive maintenance procedures for the		R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		olic breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
	at on the day of were performed on the instrument in it of Health and Human Services, and		_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.
SREAT SET	ATE OF TO STORY CARE		es de la companya de
***************************************	Andrew Stoke	as Barres	662
tt.	Si	gnature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 01/04/2017

Citation Number: M00000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

q/210LTest Time DIAG Pass 9:49am - 9:50am AIR BLK .00 9.50am ACCY CHK .08 AIR BLK .00 9:51**am** SUB TEST .00. 9:52am AIR BLK .00 9:52am SUB TEST .00 9:54am AIR BLK .00 9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 1136

Test Date: 01/04/2017

Test Time: 9:57am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
$\mathtt{BT}$	Pass	9:58am

#### Blank Tests

Test	Status	Time
7. TD	Dagg	0.50.5

# Printer Tests

Test	Status	Time
PRNT	Pass	9:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance Status: Pass

9:59am

Analyst

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

County FA	ANKLIN Instrument Location FRANKLIN CO LEC
Instrument Se	erial No. <u>008933</u> 285 T. Kemp RD
	Louisburg, NC
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday ofANUARY, 20 17 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OREAL TO THE STATE OF THE	
QUAMVI	Dides BALLES U62
•	Signature of Certifying Official Certificate Number

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210I	Time
DIAG AIR BLK	Pass	9:28am 9:29am
	,	9:30am 9:31am
SUB TEST	.00	9:31am
AIR BLK	.00	9:33am
AIR BLK SUB TEST	.00	9:31ar 9:32ar 9:33ar

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 833

Test Date: 01/04/2017

Test Time: 9:36am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:36am 9:36am
FC	Pass	9:36am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:37am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:37am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

	خ ا	LERS, MODEL INTOX EC/I	
County	FRANKLIN	Instrument Location FRANKL	INTON PD
Instrument	t Serial No. <u>008815</u>	FRANKLINTON, N	<u>51</u>
The prever	ntive maintenance procedures for the	ne Intoximeters, Model Intox EC/IR II to be	
four month		ie intoximeters, woder intox EC/IR II to or	; followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, or the alcoholic breat 2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	•
3.	Initiate breath test sequence	<b>;</b> ;	
4.	Enter information as promp	eted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	·
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expiration changed every four months or after 125 Alc	
I certify the procedures Departmen	at on theday of s were performed on the instrument nt of Health and Human Services, a	ANUARY , 2017 the for indicated above, in accordance with currend the instrument is functioning properly.	rgoing preventive maintenance at regulations of the N.C.
TI STATE OF THE CAREAT SECTION OF THE CAREAT	ATE OF NOTIFIC CAROLING		
* ERRE GITA	ANVOORING TO LE	5 SARROS	662
•		Signature of Certifying Official	Certificate Number

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:38am 8:39am
ACCY CHK	.08	8:40am
AIR BLK	.00	8:41am
SUB TEST	.00	8:41am
AIR BLK	.00	8:42am
SUB TEST	.00	8:44am
ATD BIK	ሰሰ	8 · 45 am

Reported AC:

.QO q/210I

Signature of Chemical Analyst

Court CVR

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 1062

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	8:47am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:48am

#### Printer Tests

Status Time

Test

CAL

PRNT	Pass	8:48am
•	CRC Tests	
Test	Status	Time
COMP	Pass	8:48am

Pass

8:48am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ORSYTH Instrument Location BAT MOBILE 7
Instrument Seri	ial No. <u>60897/</u>
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.
	n the 20 ²³ day of 24NUARY, 20/2 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008971 Test Date: 01/20/2017

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

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 AIR BLK ACCY CHK	Pass .00 .08	8:39pm 8:40pm 8:41pm
AIR BLK	.00	8:41pm
SUB TEST AIR BLK	.00 .00	<b>8:42pm</b> 8:43pm
SUB TEST	.00	8:45pm
AIR BLK	.00/	8:46 jam /

Reported AC

Signature of Chemical Analyst

Court C

**Analyst** 

#### FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008971 Test Record Number: 159
Test Date: 01/20/2017 Test Time: 8:49pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:49pm
FLO	Pass	8:49pm
FC	Pass	8:50pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	8:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:50pm
CAL	Pass	8:50pm

Preventive/Maintenance

Status: Pass

Analyst

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

County_	Gaston Instrument Location Bat Mobile Unit 1]
Instrume	ent Serial No. <u>6089つ。</u>
The prev	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
STATE COREATOR	STATE OF THE STATE

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008970 Test Date: 01/14/2017

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

AIR BLK .00 9:08pm ACCY CHK .08 9:09pm AIR BLK .00 9:10pm SUB TEST .00 9:10pm AIR BLK .00 9:11pm	Test	g/210L	Time
	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .08 .00 .00	9:07pm 9:08pm 9:09pm 9:10pm 9:11pm 9:12pm 9:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M V Joh Analyst

#### GASTON BAT MOBILE UNIT 11 350

Serial Number: 008970 Test Record Number: 273 Test Date: 01/14/2017 Test Time: 9:15pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
$\operatorname{DET}$	Pass	9:15pm
BAR	Pass	9:15pm
$\mathtt{BT}$	Pass	9:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm
	CRC Tests	
Tect	Status	Time

1656	pcacus	111116
COMP	Pass	9:16pm
CAL	Pass	9:16pm

Preventive Maintenance Status: Pass

Analyst

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

aston	Instrument Location Gaster	County SD
rial No. <u>CO8643</u>	425 N. Marietta St	Gasting
e maintenance procedures for th re:	e Intoximeters, Model Intox EC/IR II to	be followed at least once every
		eath simulator thermometer shows
Verify instrument displays t	ime and date;	
Initiate breath test sequence	;	
Enter information as promp	ted;	
Verify instrument accuracy;		
When "PLEASE BLOW" a	ppears, collect breath sample;	
When "PLEASE BLOW" a	ppears, collect breath sample;	
Print test record;		
Verify Diagnostic Program;	and	
on the day of day of the ere performed on the instrument of Health and Human Services, and	nally, , 20 /7 the indicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
CAROLLI CAROLL	ignature of Certifying Official	656 Certificate Number
	e maintenance procedures for the re:  Verify the ethanol gas canis 34 degrees, plus or minus .2  Verify instrument displays to Initiate breath test sequence Enter information as promptoverify instrument accuracy;  When "PLEASE BLOW" at When "PLEASE BLOW" at Print test record;  Verify Diagnostic Program;  Verify Diagnostic Program;  Verify that the ethanol gas of simulator solution is being of whichever occurs first.  On the	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:  Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiratic simulator solution is being changed every four months or after 125 A whichever occurs first.  On the

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

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

.00 g/210L

Chemica Analyst

Court CVR

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 2627

Test Date: 01/04/2017 Test Time: 10:58am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:59am 10:59am
FC	Pass	10:59am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass -	10:59am
$_{ m BT}$	Pass	10:59am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

