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

		RS, MODEL INTOX EC	
County $A$	lexander	Instrument Location Alexa	nder County 50
Instrument Se	rial No. <u>008881</u>	91 Commercial Pa	
The preventive four months a	<del>-</del>	Intoximeters, Model Intox EC/IR II to I	ne followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>i</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
procedures w	on the <u>544</u> day of <u>Ju</u> vere performed on the instrument in of Health and Human Services, and	the indicated above, in accordance with current the instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
TOTAL STATE OF THE CONTROL OF THE CO	SIMUZ	gnature of Certifying Official	Certificate Number

#### ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008881 Test Record Number: 628
Test Date: 07/05/2017 Test Time: 12:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:24pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

#### Printer Tests

Status

Test

PRNT	Pass	12:25pm
1	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:25pm 12:25pm

Time

Preventive Maintenance Status: Pass

Analyst Analyst

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

County Al	exander Instrument Location Albander County SD
Instrument Seria	INO. OO8813 91 Commercial Pack Ave., Taylosvil)
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<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 on procedures were Department of I	the 2/3 <sup>†</sup> day of 3, 20 / the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Man 656
	Signature of Certifying Official Certificate Number

#### ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1644
Test Date: 07/21/2017 Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:08pm 12:08pm

Preventive Maintenance Status: Pass

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

> Serial Number: 008813 Test Date: 07/21/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG710701 Exp Date: 04/17/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	NSON	Instrument Location ANSON Co	Shrifts DAR
Instrument Seri	al No. <u>008739</u>	WADESRORD NC	
The preventive four months are		ntoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;	÷	
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument in	dicated/above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STATE OF THE S	Sig	gnature of Certifying Official	37) Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 07/10/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:31pm 12:32pm
AIR BLK ACCY CHK	.00	12:32pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:37pm
ATR BLK	.00	12:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Record Number: 249 Test Date: 07/10/2017 Test Time: 12.42pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

Status

#### Printer Tests

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

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

County A	Instrument Location ANSON Co Sheriff's Office
Instrument Ser	rial No. 008597 WADESBORD NC.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
procedures we	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 07/10/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 .00	12:25pm 12:26pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Te

Test Record Number: 1599

Test Date: 07/10/2017 Test Time: 12:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:34pm 12:34pm
FC	Pass	12:34pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:35pm 12:35pm
DET	Pass -	12:35pm
BAR	Pass	12:35pm
$\mathtt{BT}$	Pass	12:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

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

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

County Be	Instrument Location Beauther Ca Con	-542US
Instrument Ser	erial No. DO8905 100 E DONST, Washing TO	v, N.
The preventive four months as	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least or are:	ice every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermon 34 degrees, plus or minus .2 degree centigrade;	neter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simu whichever occurs first.	
I certify that of procedures we Department of	on theday of, 20 / the forgoing preventive movere performed on the instrument indicated above, in accordance with current regulations of the of Health and Human Services, and the instrument is functioning properly.	aintenance N.C.
OF THE STATE OF TH	CAROLLI CAROLL	,

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 07/17/2017

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

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	4:53pm 4:54pm
ACCY CHK	.08	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 2777 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:02pm
FLO	Pass	5:02pm
FC	Pass	5:02pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:02pm 5:02pm
DET	Pass	5:02pm
BAR BT	Pass Pass	5:02pm 5:02pm
	rabb	J. 02 Pill

#### Blank Tests

Test	Status	Time
AIR	Pass	5:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:03pm
CAL	Pass	5:03pm

Preventive Maintenance Status: Pass

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

County Be	autori Instrument Location Beautort Co. Courthouse
Instrument Se	rial No. 008586 100E. 2nd St., Washing TON, N.C.
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	CAROUN

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 07/17/2017

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

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	4:51pm 4:52pm 4:53pm 4:54pm <b>4:55pm</b> 4:56pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finicon Reserve

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Record Number: 1304

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:00pm
FLO	Pass	5:00pm
FC	Pass	5:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:00pm
SRC	Pass	5:00pm
DET	Pass	5:00pm
BAR	Pass	5:00pm
$\mathtt{BT}$	Pass	5:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:01pm

Preventive Maintenance Status: Pass

Pass

CAL

5:01pm

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

County 5	ial No. <u>OO 8808</u> Instrument Location <u>Buncambe Co Jail</u> Asheville, we
Instrument Ser	ial No. 008808 Asheville, NC
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 of procedures we Department of	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.

DHHS 4080 (11/07)

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 07/14/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	3:08pm 3:08pm 3:09pm 3:10pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808

Test Record Number: 1056

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

#### Printer Tests

111 a. a. b.	0 L a L	Time.
	CRC Tests	
PRNT	Pass	3:17pm
Test	Status	Time

Test	Status	TIME
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

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

County_13	Instrument Location But mobile Unit 11
Instrument Se	rial No. <u>()() 8970</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>B</u> day of <u>July</u> , 20 /7 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	
Water Control	Signature of Certifying Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 07/08/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00	7:33pm 7:34pm 7:35pm
.00	7:36pm
.00	7:36pm
.00	7:37pm
.00	7:39pm
.00	7:39pm
	Pass .00 .07 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M V Dov
Analyst

#### BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970

Test Record Number: 343

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	7:42pm 7:42pm 7:42pm 7:42pm
$\mathtt{BT}$	Pass	7:42pm

#### Blank Tests

Test	Status	Time
ATR	Pass	7 · 43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:43pm
CAL	Pass	7:43pm

Preventive Maintenance Status: Pass

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

County B	Instrument Location But Mobile Unit 11
Instrument Ser	ial No. <u>(208977</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
-1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>77</u> day of <u>70/9</u> , 20 <u>/7</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OFFICE CLAM YORK	

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 07/27/2017

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:32pm
AIR BLK	.00	2:33pm
ACCY CHK	.07	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
ATR BLK	. 0.0	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 07/27/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:32pm 2:33pm
ACCY CHK	.07	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mu Dy Analyst

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

County CAS	mell Instrument Location CASWell Co. Defention Co
Instrument Serial	No. 008593 231 County Park RD YANCYVILLO NC
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OTH STATE OF AN OTHER PROPERTY	Signature of Certifying Official  Certificate Number