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

County Gr	aham	Instrument Location Graham Co. S.O.
Instrument Ser	ial No. <u>008915</u>	Instrument Location Graham Co. S.O.  Robbinsville, NC
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays tin	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;
7.	When "PLEASE BLOW" ap	opears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the	the forgoing preventive maintenance ndicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
THE CASE OF THE PARTY OF THE PA	NORTH CAROLINA CAROLI	R. Carth 635 ignature of Certifying Official Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 01/25/2017

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: CUTLER, DANIEL R Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:57am 10:58am
AIR BLK ACCY CHK	.00	10:58am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915

Test Record Number: 695 

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	Time
AIR	Pass	11:10am

#### Printer Tests

Status

Test

COMP

CAL:

PRNT	Pass	11:10am
. 1	CRC Tests	
Test	Status	Time

Time

11:10am 11:10am

Preventive Maintenance Status: Pass

Pass

Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County 10	nuille Instrument Location Bot Mobile Unit
Instrument Seria	INO. 1086001 Creedmoor PD
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

#### GRANVILLE COUNTY BATMOBILE UNIT 8 380

Serial Number: 008601 Test Record Number: 1199
Test Date: 01/13/2017 Test Time: 10:44pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:46pm 10:46pm

Preventive Maintenance Status: Pass

Anglyst

#### GRANVILLE COUNTY BATMOBILE UNIT 8 380

Serial Number: 008601 Test Date: 01/13/2017

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:48pm 10:49pm 10:49pm
AIR BLK	.00	10:50pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya Bolk

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 01/05/2017

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: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG	Pass	3:41pm
AIR BLK	.00	3:42pm
ACCY CHK	.08	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:49pm

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

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

Serial Number: 008604

Test Record Number: 1499

Test Date: 01/05/2017

Test Time: 3:51pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
FC	Pass	3:51pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass -	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm
	CRC Tests	
Test	Status	Time

1000	Dodous	
COMP CAL	Pass Pass	3:52pm 3:52pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location SYCONSDOY O
Instrument Ser	Instrument Location Greensbord 1D  IIII No. 008725 100 Police PLAZA Greensbord PL
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n theday ofANUAR /, 20 the forgoing preventive maintenance are 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.
STIATE OF THE CREATER AND THE	CAROLLE CAROLL

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 01/05/2017

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test j g/210L Time

DIAG Pass 3:02pm AIR BLK .00 3:03pm ACCY CHK .08 3:04pm

3;04pm 3:05pm

AIR BLK 000 SUB TEST 00 AIR BLK 00 3 : 05pm 3 : 05pm

3:06pm

SUB TEST ,00 3:07pm AIR BLK ,00 3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 3805 Test Date: 01/05/2017 Test Time: 3:11pm EST

System Check: Passed

Baseline Tests

	1eşt	Status	1 THE
			1. 经基础
:	IR	Pass	3:11pm
	FLO	Pass	3:11pm
	F.C.	Pass	3:11pm

#### Temperature Tests

Test	Status	Time
F¢1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

#### Blank Tests

į	Test	S	tatu	ន	Time
ŧ,	그 생물 그렇다.	ř		3	* * * * * * * * * * * * * * * * * * * *
ŧ.	7. T.15			3	2 1340

### Printer Tests

Test	Status Time	1
PRNT	Pass 3:12p	I
	CRC Tests	
	第19年日本記書中 日語が19月1年後代職員	

Test Status Time

COMP Pass 3:12pm CAL Pass 3:12pm

Preventive Maintenance Status: Pass

Analyst

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

County Hylifa		Instrument Location HALIF	Ax Couly S	Sheriff's c
Instrument Serial No	008695	355 Ferrel		
•		oximeters, Model Intox EC/IR II		ast once every
	the ethanol gas canister d rees, plus or minus .2 deg	isplays pressure, or the alcoholic ree centigrade;	breath simulator the	ermometer shows
2. Verify	instrument displays time	and date;		
3. Initiate	breath test sequence;			
4. Enter in	nformation 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 te	est record;			
9. Verify	Diagnostic Program; and			
simula	that the ethanol gas canis tor solution is being chan ever occurs first.	ster is being changed before expir ged every four months or after 12	ation date, or the al 25 Alcoholic Breath	coholic breath Simulator tests,
I certify that on theprocedures were perform Department of Health an	day of <u>Jawa</u> and on the instrument indi d Human Services, and the	icated above, in accordance with the instrument is functioning prop	the forgoing prevent current regulations erly.	tive maintenance of the N.C.
STATE ON TO STATE OF THE STATE	Stakes Sign	Aure of Certifying Official		4 Zcate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 01/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:51am 11:52am 11:52am 11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

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

#### HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 01/17/2017

Test Record Number: 2177 Test Time: 12:00pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:00pm 12:00pm
FC	Pass	12:00pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

Test

Status

PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:01pm 12:01pm

Time

Preventive Maintenance Status: Pass

Analyst

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

County HAL	LIFAX	Instrument Location ROA	
Instrument Se	rial No. <u>008656</u>	1040 ROANONE AUE	ROANOKE RAPIDS, NC
The preventiv		he Intoximeters, Model Intox EC/IF	II to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoho 2 degree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequenc	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	73	
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progran	n: and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before ex changed every four months or after	r piration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,  the forgoing preventive maintenance of the N.C.
Department of	of Health and Human Services,	and the instrument is functioning p	operly.
ALVER OR EAT OF THE CARE AT SET	CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAR	0 A 20	/ - 7 usa)
- Williams	- Lui	Signature of Certifying Official	Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 01/04/2017

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

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:05pm 4:06pm 4:07pm 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

Analysi

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 01/04/2017

Test Record Number: 554
Test Time: 4:12pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:13pm
FLO	Pass	4:13pm
FC	Pass	4:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:13pm
SRC	Pass	4:13pm
DET	Pass	4:13pm
BAR	Pass	4:13pm
BT	Pass	4:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:14pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	4:14pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass Pass	4:14pm 4:14pm	

Preventive Maintenance Status: Pass

Analyst

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

County HAL	FAX	Instrument Location RUANC	INE RAPIDS PD
Instrument Seri	al No. <u>008635</u>	1040 RUANOKE AVE	ILE RAPIDS PD ROANDLE RAPIDS, NO
The preventive four months are		e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic l degree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	<b>;</b>	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expirations changed every four months or after 12.	ation date, or the alcoholic breath  5 Alcoholic Breath Simulator tests,
I certify that or procedures were Department of	the day of day of the performed on the instrument Health and Human Services, as	indicated above, in accordance with cond the instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
STATE OF THE STATE	Control of the contro	S D Amil	637
		Signature of Certifying Official	Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 01/04/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D Permit Number: 8937E Effective:

08/01/2015-08/01/2017

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:04pm 4:05pm 4:05pm
AIR BLK SUB TEST	.00 .00	4:06pm <b>4:07pm</b>
AIR BLK	.00	4:08pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1561 Test Date: 01/04/2017 Test Time: 4:11pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:12pm
FLO	Pass	4:12pm
FC	Pass	4:12pm

#### Temperature Tests

Status	Time
Pass	4:12pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
•			
AIR	Pass :	4:13pm	