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 07/05/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: ONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

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

DIAG	Pass	4:10pm
AIR BLK	.00	4:11pm
ACCY CHK	.08	4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:13pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm

Reported AC: >

£100 g/210 س√

Signature of Chemical Analyst

Court CVR

Analyst

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1457

Test Date: 07/05/2017

Test Time: 4:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:17pm
FLO	Pass	4:17pm
FC	Pass	4:17pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:18pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:18pm
CAL	Pass	4:18pm

Preventive Maintenance Status: Pass

Analyst

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

County	Catawba	nstrument Lo	cation_Catawba	County 5D
Instrument				Blvd, Newto
The prever	entive maintenance procedures for the Intoxi	meters, Mode	l Intox EC/IR II to be fo	llowed at least once every
1 <del>.</del>	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		or the alcoholic breath s	imulator-thermometer-show
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;		•	
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath	sample;	•
7.	When "PLEASE BLOW" appears,	collect breath	sample;	-
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.			
procedures	hat on the 3 day of July es were performed on the instrument indicate ent of Health and Human Services, and the in	ed above, in ac	cordance with current r	ing preventive maintenance egulations of the N.C.
ST.	STATE OF ALOPE	<u> </u>		f person such
	Me L. Hu Signature	of Certifying	g Official	Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 07/03/2017

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:55pm 1:56pm 1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1777
Test Date: 07/03/2017 Test Time: 2:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:03pm

#### Temperature Tests

Status	Time
Pass	2:03pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance Status: Pass

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

County Ca	tawba Instrument Location Hickory PD
Instrument Se	rial No. 008841 347 and Ave SW, Hickory
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 3 day of 3 day
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 07/03/2017

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: HUTCHINSON, JOSEPH E Permit Number: 19951E

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	Pass	2:36pm
AIR BLK	.00	2:37pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Sygnature of Chemical Analyst

Court CVR

#### CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Record Number: 1745

Test Date: 07/03/2017

Test Time: 2:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC DET	Pass Pass	2:44pm 2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:45pm 2:45pm

Preventive Maintenance Status: Pass

Analyst Analyst

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

County	CHATTHAM Instrument Location SILERCITY POLICE DEPT		
Instrument Se	rial No. 008811 SHER CAY, NO		
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
<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 or procedures we Department of	n the		
THE STATE OF THE S			
The state of the s	Signature of Certifying Official Certificate Number		

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 07/10/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass	3:47pm
AIR BLK	. 00	3:47pm
ACCY CHK	.07	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

### CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811

Test Record Number: 1263

Test Date: 07/10/2017

Test Time: 3:55pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:55pm 3:55pm
FC	Pass	3:55pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:56pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:56pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

3:56pm

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

County	herokee	Instrument Location Chero	kee Co. Jail
Instrument Se	rial No. <u>008711</u>	Murphy, NC	
The preventive four months a	e maintenance procedures for the Inte	oximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister d	isplays pressure, or the alcoholic bre	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	urs, collect breath sample;	
7.	When "PLEASE BLOW" appea	irs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	simulator solution is being chang whichever occurs first.	ter is being changed before expiration ged every four months or after 125 A	Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	n theday of ere performed on the instrument indic f Health and Human Services, and th	, 20 / 7 the fracted above, in accordance with curre instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE CHEMINAL OF THE CHEMINAL O	NORTH CAROLINA CAROLI	K Cath	433
	Signa	iture of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

> Serial Number: 008711 Test Date: 07/07/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

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

Test Type: Breath Test

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

DIAG Pass 2:55	
AIR BLK .00 2:57 ACCY CHK .07 2:57 AIR BLK .00 2:58 SUB TEST .00 2:59 AIR BLK .00 3:00 SUB TEST .00 3:01 AIR BLK .00 3:02	bw bw bw bw bw

Reported AC: .00 g/210LD: Appendix to the state of the st

Signature of Chemical Analyst

Court CVR

### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711

Test Record Number: 889

Test Date: 07/07/2017

Test Time: 3:04pm EDT

is bistella dinamination in Ambilia

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test Status Time

AIR Pass 3:05pm

### Printer Tests

Test Status Time

PRNT Pass 3:05pm

CRC Tests

Test Status Time

COMP Pass 3:05pm CAL Pass 3:05pm

Preventive Maintenance Status: Pass

Dif R. Cuth

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINIETERS, MODEL INTOX ECITA II
County A	erokee Instrument Location Cherokee Co. Jail
	100. 008622 Murphy NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show _34_degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3,	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	theday of, 20, 20 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.
THE GLEW WORK AND COLUMN TO A THE REAL PROPERTY OF THE PROPERT	Signature of Certifying Official Certificate Number

### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 07/07/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:56pm 2:57pm 2:58pm 2:59pm 2:59pm 3:01pm 3:02pm
AIR BLK	.00	3:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Out R. Cuth

### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622

Test Record Number: 998

Test Date: 07/07/2017

Test Time: 3:04pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
*		
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET.	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

### Blank Tests

Test Status Time

AIR Pass 3:05pm

### Printer Tests

Test Status Time

PRNT Pass 3:05pm

CRC Tests

Test Status Time

COMP Pass 3:06pm CAL Pass 3:06pm

Preventive Maintenance Status: Pass

Analyst

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

County	CRAVEN Instrument Location BAT MOBILE UNIT
Instrument Se	ORAVEH Instrument Location BAT MOBILE UNIT Prial No. 008826 HAVELOCK, AIC
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 we Department of	on the
THE STATE OF THE S	Signature of Certifying Official  Certificate Number
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008826 Test Date: 07/14/2017

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:23pm 11:24pm 11:24pm 11:25pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu R B and Analyst

### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008826

Test Record Number: 7997

Test Date: 07/14/2017

Test Time: 11:30pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:30pm
FLO	Pass	11:30pm
FC	Pass	11:30pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	11:30pm 11:30pm 11:30pm
BAR	Pass	11:30pm
BT	Pass	11:30pm