#### Printer Tests:

Test	Status	Time
PRNT	Pass	4:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	4:13pm 4:13pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County HALIA	FAX Instrument Location	LIFAXCO. SHERIFF'S DE	
Instrument Serial	1NO. <u>008651 355 FERREUL</u>	V HALIFAX, NC	
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/	IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcol 34 degrees, plus or minus .2 degree centigrade;	nolic breath simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4,	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before a simulator solution is being changed every four months or aft whichever occurs first.	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,	
procedures were	the <u>04</u> day of <u>JANUARY</u> , 20 <u>17</u> e performed on the instrument indicated above, in accordance valuable and Human Services, and the instrument is functioning	with current regulations of the N.C.	
THE STATE OF NO. 1775	Signature of Certifying Official	Certificate Number	

HALIFAX COUNTY HALIFAX CO. SD 410

Serial Number: 008651 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Repeated AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX COUNTY HALIFAX CO. SD 410

Serial Number: 008651 

Test Record Number: 1261

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:49pm 1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
BT	Pass	1:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:50pm

1:50pm

Preventive Maintenance Status: Pass

Pass

ÇAL

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

County_	HARNETT	Instrument Location BAT MOBILE CHIT 46
Instrume	ent Serial No. <u>008669</u>	Efecial
The prev		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 breath simulator thermometer show gree centigrade;
2.	. Verify instrument displays time	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.	ster is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
procedu	y that on the day of ures were performed on the instrument inc ment of Health and Human Services, and	licated above, in accordance with current regulations of the N.C.
CAREAT SEL	ASTATE OF NORTH CARDINATION OF STATE OF	nature of Certifying Official Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 6 420

Serial Number: 008869 Test Date: 01/20/2017

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403

Exp Date: 08/01/2018

Test

	•	·
DIAG	Pass	10:08pm
AIR BLE	00.	10:09pm
ACCY CH	IK .08	10:10pm
AIR BLE	00.	10:11pm
SUB TES	T .00	10:11pm
אדם מדא	7 00	10.12mm

g/210L

Time

AIR BLK .00 10:12pm

SUB TEST .00 10:14pm AIR BLK .00 10:15pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY BAT MOBILE UNIT 6 120

Serial Number: 008869 Test Record Number: 937

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
FÇ1 SRC	Pass	10:20pm
SŘC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

#### 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
CAL	Pass	10:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECH	$\sim$
County <u> </u>	ARNETT Co. Instrument Location DUMM	Police Dept.
Instrument Seri	ial No. 008644 DUNN NC	<del></del>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be e:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that or procedures were Department of	n the	going preventive maintenance t regulations of the N.C.
CREATER STATE OF THE STATE OF T	Signature of Certifying Official	Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 01/23/2017

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: AG621403 Exp Date: 08/01/2018

Test	g/210L	TIME
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:33am 11:34am 11:35am
ACCI CHK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC; ... 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1229

Test Date: 01/23/2017

Test Time: 11:40am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41am

#### Printer Tests

•		
Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
•		
Test	Status	Time

ıęsı	Status	TIME
COMP CAL	Pass Pass	11:41am 11:41am
CPALL	rapp	11.41am

Preventive Maintenance Status: Pass

Analyst

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

County Hay	wood Instrument Location Haywood Co. Jail	
100	ial No. 008714 Waynesville, NC	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once even:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	th ests,
procedures wer	n the <u>26</u> day of <u>January</u> , 20/7 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	ance
OTHE STATE OF THE	Signature of Certifying Official Certificate Number	

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 01/26/2017

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

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

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:50am 9:51am
ACCY CHK AIR BLK SUB TEST	.00	9:52am 9:53am <b>9:53a</b> m
AIR BLK SUB TEST	.00	9:54am <b>9:56am</b>
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1387
Test Date: 01/26/2017 Test Time: 9:58am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

#### Blank Tests

Test	Status	Time
ΔΤΏ	Pagg	9.50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:59am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:59am 9:59am

Preventive Maintenance Status: Pass

Analyst

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

	Instrument Location Haywood Co. Jail
Instrument S	erial No. 008712 Waynesville, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that 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.
muum	
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 01/26/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:49am 9:50am
ACCY CHK	.07	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 1848

Test Date: 01/26/2017

Test Time: 9:57am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:57am 9:57am
FC	Pass	9:57 <b>a</b> m

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:57am
SRC	Pass	9:57 <b>am</b>
DET	Pass	9:57am
BAR	Pass	9:57am
BT	Pass	9:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58am

#### Printer Tests

lest	Status	TIME
PRNT	Pass	9:58am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:58am 9:58am

Preventive Maintenance Status: Pass

Analyst

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

County Hen	derson	Instrument Location Hender	
Instrument Se	rial No. <u>(2089/6</u>	Henders	aville Me
The preventiv four months a		ntoximeters, Model Intox EC/IR II to I	pe followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bre gree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	·
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiration nged every four months or after 125 A	
I certify that o procedures we Department of	ere performed on the instrument ind	the following the following properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE STATE	or the same of the		
A 120, 173			
SE TO SE SE	CARO		
THE COLUMN THE PARTY OF THE PAR		Sand Samedan and grant States	
STE QUAN VIDE			649
	Sign	ature of Certifying Official	Certificate Number

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008916 Test Date: 01/27/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Agency: DHHS

Test Type: Breath Test

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

rest	g/210L	TIME
DIAG	Pass	3:58pm
AIR BLK	.00	3:59pm
ACCY CHK	.08	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008916 Test Record Number: 1218 Test Date: 01/27/2017 Test Time: 4:05pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
BT	Pass	4:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance Status: Pass

Analyst

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

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

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 01/23/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male 🚓

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:27am 10:28am 10:29am 10:30am 10:30am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 580 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
		÷.
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
${f BT}$	Pass	10:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:38am

CAL

Analyst

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

County H	Instrument Location Aboskie P.D.
Instrument Ser	ial No. 008848 705 W. Main St., Alaskie, 1
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify that or	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  In the
Department of STATE o	Health and Human Services, and the instrument is functioning properly.  When the services is functioning properly.
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 01/23/2017

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:17am 11:18am 11:19am 11:20am <b>11:20am</b>
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1237

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	Ohnson Co. Instrument Location Benson Police Dept.
Instrument Ser	rial No. <u>208825</u> Benson, MC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
OF THE STATE OF THE 2. IT!  SAME IS. IT!  SAME IS. IT!	