### Blank Tests

Test Status Time

AIR Pass 11:31pm

### Printer Tests

Test Status Time

PRNT Pass 11:31pm

CRC Tests

Test Status Time

COMP Pass 11:31pm CAL Pass 11:31pm

Preventive Maintenance Status: Pass

Analyst

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

County_	CRAVEN	Instrument Location New E	PERN AD
Instrume	nt Serial No. <u>008413</u>		
The preve	entive maintenance procedures for the Into	ximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breatlee centigrade;	n simulator thermometer shows
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		•
10.		er is being changed before expiration of ed every four months or after 125 Alc	
procedure	hat on the day of day of day of day of day of and indicate the following sent of Health and Human Services, and the	ited above, in accordance with curren	going preventive maintenance t regulations of the N.C.
GREAT	TATE OF NO. 1772 NO.	se EHall	754
	Cionati	re of Certifying Official	Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008613

Test Date: 07/10/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Landyst EHALL

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008613 Test Record Number: 1012 Test Date: 07/10/2017 Test Time: 12:03pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm

### CRC Tests

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance Status: Pass

Karls E Holf

Analyst

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

County (10)	Instrument Location BAT NO	BLLE UNTITY
Instrument Se	rial No. 00 7 7 3 4	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 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 expirati simulator solution is being changed every four months or after 125 whichever occurs first.	
procedures we	n the <u>38</u> day of <u>321</u> , 20 / the performed on the instrument indicated above, in accordance with curf Health and Human Services, and the instrument is functioning properly	rrent regulations of the N.C.
STATE OF THE STATE	TO STANDARD OF THE STANDARD OF	
ESF QUAM VIO		661
	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

> Serial Number: 008734 Test Date: 07/28/2017

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

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

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

Analyst's Name: SMITH, JOCK B Permit Number: 20630E Effective: 05/01/2016-05/01/2018

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

> Lot Number: 702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:02pm 11:03pm 11:03pm 11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm

Reported AC g/210L

Chemical Analyst Signature of

Court CVR

**Analyst** 

### CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008734 Test Record Number: 948 Test Date: 07/28/2017 Test Time: 11:10pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Status	Time
Pass	11:10pm 11:10pm
Pass Pass	11:10pm
Pass Pass	11:10pm 11:10pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ΔTP	Pagg	11 · 11 pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:11pm

CAL

Analyst

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

County Com	BERLAND Instrument Location BAT MOBRE UNIT
Instrument Seria	INO. 0087/
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 shows34_degrees,_plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he day of
THE STATE OF NO.	Signature of Certificing Official Contificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

> Serial Number: 008871 Test Date: 07/28/2017

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

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

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

Analyst's Name: SMITH, JOCK B
Permit Number: 20630E
Effective:

05/01/2016-05/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:59pm 11:00pm 11:01pm 11:02pm
SUB TEST	.00	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008871

Test Record Number: 897

Test Date: 07/28/2017

Test Time: 11:06pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
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AIR Pass 11:07pm

### Printer Tests

Test Status Time

PRNT Pass 11:07pm

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

 $\sim$ 

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record: 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  $\frac{1}{20}$ , the foregoing preventive maintenance day of \_\_ I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008896 Test Date: 07/05/2017

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:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008896

Test Record Number: 1041

Test Date: 07/05/2017

Test Time: 2:52pm EDT

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

AIR 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

L. Lewin Clas

Analyst

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

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

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

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, 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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	9:45am
AIR BLK	.00	9:46am
ACCY CHK	.08	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 3942

Test Date: 07/07/2017

Test Time: 9:54am EDT

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System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:55am 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

AIR 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

Middle Colored

Preventive Maintenance Status: Pass

Analyst

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

County Duk	HAM	Instrument Location Duz HA	4 Co. JAIL
Instrument Seri	al No. <u>008891</u>	219 S. MANGUM ST.	DURHAM, NE
The preventive four months are	<u>-</u>	toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic brea	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration nged every four months or after 125 A	
procedures wer		, 20 / 7 the ficated above, in accordance with current is functioning properly.	
TATE OF THE STATE	NO QUILLI CAROLL		
+ ESE QUAM VIDEO	<u> </u>	D Smill	637
	Sign	nature of Certifying Official	Certificate Number

### DURHAM COUNTY DURHAM COUNTY JAIL 310

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

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, 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: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	9:44am
AIR BLK	.00	9:45am
ACCY CHK	.08	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:49am
ATR BLK	0.0	9:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3604

Test Date: 07/07/2017

Test Time: 9:54am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:55am 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

AIR Pass 9:56am

### Printer Tests

iest	Status	TTIIIE

PRNT Pass 9:56am

### CRC Tests

Test Status Time	3
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COMP Pass 9:56am CAL Pass 9:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVE LERS,	MODEL INTOX EC	00 11 10 1
County	utham In	strument Location	Mobile Unit &
Instrument Se	erial No. <u>00 % (6) 5</u>	Durham	50
The preventive four months a	ve maintenance procedures for the Intoxir are:	neters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displa- 34-degrees, plus or minus .2 degree	ys pressure, or the alcoholic bre entigrade;	ath 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 i simulator solution is being changed whichever occurs first.	s being changed before expiration every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures v Department	t on the day of were performed on the instrument indica t of Health and Human Services, and the	ed above, in accordance with cu	egoing preventive maintenance rrent regulations of the N.C. rly.
TAME STATE OF THE	CARO		
OLLAN I	MAUNA	e of Certifying Official	Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008615 Test Date: 07/27/2017

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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	9:26pm 9:27pm
ACCY CHK AIR BLK	.07	9:28pm 9:29pm
SUB TEST AIR BLK	.00 .00	<b>9:29pm</b> 9:30pm
SUB TEST AIR BLK	.00 .00	9:32pm 9:33pm
YTV DUV	.00	J. J. J. DIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB SKynyy Analyst

### DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008615

Test Record Number: 5471

Test Date: 07/27/2017

Test Time: 9:36pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

AIR Pass 9:37pm

### Printer Tests

Status	Time
	Status

PRNT Pass 9:37pm

CRC Tests

Test Status Time

COMP Pass 9:37pm CAL Pass 9:37pm

Preventive Maintenance Status: Pass

DBSkm)