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 01/23/2017

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: AG621501 Exp Date: 08/02/2018

Test	g/210T	Time
DIAG	Pass	10:52am
AIR BLK ACCY CHK	.00 .08	10:53am 10:53am
AIR BLK	.00	10:55am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

dignature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885

Test Record Number: 476

Test Date: 01/23/2017

Test Time: 11:00am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
$\mathtt{BT}$	Pass	11:00am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	gran forth forth forth forth from the seconds	Instrument Location	SANFORD POLICE DEPT
Instrument Serial N	o. <u>008867</u>	SANFORD,	NC
The preventive main four months are:	ntenance procedures for the l	ntoximeters, Model Intox EC/I	R II to be followed at least once every
	erify the ethanol gas canister 4 degrees, plus or minus .2 de		olic breath simulator thermometer shows
2. V	erify instrument displays tim	e and date;	
3. Ir	itiate breath test sequence;		
4. E	nter information as prompted	,	
5. V	erify instrument accuracy;		
6. W	hen "PLEASE BLOW" app	ears, collect breath sample;	•
7. W	hen "PLEASE BLOW" app	ears, collect breath sample;	
8. P	rint test record;		
9. V	erify Diagnostic Program; ar	d	
si			epiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
	formed on the instrument in	ANUARY, 20 / dicated above, in accordance withe instrument is functioning pr	the forgoing preventive maintenance th current regulations of the N.C. toperly.
THE STATE OF A ORDER TO THE ST			the state of the s
William Balley	Sig	nature of Certifying Official	Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 01/26/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:25am 11:26am
ACCY CHK	.07	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 01/26/2017 Test Record Number: 976
Test Time: 11:32am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:33am

#### Printer Tests

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

Pass

11:33am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	LEE	Instrument Location	Lee Co.	JAIL
Instrument Ser	rial No. <u>008645</u>	SANFOR	RD, NC	
The preventive four months ar	e maintenance procedures for the	e Intoximeters, Model Intox I	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the a	Icoholic breath simu	lator thermometer show
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.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed befo hanged every four months or		
	n the		ce with current regul	preventive maintenance lations of the N.C.
THE STATE OF THE S	AON CAROLINA	")		
* ESSE QUAN VIDES	S	ignature of Certifying Officia	.1	37/ Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 01/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:32pm 1:32pm
ACCY CHK AIR BLK	.07 .00	1:33pm 1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1698

Test Date: 01/17/2017

Test Time: 1:39pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
$\mathtt{BT}$	Pass	1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County de	Instrument Location Kinston f.A.
	rial No. 008624 205 E. KING ST., KINSTON, N.
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 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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 01/31/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
	. "	11 11 11
DIAG	Pass	10:35am
AIR BLK	.00	10:36am
ACCY CHK	.08	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
ATD DIV	00	10 · 42 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1586
Test Date: 01/31/2017 Test Time: 10:43am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
$\mathbf{BT}_{i,j,i,j,n}$	Pass	10:44am

#### Blank Tests

Test	Status	Time	

AIR Pass 10:45am

#### Printer Tests

Test	3	Status	Time

PRNT Pass 10:45am

#### CRC Tests

Test	Status	Tin	ne

COMP Pass 10:45am CAL Pass 10:45am

Preventive Maintenance Status: Pass

Analyst

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

-	Enoir Instrument Location Lenoir Co. S.D.
Instrument Seria	INO. 008639 130 Queen ST., KINSTON, A
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
<b>10.</b>	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the Standard, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. (ealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Janes Leed (347

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

Signature of Certifying Official

Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 01/31/2017

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

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

Test AAAAA	me 🗀
DIAG Pass 11	:10am
AIR BLK 00	:11am
ACCY CHR . 07	:12am
AIR BLK .00	:13am
SUB TEST . 00 11	:13am
AIR BLK 00 11	:14am
SUB TEST .00 11	:16am
AIR BLK .00 11	:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 2948
Test Date: 01/31/2017 Test Time: 11:18am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	े 'Sta	tus Ti	me * w *
Butter of the	被钢铁器		
	が設置する		
FC1	Pas		:19am
SRC	Pas	s * # # 7 7 11 1	:19am
DET	Pas		:19am
有工艺 医皮肤皮肤		※ これでは自然を持ちませる。	The state of the s
BAR	Pas	3. 1.1	:19am
$^{\circ}$ BT $^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$	Pass	3	:19am
	- 1850 (N. J. W. 1877)	POST FOR COURSE	<ol> <li>A. Monté (1)</li> </ol>

#### Blank Tests

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١.	31	2.3	9.10		R. Oak	4.77.6	200 47	1.0	N 4	400		1 11 1	100	<b>阿拉尔特克特</b>	
٧.	f(x)	331	7.7	15 m.	- 500	, y	18 951	1 9	A 1	3.1	والأرزاء	3600	No.	100 00 50 00 50 50 00 50 50 00 50 00 50 00 50 00 50 00 50 00 50 0	
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#### Printer Tests

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	May 1753			7) W 6.
	例の表示する		7.96	
COMP	Pas	3 <b>5</b>	11:	2.0am
CAL	Pas	The State of Maria		20am

Preventive Maintenance Status: Pass

Analyst

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

County Mac	Instrument Location Macon Co. Jail
Instrument Seria	No. 008789 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
STATE OF THE STATE	Signature of Certificial Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789
Test Date: 01/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:08pm 2:09pm 2:10pm 2:11pm
SUB TEST	.00	2:11pm
AIR BLK SUB TEST	.00 .00	2:12pm 2:14pm
AIR BLK	.00	2:14pm 2:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 01/24/2017

Test Record Number: 582
Test Time: 2:17pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:17pm 2:17pm
FC	Pass	2:17pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:17pm 2:17pm 2:17pm 2:17pm 2:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

#### Printer Tests

rest	Status	111116
PRNT	Pass	2:18pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance Status: Pass

Analyst

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

County //	lacor	Instrument Location Maco	on Co. Jail
Instrument S	erial No. <u>(108618</u>	Franklin, NE	
The preventi		e Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath 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 expirate changed every four months or after 125	
	711	,	
procedures v	vere performed on the instrument	indicated above, in accordance with curd the instrument is functioning proper	arrent regulations of the N.C.
Or HE STAT	E or No.		
AND SELECTION OF S		De Coll	635
	( zu)	Signature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 01/24/2017

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:06pm 2:07pm 2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Record Number: 1708

Test Date: 01/24/2017

Test Time: 2:15pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County/No	adison	Instrument Location Mais	14:11 PD
Instrument So	erial No. <u>008582</u>	Mars H.	11 , Ma
The preventive four months a		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 on a ster is being changed every four months or after 125 Alcoholecters.	
I certify that of procedures we Department of	on the	the forgicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
STATE OF STA	8 A CONTROL OF THE STATE OF THE		
ARA 12 TT	Sign	nature of Certifying Official	649 Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 01/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.07	1:41pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MADISON COUNTY MARS HILL PD 560

Serial Number: 008582

Test Record Number: 1086

Test Date: 01/03/2017

Test Time: 1:48pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	1:49pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

#### Printer Tests

rest	Status	Time
DDNT	Dagg	1.50nm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County M.	Dowell Instrument Location McDo	Well Co Jail
Instrument Se	orial No. <u>0098888</u> <u>Mari 0</u>	nive
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fure:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
I certify that a procedures we Department of	on the 26 day of January, 20 / 7 the forgere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S		
ANALYS SESTE OTIVE	Samuel Commence of the Commenc	649
	Signature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 01/26/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:55pm 2:56pm 2:57pm 2:58pm 2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1452

Test Date: 01/26/2017

Test Time: 3:03pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:03pm 3:04pm
FC	Pass	3:04pm

#### Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County //	1c Dowe // Instrument Location Mc [	Dowell Co. Jail
Instrument S	erial No. <u>008892</u> <u>Marion</u>	, MC
The preventi four months	ve 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 based degrees, plus or minus .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	
procedures w	on the <u>26</u> day of <u>January</u> , 20/7 the vere performed on the instrument indicated above, in accordance with cut of Health and Human Services, and the instrument is functioning properly	rrent regulations of the N.C.
- TAT		
* ESTE GLAMY		649
	Signature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 01/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	.00	2:54pm 2:55pm 2:56pm
AIR BLK SUB TEST	.00 .00	2:57pm 2:58pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892 

Test Record Number: 450

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:03pm 3:03pm

Preventive Maintenance Status: Pass

Analyst

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

County_//	Declienburg Instrument Location But Mobile Unit 11
Instrument S	erial No. 008970
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.
procedures v	on the <u>Z4</u> day of <u>Januar</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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 01/26/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

~/21 OT.