North Carolina Department of Health and Human Services • Division of Public Health • Chronic Disease and Injury Section • Forensic Tests for Alcohol Branch • DHHS 4082 (12/07) North Carolina Department of Health and Human Services • Division of Public Health • Chronic Disease and Injury Section • Forensic Tests for Alcohol Branch • DHHS 4082 (12/07)

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	Jurnam Instrument Location Bat Make Unit
	Instrument Se	erial No.008814 Durham CD SD
	The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
<u> </u>	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;
i Mer	6.	When "PLEASE BLOW" appears, collect breath sample;
)	7.	When "PLEASE BLOW" appears, collect breath sample;
Mai .	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that procedures v Department	on the
	STATION OF	
	Zamu»	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008816 Test Date: 07/27/2017

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 State: XX Driver's License Number: NONE

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

Effective:

08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:19pm 9:20pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB KANANA Analyst

### DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008816

Test Record Number: 7336

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

### Printer Tests

Test	Status	Time		
PRNT	Pass	9:32pm		

### CRC Tests

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

Preventive Maintenance Status: Pass

OB Skynt

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

County Due	HAM	Instrui	ment	Location <u>Dur</u>	HAM	Co. JAIL
Instrument Seria	al No. <u>00</u> 8859	219	<u>S.</u>	MANGUM	ST.	DIRHAM, NC.
The preventive four months are	maintenance procedures for the I	ntoximeter	s, M	odel Intox EC/IR I	I to be f	ollowed at least once every
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 de				breath	simulator thermometer show
2.	Verify instrument displays tim	e and date;	;			
3.	Initiate breath test sequence;					
4.	Enter information as prompted	l <b>;</b>				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" app	ears, colle	ct bre	eath sample;		
7.	When "PLEASE BLOW" app	ears, colle	ct bre	eath sample;		
8.	Print test record;					
9.	Verify Diagnostic Program; ar	nd				
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.					
procedures were	the <u>07</u> day of <u>1</u> e performed on the instrument in Health and Human Services, and	dicated abo	ove, i	n accordance with	current	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	To the carolina of the carolin	0 د در	٠,	4mird		637
	Sig	nature of C	Cértif	ying Official		Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

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

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, 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: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	9:37am
AIR BLK	.00	9:38am
ACCY CHK	.08	9:38am
AIR BLK	.00	9:40am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:43am
ATR BLK	0.0	9 44am

Reported AC:

00 g/210L

Signature of Chemical Analy

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 2119

Test Date: 07/07/2017

Test Time: 9:45am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:45am
FLO	Pass	9:45am
FC	Pass	9:45am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:45am
SRC	Pass	9:45am
DET	Pass	9:45am
BAR	Pass	9:45am
BT	Pass	9:45am

#### Blank Tests

Test	Status	Time

AIR Pass 9:46am

#### Printer Tests

Test	Status	TIME
ייואסס	Dagg	9 · 46am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:46am
CAL	Pass	9:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II		
County TO	Instrument Location Bat Mobile Unit	
Instrument Serie	al NOO8601 Forsyth Co 50	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	the	
THE STATE OF THE S		
Wanna Harris	Signature of Certifying Official Certificate Number	

#### FORSYTH COUNTY BATMOBILE UNIT 8 330

Serial Number: 008601 Test Date: 07/06/2017

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: AG702401 Exp Date: 01/24/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB SKun Analyst

#### FORSYTH COUNTY BATMOBILE UNIT 8 330

Serial Number: 008601

Test Record Number: 1230

Test Date: 07/06/2017

Test Time: 9:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
$\mathtt{BT}$	Pass	9:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:35pm CAL Pass 9:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIMETERS, MODEL INTOX ECOR II
County Fo	Instrument Location Bot Mobik. Wit &
Instrument Seri	al No DO 8816 For syth CD 50
The preventive 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;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
STATE OF STA	

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

DHHS 4080 (11/07)

FORSYTH COUNTY BAT MOBILE UNIT 8 330

Serial Number: 008816 Test Date: 07/06/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:52pm 8:53pm 8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OBOK Malyst

#### FORSYTH COUNTY BAT MOBILE UNIT 8 330

Serial Number: 008816

Test Record Number: 7318

Test Date: 07/06/2017

Test Time: 8:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:59pm 8:59pm
FC	Pass	9:00pm

#### Temperature Tests

Status	Time
Pass	9:00pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status		Time
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AIR Pass 9:00pm

#### Printer Tests

Test Status Tim	Test	Status	Time
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PRNT 9:00pm Pass

#### CRC Tests

Test	Status	Time
LESI.	Status	11.1 (1)

COMP Pass 9:01pm CAL Pass 9:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/1R II
County	uilford Instrument Location Bat Mubile Unit
Instrument Seri	al No 108616 Greenshoro PD
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 of procedures we Department of	on the
TOTAL STATE OF THE	

#### GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 07/21/2017

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

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

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

08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:31pm 10:32pm 10:33pm
AIR BLK SUB TEST	.00 .00	10:33pm 10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816

Test Record Number: 7333

Test Date: 07/21/2017

Test Time: 10:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:39pm
FLO	Pass	10:39pm
FC	Pass	10:39pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 10:40pm

#### Printer Tests

Test Status Time

PRNT Pass 10:40pm

CRC Tests

Test Status Time

COMP Pass 10:40pm CAL Pass 10:40pm

Preventive Maintenance Status: Pass

B SK Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MO	ODEL INTOX ECIR II	
	County C	Nilford Instru	ment Location Oth	Dile Unit
	Instrument Ser	ial No. 007015 G	reenshora T	) <u>D</u>
	The preventive four months ar			
•	1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cent	pressure, or the alcoholic breath sin igrade;	ulator thermometer shows
	2.	Verify instrument displays time and date	∍;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		
	5.	Verify instrument accuracy;		·
<u>ŽŠivo</u>	6.	When "PLEASE BLOW" appears, coll	ect breath sample;	,
	7.	When "PLEASE BLOW" appears, coll	ect breath sample;	
	8.	Print test record;		
	9.	Verify Diagnostic Program; and		a 1 1 towards
	10.	Verify that the ethanol gas canister is b simulator solution is being changed even whichever occurs first.	eing changed before expiration date ery four months or after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
	I certify that procedures v Department	t on the day of	above, in accordance with current	g preventive maintenance regulations of the N.C.
	STAT STATE OF THE COLLEGE OF THE COL	Oma B	Skinn	444
		Signature of	of Certifying Official	Certificate Number
118 313				

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 07/21/2017

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: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:47pm 10:48pm
ACCY CHK	.07	10:49pm
AIR BLK	.00	10:50pm
SUB TEST	.00	10:50pm
AIR BLK	.00	10:51pm
SUB TEST	.00	10:53pm
ATR BLK	.00	10:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



# GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Record Number: 5469
Test Date: 07/21/2017 Test Time: 10:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:58pm 10:58pm
FC	Pass	10:58pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

#### Blank Tests

Test Status Time

AIR Pass 10:59pm

#### Printer Tests

Test Status Time
PRNT Pass 10:59pm

CRC Tests

Test Status Time

COMP Pass 10:59pm

CAL Pass 10:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\wedge$	INTOXIMETERS, MODEL INTOX EC/IR II		
County	Instrument Location Dat Mobile Unit		
Instrument Seria	INO. 008775 Greenshord		
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			
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008775 Test Date: 07/21/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

-08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

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

m - - - -

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Stynes Analyst

# GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008775 Test Record Number: 1719
Test Date: 07/21/2017 Test Time: 11:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:15pm 11:15pm
FC	Pass	11:15pm

#### Temperature Tests

SRC Pass 11:15pr DET Pass 11:15pr BAR Pass 11:15pr	Test	us Time
BT Pass 11:15pr	SRC DET BAR	11:15pm 11:15pm 11:15pm
μ. ταρρ <b>-</b>	<i></i>	

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm

### CRC Tests

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

Preventive Maintenance Status: Pass

DB Stynny Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<u> </u>	Rotroll Miles
County	Instrument Location DRI NOVE WITE
Instrument Ser	rial No. 008816 SHP
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
OF QUANTY TO LEASE OF THE STATE	Onya B Stynes 444
	Signature of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 07/07/2017

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

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

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

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

Effective:

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:15pm 8:16pm 8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Kunnalyst

# GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816

Test Record Number: 7321

Test Date: 07/07/2017

Test Time: 8:24pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test Status Time

AIR Pass 8:25pm

#### Printer Tests

Test Status Time
PRNT Pass 8:25pm

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

OB SKynn Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
	County Guilford Instrument Location Bat Mobile Unit 8
	Instrument Serial No. 608775 SHP
	The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
	1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2. Verify instrument displays time and date;
	3. Initiate breath test sequence;
	4. Enter information as prompted;
	5. Verify instrument accuracy;
العلقي	6. When "PLEASE BLOW" appears, collect breath sample;
	7. When "PLEASE BLOW" appears, collect breath sample;
	8. Print test record;
٠	9 Verify Diagnostic Program; and
	10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on theday of, 20, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
	THE COUNTY WITH THE COUNTY WIT
	Signature of Certifying Official Certificate Number
1.1734.174	

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008775 Test Date: 07/07/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:31pm
AIR BLK	.00	8:32pm
ACCY CHK	.07	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

# GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008775

Test Record Number: 1717

Test Date: 07/07/2017

Test Time: 8:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:38pm mq8E:8
FC	Pass	8:39pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	8:39pm 8:39pm 8:39pm 8:39pm
BT	Pass	8:39pm

#### Blank Tests

Test	Status	Time

AIR Pass 8:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:39pm

### CRC Tests

Test	Status	Time
COMP	Pass	8:39pm
CAL	Pass	8:39pm

Preventive Maintenance Status: Pass

OB SKUNN' Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location Bat Mobile Unit
Instrument S	erial No.008615 SHP
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedure Departme	the foregoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
A CREAT CREA	ATE OF NO. 1773 CO. 1
A 120E OF	Signature of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 07/07/2017

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

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:54pm 8:55pm
ACCY CHK AIR BLK	.07 .00	8:55pm 8:56pm
SUB TEST	.00	8:59pm
AIR BLK SUB TEST	.00 .00	9:00pm <b>9:01pm</b>
AIR BLK	.00	9:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKINNI Analyst

# GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615

Test Record Number: 5462 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
$\mathtt{BT}$	Pass	9:05pm

### Blank Tests

Test	Status	Time

AIR Pass 9:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm

CRC Tests

Test Status Time

9:06pm COMP Pass 9:06pm Pass CAL

Preventive Maintenance Status: Pass

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

County	Gaston Instrument Location Gaston County SD		
Instrument	Serial No. 008684 425 N. Marietta St. Gastaria		
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures	at on the 3/5 day of 20/2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. to f Health and Human Services, and the instrument is functioning properly.		
COEFAT SE	Signature of Certifying Official Certificate Number		

# GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684

Test Record Number: 3574

Test Date: 07/31/2017

Test Time: 9:31am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:32am

Test	Status	Time

Printer Tests

9:33am PRNT Pass

CRC Tests

Time Test Status

COMP Pass 9:33am Pass 9:33am CAL

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 07/31/2017

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: 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	9:36am
AIR BLK	.00	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

Analyst

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

County	gaston Instrument Location But Mobile Unit 11
Instrument S	erial No
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 14 day of July, 20 17 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAT STATE OF THE	Mu Von \ 654
- dinio	Signature of Certifying Official Certificate Number
	7, 10

GASTON BAT MOBILE UNIT 11 360

Serial Number: 008973 Test Date: 07/14/2017

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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:24pm
AIR BLK	.00	8:25pm
ACCY CHK	.08	8:25pm
AIR BLK	.00	8:26pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:30pm
ATR BLK	.00	mq0E:8

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GASTON BAT MOBILE UNIT 11 360

Serial Number: 008973

Test Record Number: 347

Test Date: 07/14/2017

Test Time: 8:36pm EDT

System Check: Passed

# Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:38pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	instrument Location Hyde Co. S. O.
Instrument S	erial No. <u>008401</u> 1233 Main 41. Swan Quart
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows  34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of 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.
STAIN	Midd. Keel 641
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 07/20/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA 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: AG702402 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.08	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 438