Time

Tect

lest	9/2101	True
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:45pm 9:46pm 9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	/00	9:51pm

Reported AC: .00/g/21/01

Signature of Chemical Analyst

Court CVP

Analyst

#### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 276 Test Date: 01/26/2017 Test Time: 9:53pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:54pm CAL Pass 9:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. 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 17±6 Januard day of the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 01/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:47am 10:48am 10:49am 10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
AIR, ALK	.00	10:54am

Signature

Court CVR

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 6606
Test Date: 01/17/2017 Test Time: 10:43am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45am

#### Printer Tests

rest	Status	rime
PRNT	Pass	10:45am
	ODO Harba	

#### CRC Tests

Test	Status	Time
COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance Status: Pass

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

Instrument Serial No. 203726 Space Pine and Space P	
four months are:	•
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometers	aka::
34 degrees, plus or minus .2 degree centigrade;	SNOW
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	ith ests,
I certify that on the	ance
STATE ON NOW STATE ON NOW STATE OF STAT	
Signature of Certifying Official Certificate Number	

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 01/25/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:57pm
AIR BLK	.00	4:58pm
ACCY CHK	.08	4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 855 Test Date: 01/25/2017 Test Time: 5:04pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:04pm
FLO	Pass	5:04pm
FC	Pass	5:04pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:05pm 5:05pm 5:05pm 5:05pm 5:05pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	5:05pm

#### Printer Tests

lest	Status	TIME
PRNT	Pass	5:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:05pm

Preventive Maintenance Status: Pass

Analyst

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

	Instrument Location	
Instrument Serial No. 008741	d Governa	LENT PLAZA
	Rocky Me	ent, NC
The preventive maintenance procedures for the In four months are:	•	
1. Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		olic breath simulator thermometer show
2. Verify instrument displays time	and date;	
3. Initiate breath test sequence;		
4. Enter information as prompted;		
5. Verify instrument accuracy;		
6. When "PLEASE BLOW" appe	ars, collect breath sample;	
7. When "PLEASE BLOW" appe	ars, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic Program; and		
		spiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that on the 30 day of 7 procedures were performed on the instrument indicepartment of Health and Human Services, and the services of		
THE STATE OF NORTH TO		
	Applications Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 01/30/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607502

Exp Date: 03/15/2018

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

Reported AC: ____00 g/210L

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 01/30/2017

Test Record Number: 2011 Test Time: 11:47am EST

## Baseline Tests

System Check: Passed

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:48am

#### Printer Tests

Test

CAL

PRNT	Pass	11:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:49am

Status

Time

11:49am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	Instrument Location_	ROCKY	Mount	<u>PD</u>
Instrument Serial No. 008 740	#2 Gove	anneit	PLAZA	
	Rocky 1	Mount,	NC	
The preventive maintenance procedures for the Int four months are:	oximeters, Model Intox	EC/IR II to be fo	bllowed at least on	ce every
1. Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		alcoholic breath s	imulator thermom	eter shows
2. Verify instrument displays time	and date;			
3. Initiate breath test sequence;				
4. Enter information as prompted;				
5. Verify instrument accuracy;	5. Verify instrument accuracy;			
6. When "PLEASE BLOW" appear	rs, collect breath sample	e;		
7. When "PLEASE BLOW" appear	rs, collect breath sample	<b>e</b> ;		
8. Print test record;		•		
9. Verify Diagnostic Program; and				
10. Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.				
I certify that on the 30 day of And procedures were performed on the instrument indice Department of Health and Human Services, and the	cated above, in accordar e instrument is function	t7 the forgo ace with current ring properly.	ing preventive ma egulations of the N	intenance N.C.
STATE OF TOTAL COLUMN TO STATE OF TOTAL COLUMN				
+ see quan violent	Syncas ture of Certifying Offic	ial	Cortificate Nu	mhor

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 01/30/2017

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:25am 11:26am 11:27am
AIR BLK	00	11:28am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
AIR BLK	.00	11:31am

Reported AC: 00 g/2101

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 607

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
•	
Pass	11:33am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:34am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:34am
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

County NASh	Instrument Location NASHUILLE PD
Instrument Serial No. 208632	SOI S. BARNES ST Nashulle, NC
	Nashulle NC
The preventive maintenance procedures for the Infour months are:	toximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath simulator thermometer show ree centigrade;
2. Verify instrument displays time	and date;
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appear	ars, collect breath sample;
7. When "PLEASE BLOW" appear	ars, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; and	
	ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the 30 day of 30 procedures were performed on the instrument indicent Department of Health and Human Services, and the	20 17 the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. e instrument is functioning properly.
The state of the s	
STATE OF A	
Signa Signa	ture of Certifying Official Certificate Number

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 01/30/2017

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

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

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

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

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

rest	g\'\Z⊥∪⊓	TIME
DIAG	Pass	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.07	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Record Number: 3767
Test Date: 01/30/2017 Test Time: 10:39am EST

System Check: Passed

## Baseline Tests

Test	Status Time
IR	Pass 10:39an
FLO	Pass 10:39am
FC	Pass 10:39am

#### Temperature Tests

Test	Status	Τ;	ime	
gg Nem in The Arman Tallet a common and a common and				1
FC1	Pass	1	) : 3 9a	30
SRC	Pass	111	):3 9 <b>5</b>	T
DET BAR	Pass	11	1 39	
BAR BT	Pass Pass	\Д(	):39a ):39a	ı
4	rass	114	J: 3 B G	

#### Blank Tests

		100		7 4 1 1 2 2 2 2	1
Test	100	_ C+	3 1110	- C T	7 777
TOOL		100	acus	ab H00 <b>4</b> :	
68 S. S. S.	1.7	10.7	atus	T 1737	<b>的现在分词形式</b>

	 	 7.5 (4) -	0:4	35.11	10.3
AIR					
	Pas				

#### Printer Tests

Test	 S	ta	tus	Т	ime	الف	
74 Th	1.0		7	 33.	17. 63.	74. i	ì

N_ 1		100		- 1	1.57	1	: 1	1.92 0	dia.	154		äl:	112
PRNT	114	:	Pa	S	3		j	1	O	• 4	'n.	a.	rel
				~	- 1		٠.		-	-7-	100	Mr.	1105

#### CRC Tests

Test		Sta	itus		Tiı	ne	1 N. C.
de Porto de region		100		130			
COMP	15	Pas	35		าก	40.	4