Test Date: 07/20/2017

Test Time: 2:13pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:14pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Her	HOATWIETERS, WIDDEL IN TOX ECTR II  Hord Instrument Location Murfreesbor	10 P	7
Instrument Serial	INO. 008906 115 6. Broad St., Mur	frees	bo10,
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed a	t least one	ce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator 34 degrees, plus or minus .2 degree centigrade;	thermom	eter shows
2.	Verify instrument displays time and date;		·
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		-
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Brewhichever occurs first.	alcoholic ath Simula	breath ator tests,
	theday of, 20, the foregoing prever e performed on the instrument indicated above, in accordance with current regulati Health and Human Services, and the instrument is functioning properly.	ntive main ons of the	itenance N.C.
STATE ON NO.	CORDINATION OF THE PROPERTY OF		
ARA IZ. 173		43	m h au
	Signature of Certifying Official Cert	ificate Nu	шоег

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 07/17/2017

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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:35am 10:36am 10:37am 10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
ATR RIK	0.0	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 594

Test Date: 07/17/2017

Test Time: 10:48am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:50ar

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
ě	CRC Tests	
Test	Status	Time

COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance Status: Pass

Analyst

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

County	Harrett Instrument Location BAT Mobile Vnit 10
Instrument	Serial No. <u>008 776</u> NC SHP
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34-degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	day of
	Signature of Certifying Official  Certificate Number

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

DHHS 4080 (11/07)

## HARNETT COUNTY BAT MOBILE UNIT 10 420

Serial Number: 008776 Test Date: 07/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

3/220	Time
Pass .00 .07 .00 .00	10:31pm 10:32pm 10:33pm 10:34pm 10:35pm 10:36pm 10:37pm
.00	10:38pm
	.00 .07 .00 .00 .00

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

## HARNETT COUNTY BAT MOBILE UNIT 10 420

Serial Number: 008776

Test Record Number: 3397

Test Date: 07/28/2017

Test Time: 10:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:43pm
FLO	Pass	10:43pm
FC	Pass	10:44pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:44pm 10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
$\mathtt{BT}$	Pass	10:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:44pm 10:44pm

Preventive Maintenance Status: Pass

Analyst

Analyst

Analyst

Analyst

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

. 11	Instrument Location BAT Mobile Unit 10
Instrument Seria	110 CIID
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 of procedures we Department of STATE OF THE STATE OF TH	ere performed on the instrument indicated above, in accordance with current regulations of the first regulations of the f
The state of the s	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY BAT MOBILE UNIT 10 420

Serial Number: 008580 Test Date: 07/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00 .07	10:33pm 10:34pm 10:35pm
.00	10:36pm
.00	10:36pm
.00	10:37pm
.00	10:40pm
.00	10:43pm
	.00 .07 .00 .00 .00

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

## HARNETT COUNTY BAT MOBILE UNIT 10 420

Serial Number: 008580

Test Record Number: 2382

Test Date: 07/28/2017

Test Time: 10:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:46pm
${ t FLO}$	Pass .	10:46pm
FC	Pass	10:46pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 10:47pm

#### Printer Tests

t	Status	Time
Ľ.	Status	TIT

PRNT Pass 10:47pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
neff Instrument Location BAT Mobile Un. 7-10
1NO. 008686 NC SHP
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
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 expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
on the
Signature of Certifying Official  Certificate Number

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

DHHS 4080 (11/07)

### HARNETT COUNTY BAT MOBILE UNIT 10 420

Serial Number: 008686 Test Date: 07/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

\_Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:47pm 10:48pm
ACCY CHK	.07	10:48pm
AIR BLK	.00	10:49pm
SUB TEST	.00	10:49pm
AIR BLK	.00	10:50pm
SUB TEST	.00	10:52pm
ATR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HARNETT COUNTY BAT MOBILE UNIT 10 420

Test Record Number: 6508 Serial Number: 008686

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:58pm 10:58pm
FC	Pass	10:58pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

#### Blank Tests

Test	Status	Time	

10:59pm AIR Pass

## Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm

### CRC Tests

Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance Status: Pass

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

County	redell Instrument Location Iredell County 50			
Instrument Ser	rial No. 008809 201 E. Water Street, Statesville			
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show —34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on the				
STATE STATE OF STATE	ON OR THE CARD			
APRIL 12, 178	Joseph E. Hutter 650			
	Signature of Certifying Official Certificate Number			

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 07/05/2017

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

\_Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:45pm 1:46pm 1:47pm 1:48pm <b>1:48pm</b>
AIR BLK SUB TEST	.00	1:50pm 1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 3668

Test Date: 07/05/2017

Test Time: 1:53pm EDT

## System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

## Temperature Tests

Test	Status	Time
FC1	Pass Pass	1:54pm 1:54pm
SRC DET	Pass Pass	1:54pm
BAR	Pass	1:54pm
$\mathtt{BT}$	Pass	1:54pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

Analyst

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

County	Trede 11 Instrument Location But mobile UKIT 11
Instrumer	t Serial No. <u>()                                   </u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedur Departm	that on the
THE GREAT SET	STATE ON TO STATE ON THE STATE OF THE STATE
	Signature of Certifying Official Certificate Number

IREDELL BAT MOBILE UNIT 11 480

Serial Number: 008970 Test Date: 07/01/2017

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK ACCY CHK	.00	2:24pm 2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	. 0.0	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## IREDELL BAT MOBILE UNIT 11 480

Serial Number: 008970

Test Record Number: 331

Test Date: 07/01/2017

Test Time: 2:31pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:31pm 2:31pm
DET	Pass	2:31pm
BAR BT	Pass Pass	2:31pm 2:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Toct	Ctatus	Time

rest	Status	TIME
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance Status: Pass

Analyst (

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

our 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.
certify that procedures w Department of	on the day of, 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.