Preventive Maintenance Status: Pass

Analyst

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

County Nost	H Hampton Instrument Location Naul Hampton Go Sheritt's e
Instrument Seria	11 No. 008688 105 W. Jeffern ST Jackson, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
» <b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 24 day of January, 2017 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TABLE OF THE STATE	Signature of Certifying Official  Signature of Certifying Official  Certificate Number

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 01/24/2017

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

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

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

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

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

**

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	5:55pm 5:55pm 5:56pm 5:57pm <b>5:57pm</b>
AIR BLK	.00	5:58pm
SUB TEST	.00	6:00pm
AIR BLK	.00	6:01pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 01/24/2017 Test Record Number: 748

Test Time: 6:05pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:05pm
FLO	Pass	6:05pm
FC	Pass	6:05pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:05pm
SRC	Pass	6:05pm
DET	Pass	6:05pm
BAR	Pass	6:05pm
$\mathtt{BT}$	Pass	6:05pm

### Blank Tests

Test	Status	Time
ΔTR	Pagg	6:06pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:06pm
·	CRC Tests	
Test	Status	Time
COMP	Pass	6:06pm

Preventive Maintenance Status: Pass

Pass

6:06pm

CAL

Analyst

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

County A first	thhoughta	Instrument Location 1/0	AhHampton Go. Showers
Instrument Ser	ial No. <u>008607</u>	105 W. Jeff Jackson, A	erson 57
The preventive four months ar			R II to be followed at least once every
<b>1.</b>	Verify the ethanol gas canis 34 degrees, plus or minus		olic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	2,	
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.			xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the 2 4 day of cre performed on the instrument Health and Human Services, a	JAMABY , 20 17 t indicated above, in accordance wi	_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.
STATI STATI	S CAROUNA S		
* A SSE QUAM VIDE	Tho	les / Spares	462
e de la companya de La companya de la co		Signature of Certifying Official	Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 01/24/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

9/21011	Time
Pass	5:55pm
.00	5:55pm
.07	5:56pm
.00	5:57pm
.00	5:57pm
.00	5:58pm
.00	6:00pm
.00	6:01pm
	.00 .07 .00 .00 .00

-/2101

mi ma

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

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 01/24/2017 Test

Test Record Number: 880
Test Time: 6:04pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:05pm
FLO	Pass	6:05pm
FC	Pass	6:05pm

### Temperature Tests

Test	Status	Time
FC1	Pass	6:05pm
SRC	Pass	6:05pm
DET	Pass	6:05pm
BAR	Pass	6:05pm
BT	Pass	6:05pm

### Blank Tests

Test	Status	Time
AIR	Pass	6:05pm

### Printer Tests

Test	Status	Time
PRNT	Pass	6:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:06pm 6:06pm

Preventive Maintenance Status: Pass

Analyst

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

County No	DRTHAMPTUN	Instrument Location WORT H	AMPTON CO. SHERIF	
Instrument So	erial No. <u>008738</u>	105W. JEFFERSON	St. JACKSON, NC	
	ve maintenance procedures for the	Intoximeters, Model Intox EC/IR II to		
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, or the alcoholic bro legree centigrade;	eath simulator thermometer shows	
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration in the same of the same	on date, or the alcoholic breath Alcoholic Breath Simulator tests,	
I certify that procedures w Department	on the <u>9</u> day of <u>0</u> vere performed on the instrument i of Health and Human Services, and	ndicated above, in accordance with cur d the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.	
- Changain				
THE STAT	E OF NORTH		<i>t</i>	
		,		
* ESSE QUAM'	MODEL # STATE OF THE STATE OF T	D Smoth	637	
	Si	gnature of Certifying Official	Certificate Number	

NORTHAMPTON COUNTY SHERIFF'S DEPARTMENT 650

Serial Number: 008738 Test Date: 01/19/2017

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: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG	Pass	3:36pm
AIR BLK	.00	3:37pm
ACCY CHK	.08	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:41pm
ATR BIK	. 0.0	3:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NORTHAMPTON COUNTY SHERIFF'S DEPARTMENT 650

Serial Number: 008738

Test Record Number: 668

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass Pass	3:48pm 3:48pm
Pass	3:48pm
Pass Pass	3:48pm 3:48pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

### Printer Tests

rest	Status	TIME
PRNT	Pass	3:49pm

Trimo

### CRC Tests

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

Preventive Maintenance Status: Pass

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

County NOR	THAMPTON Instrument Location	NOETHAMPTON	Co. SHERIFF'S DI
Instrument Seria	INO. <u>008651</u> 105 W. JEF	FERSON ST	JACKSON, N
The preventive r	naintenance procedures for the Intoximeters, Model Into	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simu	llator thermometer shows
2.	Verify instrument displays time and date;		•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath samp	le;	
<b>7.</b>	When "PLEASE BLOW" appears, collect breath samp	ole;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.		
I certify that on procedures were Department of I	theday of	) / // the forgoing ance with current reguning properly.	preventive maintenance lations of the N.C.
THE STATE OF THE S	Signature of Certifying Office	icial —	637 Certificate Number
	, ,		

NORTHAMPTON COUNTY SHERIFF'S DEPARTMENT 650

> Serial Number: 008651 Test Date: 01/19/2017

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: SMITH, BRIAN D Permit Number: 8937E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:30pm 3:32pm
ACCY CHK	.07	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reported AC: .00 g/210L

qnature of Chemical Analyst

Court CVR

## NORTHAMPTON COUNTY SHERIFF'S DEPARTMENT 650

Serial Number: 008651 Test Record Number: 1267
Test Date: 01/19/2017 Test Time: 3:38pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

## Temperature Tests

Status	Time
Pass	3:38pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:39pm

Preventive Maintenance Status: Pass

Analyst

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

County Note	2THAMPTON	Instrument Location NORTHAN	UPTON (G. SHERIFF'S DR
Instrument Ser	rial No. <u>008607</u>	DS W. JEFFER:	SON ST. JACKSON,
The preventive four months ar		the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic br .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progran	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expirating changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	ere performed on the instrumer	nt indicated above, in accordance with cur and the instrument is functioning properly	rrent regulations of the N.C.
OREAT STATE	SAOCH CAROL		
APPLIE TO	Zu-	Signature of Certifying Official	637 Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:46pm 2:47pm
ACCY CHK	.07	2:48pm
AIR BLK	.00	2: <b>4</b> 9pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:52pm
ATR BIK	00	2:53pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 869

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 SRC DET	Pass Pass Pass	2:55pm 2:55pm 2:55pm
BAR	Pass Pass	2:55pm
$\mathtt{BT}$	Pass	2:55pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County NORT	HAMPTON	Instrument Location North AMPT	ON CO, SHERIFF'S
Instrument Serial	1No. <u>00868</u>	105 W. JEFFERSU,	J. St. TACKSON, "
The preventive n four months are:	naintenance procedures for the	Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath s degree centigrade;	imulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		¥
4.	Enter information as prompto	ed;	
5.	Verify instrument accuracy;	·	
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.		ppears, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program;	and	
	-		a
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expiration da hanged every four months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
procedures were	performed on the instrument	indicated above, in accordance with current and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CREAT OF THE CONTROL	OR IN CAROLINA	Λ	
ESTE QUAM VIDER		S D Anto	637
	S	signature of Certifying Official	Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:46pm
ACCY CHK	.07	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:51pm
ATR BLK	.00	2:52pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 733

Test Date: 01/04/2017

Test Time: 2:53pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53pm
FC	Pass	2:53pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
$\mathtt{BT}$	Pass	2:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:54pm 2:54pm

Preventive Maintenance Status: Pass

Analyst

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

County OR	ANGE Instrument Location Hills borough PD
Instrument Seria	11No. 008877 127 N. Charton ST Hillsburgh NC
	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 27 day of Arcary, 20 7 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	5-4-65 54005 662
	Signature of Cartificing Official Cartificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Date: 01/27/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/21

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873 Test Record Number: 1369
Test Date: 01/27/2017 Test Time: 11:30am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:30am
FC	Pass	11:31am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am
· ·		and the second s

## Blank Tests

Test	Status	Time
AIR	Pass	11:31am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:32am

Preventive Maintenance Status: Pass

Pass

11:32am

CAL

Analyst

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

County Pi	<del>-</del>	Instrument Location $PH$	Co. Detention Cento
Instrument Se	erial No. <u>008662</u>	124 Detention	Dr., Greenville, N.C.
The preventive four months a		Intoximeters, Model Intox EC/IF	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		olic breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>d</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.			epiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that opposedures we Department o	on the day of Jan ere performed on the instrument in of Health and Human Services, and	idicated above, in accordance wi the instrument is functioning pr	_ the forgoing preventive maintenance th current regulations of the N.C. toperly.
TAPE CITY OF THE STATE OF THE S	Lek /3/		643
	ے Sig	nature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 01/27/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective: 07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:17am
AIR BLK	.00	9:18am
ACCY CHK	.08	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:22am
ATR BLK	.00	9:23am

Reported AC: .00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 01/27/2017 Test Record Number: 929
Test Time: 9:24am EST

System Check: Passed

## Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
лтр	Pagg	9.25am

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:26am

## CRC Tests

Test	Status	Time
COMP	Pass	9:26am
CAL	Pass	9:26am

Preventive Maintenance Status: Pass

Analyst

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

County /	Instrument Location RANDURY Co. Jak
Instrument Seria	INO. 008899 Asheboro NC
The preventive a	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
CREATE OF THE COLETA	NOT THE CANONIC TO SECOND
* CSE QUAM VIDEN	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 01/11/2017

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

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:04pm 1:05pm 1:05pm
AIR BLK SUB TEST	.00	1:06pm 1:07pm
AIR BLK	.00	1:08pm
SUB TEST AIR BLK	.00 .00	1:10pm 1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Record Number: 2471

Test Date: 01/11/2017

Test Time: 1:13pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:13pm 1:13pm 1:13pm 1:13pm 1:13pm
		_

### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

### Printer Tests

rest	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:14pm
$\mathtt{CAL}$	Pass	1:14pm

Preventive Maintenance Status: Pass

Analyst

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

County/	GANDOL PH	Instrument Location And Do	LAY Co. JAIL
Instrument S	Serial No. <u>00 8860</u>	Ashebaco N	C
The prevent four months		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breatl degree centigrade;	simulator thermometer show
2.	Verify instrument displays tir	me and date;	
3	Initiate breath test sequence;		
4.	Enter information as prompte	<b>;d</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and 🔍	
10.		anister is being changed before expiration on anged every four months or after 125 Alc	
I certify that procedures Department	were performed on the instrument i	ANUARY, 20 17 the for indicated above, in accordance with currend the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
ON THE CONTRACT OF THE CONTRAC	CAROL	ignature of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 01/11/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:09pm 1:10pm 1:11pm 1:12pm 1:12pm 1:13pm 1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 2511

Test Date: 01/11/2017

Test Time: 1:24pm 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 SRC DET BAR	Pass Pass Pass Pass	1:25pm 1:25pm 1:25pm 1:25pm
BT	Pass	1:25pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location_ The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  $\frac{N \cdot Ar /}{}$ , 20 / // the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Officia

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 01/25/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:44pm
AIR BLK ACCY CHK	.00	2:45pm 2:45pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
ATR BLK	. 0.0	2:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1168

Test Date: 01/25/2017

Test Time: 2:52pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53pm
FC	Pass	2:53pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
BT	Pass	2:53pm

## Blank Tests

Test	Status	Time
ATR	Pass	2:54pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance Status: Pass

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

County X	OCKINGUM Instrument Location Revolville
Instrument S	erial No. 008784 Police Department
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.
procedures w	on the
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 01/24/2017

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

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:29pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court 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

## ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 993
Test Date: 01/24/2017 Test Time: 2:37pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:37pm
FLO	Pass	2:37pm
FC	Pass	2:37pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

#### Blank Tests

Test	Status	Time
7\ T D	Dagg	2 + 3 8 mm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	er de la companya de La companya de la co
Test	Status	Time
COMP CAL	Pass Pass	2:38pm 2:38pm

Preventive Maintenance Status: Pass

Analyst Con

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location [ Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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: Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample: 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. day of JANUARC, 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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 01/24/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:41pm 1:41pm 1:42pm 1:43pm 1:44pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 2333
Test Date: 01/24/2017 Test Time: 1:48pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:48pm 1:48pm
FC	Pass	1:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm
	CRC Teata	

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

Preventive Maintenance Status: Pass

Analyst

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

County_5	waih	Instrument Location Sula	in Co. Jail
Instrument S	Gerial No. <u>(208727</u>	Bryson City,	NC
The preventi		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic but degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expirati anged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the <u>20</u> day of <u>Ja N</u> vere performed on the instrument in of Health and Human Services, and	the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
OTHE STATE	CAROLINA CAR	RITA	435
	Sig	gnature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 01/20/2017

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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:40am 10:41am 10:42am
ACCY CHK	.07	10:42am
SUB TEST AIR BLK	.00	10:43am 10:44am
SUB TEST ATR BLK	.00	10:46am 10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1080
Test Date: 01/20/2017 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	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

#### Blank Tests

Test S	tatus Time
--------	------------

AIR Pass 10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance Status: Pass

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

County 5/	vairi In	strument Location Swain	. Co. Jail
Instrument Seri	al No. <u>(208723</u>	Bryson City,	NC
The preventive four months are	maintenance procedures for the Intoxin	neters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree of		th simulator thermometer show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, or	collect breath sample;	
7.	When "PLEASE BLOW" appears, or	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.		
I certify that or procedures we Department of	the <u>20</u> day of <u>Tanuar</u> re performed on the instrument indicate Health and Human Services, and the in	, 20 the form t	orgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	Signature	Cuthor of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 01/20/2017

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
ATR RIK	ሰብ	10·43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daif R. Cuth-

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 01/20/2017 Test Record Number: 661
Test Time: 10:44am EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
1.	CRC Tests	
Test	Status	Time
COMP	Pass	10:45am