## IREDELL BAT MOBILE UNIT 11 480

Serial Number: 008973 Test Date: 07/01/2017 Test Record Number: 336
Test Time: 2:30pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:30pm

## Temperature Tests

Status	Time
Pass	2:30pm 2:30pm
Pass	2:30pm
Pass Pass	2:30pm 2:30pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm
	CRC Tests	
Test	Status	Time

Test	blacub	TIME
COMP	Pass	2:31pm
CAL	Pass	2:31pm

Preventive Maintenance Status: Pass

Analyst

IREDELL BAT MOBILE UNIT 11 480

Serial Number: 008973 Test Date: 07/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONOE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501

Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:22pm 2:23pm 2:24pm 2:24pm
SUB TEST	.00	2:25pm
AIR BLK SUB TEST	.00 .00	2:26pm 2:27pm
ATR BIK	0.0	2 · 28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CM I Sov Analyst

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

	County In	edell Instrument Location States ville PD
	Instrument Seria	INO. 008619 300 S. Tradd St., States ville
	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;
Ä,	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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 1/11 day of 30 , 20 17 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
	OF THE STATE OF TH	Signature of Certifying Official Certificate Number
		Signature of Certifying Official Certificate N

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619

Test Record Number: 1317

Test Date: 07/11/2017

Test Time: 9:58am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

#### Blank Tests

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

AIR Pass 10:00am

#### Printer Tests

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

PRNT Pass 10:00am

## CRC Tests

Time Test Status

COMP 10:00am Pass CALPass 10:00am

Preventive Maintenance Status: Pass

Analyst

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 07/11/2017

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: 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	Pass .00 .07	10:02am 10:03am 10:03am 10:04am
SUB TEST	.00	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Tohnson Co. Instrument Location Selain Police L	<u>/e/;                                   </u>
The preventi- four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on are:	ce every
I.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermon 34 degrees, plus or minus .2 degree centigrade;	neter-show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	c breath lator tests,
I certify that procedures v	ton the	aintenance N.C.
STATE OF THE STATE	CAROL	4

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 07/05/2017

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: 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: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	5:09pm 5:10pm
ACCY CHK	.07	5:10pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:14pm
ATR BLK	- 0.0	5:15pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 1132

Test Date: 07/05/2017

Test Time: 5:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:16pm
FLO	Pass	5:16pm
FC	Pass	5:16pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:16pm
SRC	Pass	5:16pm
DET	Pass	5:16pm
BAR	Pass	5:16pm
BT	Pass	5:16pm

### Blank Tests

Test	Status	Time

AIR Pass 5:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:17pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5: <b>1</b> 7pm
CAL	Pass	5:17pm

Preventive Maintenance Status: Pass

Analyst

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

County	ONES Instrument Location BAT MOBILE WAIT
Instrument Seria	Instrument Location RAT MOBILE UNIT
The preventive four months are	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the
STATE OF LAND ST	
APRIL 12, 178	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008575 Test Date: 07/07/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008575

Test Record Number: 1021

Test Date: 07/07/2017

Test Time: 9:46pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time
ATR	Pass	9:47m

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County	JONES	Instrument Location BAT	MOBILE UNIT 9
Instrument Ser	ial No. <u>008647</u>	Instrument Location BAT	VILLE MC
The preventive four months are		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic breegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		4
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	n theday of re performed on the instrument in Health and Human Services, and	dicated above, in accordance with curl the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
	90 <sub>2</sub>		
STATE OF THE STATE	CAROLINA CAR		
* ESE QUAM VIOL	Charles and	a same	648
The state of the s	Sig	gnature of Certifying Official	Certificate Number

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008647 Test Date: 07/07/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:17pm 11:18pm 11:18pm
AIR BLK	.00	11:19pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olm Re Banner Analyst

## JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008647

Test Record Number: 2345

Test Date: 07/07/2017

Test Time: 11:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:24pm 11:24pm
FC	Pass	11:24pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:25pm
CAL	Pass	11:25pm

Preventive Maintenance Status: Pass

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

County /	
Instrument Se	rial No. <u>608599</u> <u>Marshall, WC</u>
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

DHHS 4080 (11/07)

## MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 07/05/2017

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK ACCY CHK	.00	3:55pm 3:56pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599

Test Record Number: 854

Test Date: 07/05/2017

Test Time: 4:02pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:02pm 4:02pm
FC	Pass	4:02pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
E'T	Pass	4:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:03pm
CAL	Pass	4:03pm

Preventive Maintenance Status: Pass

Analyst

CONTROL OF THE PROPERTY OF THE SECURITIES OF THE PROPERTY OF T

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

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 07/14/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:44pm 2:45pm 2:45pm
ACCY CHR AIR BLK	.00	2:45pm
SUB TEST	.00	2:47pm
AIR B <b>L</b> K	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720

Test Record Number: 974

Test Date: 07/14/2017

Test Time: 3:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
		4.1
IR ·	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:01pm

#### Temperature Tests

Status	Time
Pass	3:01pm
	Pass Pass Pass Pass

#### Blank Tests

Test		Status	Time
ATR	,	Pass	3:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:02pm
CAL	Pass	3:02pm

Preventive Maintenance Status: Pass

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

Instrument S	Serial No. 008710	-TNEHURST, NC
The preventi	ive maintenance procedures for the Into	oximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath simulator thermometer show ree centigrade;
2.	Verify instrument displays time a	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	irs, collect breath sample;
7.	When "PLEASE BLOW" appear	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas caniste simulator solution is being chang whichever occurs first.	ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures we Department of	on the day of Uvere performed on the instrument indic of Health and Human Services, and the	the forgoing preventive maintenance cated/above, in accordance with current regulations of the N.C. e instrument is functioning properly.
TAN IR. OF THE STATE OF THE STA	E ON NO PROPERTY OF THE CARD	21/2msell 371

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 07/26/2017

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: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:15am 11:16am
ACCY CHK	.07	11:17am
AIR BLK SUB TEST	.00 .00	11:18am 11:18am
AIR BLK	.00	11:19am
SUB TEST AIR BLK	.00	11:21am 11:22am
ATK DUV	.00	11.22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Tes

Test Record Number: 1408

Test Date: 07/26/2017

Test Time: 11:22am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:23am 11:23am
$\mathtt{DET}$	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

#### Blank Tests

Test	Status	Time

AIR Pass 11:24am

#### Printer Tests

Test	Status	Time

PRNT Pass 11:24am

CRC Tests

Test Status Time

COMP Pass 11:24am CAL Pass 11:24am

Preventive Maintenance Status: Pass

'Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECONO
County M	ecklenburg Instrument Location BAT Mobile Unit 10
Instrument Se	rial No. 008686 Instrument Location BAT Mobile Unit 10
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STA	