10:45am

Preventive Maintenance Status: Pass

Pass

CAL

Enif R. Cuth

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

Instrument Serial No. 008902 403 MAIN ST., Columbia  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;	every
Instrument Serial No. 008902 403 MAIN ST., Clumble  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;	every
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;	·
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;	er show
3. Initiate breath test sequence:	
2. Annual or and representations	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify that on the 20 day of 300 the forgoing preventive maint 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.	tenance C.
Signature of Certifying Official Certificate Numb	ang s

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 01/26/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:42am 11:43am
ACCY CHK	.08	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
ATR BIK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find & fleet

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 639

Test Date: 01/26/2017

Test Time: 11:50am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
TR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:51am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

#### Blank Tests

Test	Status	Time
		1

AIR Pass 11:51am

#### Printer Tests

Test	Status	Time
		*
PRNT	Pass	11:51am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:52am
CAL	Pass	11:52am

Preventive Maintenance Status: Pass

Analyst

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

County	VANCE Instrument Location VANCE Co Sheriff's Da
Instrument S	Serial No. 008937 156 Church ST Henderson NC
	tive 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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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	at on the
STATE STATE OF THE	Signature of Certifying Official  Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:28pm 12:29pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 2299 

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:36pm 12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
$\mathtt{BT}$	Pass	12:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:37pm

12:37pm

COMP

CAL

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

County	Vance	Instrument Location Vance	Co. Sheriff's Office	
Instrument	Serial No.	156 Church	ST N/C	
	tive maintenance procedures for the	Intoximeters, Model Intox EC/IR II		
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		breath simulator thermometer shows	
2.	Verify instrument displays til	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.		nnister is being changed before expira nanged every four months or after 12		
I certify that procedures Departmen	at on the day of were performed on the instrument is t of Health and Human Services, and	AMARY , 20 17 the ndicated above, in accordance with condition to the instrument is functioning properties.	ne forgoing preventive maintenance urrent regulations of the N.C. rly.	
TO SEE OF THE CAREAT SEE OF TH	Sie Co NO CHA CAROLLIN CAROLLI	5 System 5 gnature of Certifying Official	Certificate Number	

# VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Signature of Chemical Analyst

Court CVR

### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 01/04/2017 Test Record Number: 1674
Test Time: 12:26pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:28pm 12:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

er Programmer	INTOXII	-	ODEL INTOX	_	and the same of th	ر ^{مسم} .	
County W	ike		ment Location				
Instrument Seria	li No. <u>008700</u>	22	S. Taylor	5	WAK	Fakasi	<u>, ~</u>
The preventive if four months are	maintenance procedures	for the Intoximeter	rs, Model Intox EC/IR	II to be f	followed at le	ast once ev	very
1.	Verify the ethanol gas 34 degrees, plus or m		ressure, or the alcoholigrade;	c breath	simulator the	ermometer	show
2.	Verify instrument disp	plays time and date	;				
3.	Initiate breath test seq	juence;					
4.	Enter information as p	prompted;					
5.	Verify instrument acc	euracy;					
6.	When "PLEASE BLO	OW" appears, colle	ct breath sample;			,	
7.	When "PLEASE BLC	OW" appears, colle	ct breath sample;				
8.	Print test record;						
9.	Verify Diagnostic Pro	gram; and			5		
10.		being changed ever	ng changed before exp y four months or after l				
	the 3 day of performed on the instru Tealth and Human Servi				oing prevent regulations (	ive mainter of the N.C.	nance
totamino.			셯	#	w*		<b>S</b>
SIREAL STATE OF A STAT	COLUM CARCO				A		
TOTE QUAM YOUR T		Tokes	Barres			62	
		Signature of C	Certifying Official		Certific	ate Numbe	r

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 01/31/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported Aq: .00-g/210L

Signature of Chemical Analyst

Court CVR

# WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 1194

Test Date: 01/31/2017

Test Time: 11:40am 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 DET BAR BT	Pass Pass Pass Pass Pass	11:40am 11:40am 11:40am 11:40am 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 (1)	ARREN	Instrument Location Not	PLINA	POLICE DEP
Instrument Ser	rial No. <u>1008945</u>	101 MAIN ST.	Noren	iA, NC
The preventive four months as		Intoximeters, Model Intox EC/IR	II to be follo	wed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoho degree centigrade;	lic breath sim	ulator 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 breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	nnister is being changed before ex nanged every four months or after	piration date, 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
I certify that of procedures we Department of	ere performed on the instrument	ndicated above, in accordance will the instrument is functioning pr	th current reg	g preventive maintenance ulations of the N.C.
THE STATE OF THE S	CAROLL	Sus Janut ignature of Certifying Official	<u> </u>	Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 01/18/2017

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: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:36pm 1:37pm 1:38pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

Reported AC: .00 g/21

Signature of Chemical Analyst

Court CVR

Analyst

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 337
Test Date: 01/18/2017 Test Time: 1:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:44pm 1:44pm
FC	Pass	1:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
$\mathtt{BT}$	Pass	1:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

#### Printer Tests

•	Test	Status	Time
	PRNT	Pass	1:45pm
		CRC Tests	
	Test	Status	Time
	COMP CAL	Pass Pass	1:46pm

Preventive Maintenance Status: Pass

Analyst

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

County 1	ARREN Instrument Location WARDON 6 LEC.
Instrument Seri	ial No. 008793 128 RAFTERS L.
	WARRENTON, 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;
. <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
<b>10.</b>	Verify that the ethanol gas canister is being changed before 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	n the
STATE OUR STATE OF THE STATE OF	Signature of Certifying Official  Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 01/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:02am 11:03am 11:04am 11:05am <b>11:05a</b> m
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WARREN COUNTY WARREN COUNTY JAIL 920

Test Record Number: 1128 Serial Number: 008793 Test Date: 01/04/2017 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
DET	Pass	11:10am
BAR	Pass	11:10am
$\mathtt{BT}$	Pass	11:10am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

#### Printer Tests

CAL

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

Pass

11:11am

Preventive Maintenance Status: Pass

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

County \\	JAYAR Instrument Location Sey MOVE Johnson A.F.
Instrument Ser	rial No. 008786 1010 Vermont Garrison Rd., Golds
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the day of ANOA/c,, 20/1 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 01/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:01am
AIR BLK	.00	11:02am
ACCY CHK	.07	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:07am
ATR BLK	. 0.0	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

# WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 264 

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	Time	
ΔTR	Pagg	11 • 10 am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:10am
	CRC Tests	-

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

Preventive Maintenance Status: Pass

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

County [	anne Instrument Location Wayne Co. Detertion
Instrument Ser	rial No. DD 4918 207 E. Chestaut 57., Goldson
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION C 950

Serial Number: 008918 Test Date: 01/13/2017

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:35am 9:36am
ACCY CHK	.07	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FindA. Cese
Analyst

# WAYNE COUNTY WAYNE CO DETENTION C 950

Serial Number: 008918 Test Date: 01/13/2017

Test Record Number: 541

Test Time: 9:53am EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
$\mathtt{BT}$	Pass	9:53am

#### Blank Tests

Test	Status	Time	
AIR	Pass	9 · 54 am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:54am 9:54am

Preventive Maintenance Status: Pass