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

DHHS 4080 (11/07)

MECKLENBURG COUNTY BAT MOBILE UNIT 10
590

Serial Number: 008686 Test Date: 07/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:46pm 4:47pm
AIR BLK ACCY CHK	.00	4:47pm 4:48pm
AIR BLK	.00	4:49pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
ATD BIK	0.0	4 : 53pm

Reported AC 000 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG COUNTY BAT MOBILE UNIT 10 590

Serial Number: 008686 Test Record Number: 6504
Test Date: 07/01/2017 Test Time: 4:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:54pm
FLO	Pass	4:54pm
FC	Pass	4:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:54pm
SRC	Pass	4:54pm
DET	Pass	4:54pm
BAR	Pass	4:54pm
ВT	Pass	4:54pm

#### Blank Tests

Test	Status	Time
ATR	Pass	4:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:55pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:55pm
CAL	Pass	4:55pm

Preventive Maintenance Status: Pass

Analyst

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

County_Me	ecklenburg Instrument Location BAT Mobile Un. 7/10
Instrument Ser	rial No. DOSTIB Willife Lake Norman
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE IN COUNTY OF THE CARE TH	100 La Company (100 La Company
	Signature of Certifying Official Certificate Number
A signed origi	inal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

MECKLENBURG COUNTY BAT MOBILE UNIT 10 590

Serial Number: 008776 Test Date: 07/01/2017

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:44pm 4:45pm 4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:47pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm

m2 --- -

Reported AC: 00 g/210L

gnature of Chemical Analyst

Court CVR

Analysi

### MECKLENBURG COUNTY BAT MOBILE UNIT 10 590

Serial Number: 008776 Test Record Number: 3394
Test Date: 07/01/2017 Test Time: 4:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:53pm
SRC	Pass	4:53pm
DET	Pass	4:53pm
BAR	Pass	4:53pm
$\mathtt{BT}$	Pass	4:53pm

#### Blank Tests

Test	Status	Time
λTD	Pagg	4 · 53 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:53pm
ÇAL	Pass	4:53pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

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

Instrument S	erial No. 008970		
The preventi four months	ve maintenance procedures for the Intoximet are:	ers, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays  34 degrees, plus or minus .2 degree cen	pressure, or the alcoholic bre tigrade;	eath simulator thermometer show
2.	Verify instrument displays time and dat	e;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coll	ect breath sample;	
7.	When "PLEASE BLOW" appears, coll	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.		
certify that procedures vectors of the contraction	on the day of	, 20 /) the spove, in accordance with current is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATI STATI	SO NO ROLLING CAROLING CONTROLLING CONTROL		
MALO TEST QUANT	Chr Do	L <sub>1</sub> /	45-8

#### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 07/06/2017

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: TOWERY, CHAD V
Permit Number: 26632E
Effective:

\_\_06/01/2017-06/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:34pm 8:35pm
ACCY CHK	.08	8:36pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
ATR BLK	. 0.0	8:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CM V Joux Analyst

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970

Test Record Number: 337

Test Date: 07/06/2017

Test Time: 8:46pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	8:47pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:48pm

#### Printer Tests

1esc	Status	TTIIIG
PRNT	Pass	8:48pm

#### CRC Tests

Test	Status	111116
COMP	Pass	8:48pm
CAL	Pass	8:48pm

Time

Preventive Maintenance Status: Pass

Analyst

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

The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the day of Joly, 2017 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.
TARESTAL OF THE STALL OF THE ST	Signature of Certifying Official  Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 07/06/2017

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:36pm
AIR BLK	.00	8:37pm
ACCY CHK	.08	8:38pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:41pm
AIR BLK	.00	8:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

\_\_\_\_\_\_Analyst

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973

Test Record Number: 341

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:44pm
SRC	Pass	8:44pm
DET	Pass	8:44pm
BAR	Pass	8:44pm
BT	Pass	8:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

#### Printer Tests

Test	Status	Time
	<b>.</b>	0 44
PRNT	Pass	8:44pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:44pm
CAL	Pass	8:44pm

Preventive Maintenance Status: Pass

CMV Dory Analyst

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

County_	MOORE		Instrument Location BA7	MORNE UND -14
Instrume	nt Serial No. / (	28671		
The prev		procedures for the In	toximeters, Model Intox EC/II	R II to be followed at least once every
1.		e ethanol gas canister o s, plus or minus .2 deg		olic breath simulator thermometer show
2.	Verify ins	strument displays time	and date;	
3.	Initiate br	eath test sequence;		
4.	Enter info	rmation as prompted;		
5.	Verify ins	strument accuracy;		
6.	When "PI	LEASE BLOW" appe	ears, collect breath sample;	
7.	When "PI	EASE BLOW" appe	ears, collect breath sample;	
8.	Print test	record;		
9.	Verify Di	agnostic Program; and	i	
10.	simulator			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify procedur Departm	that on the 3 res were performed ent of Health and F	day of \( \) \( \) on the instrument ind luman Services, and the	icated above, in accordance wi he instrument is functioning pr	_ the forgoing preventive maintenance th current regulations of the N.C. operly.
CIPEAT CR	STATE OF NORTH CAROLINA CAROLI		ature of Certifying Official	Certificate Number
1000	s *	//Jugii	and or coming official	Continuate Fulliper

#### MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008871 Test Date: 07/13/2017

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: SMITH, JOCK B Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:32pm
AIR BLK	.00	7:33pm
ACCY CHK	.08	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm

Reported Act 00 g/210L

Signature of hemical Analyst

Court CVR

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008871

Test Record Number: 892

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
λTD	Pass	8 · 56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:56pm

#### CRC Tests

Test	Status	Time	
COMP	Pass Pass	8:56pm 8:56pm	

Preyentive Maintenance

Status: Pass

Analyst

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

County Ma	Instrument Location Macon Co. Magistrate
Instrument Serie	al No. 008795 Highlands, NC
<u> </u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 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	the
STATE STATE OF THE	635
- 1. - 1.	Signature of Certifying Official Certificate Number

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 07/05/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

09/01/2015-09/01/2017

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

Test Type: Breath Test

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

Test	g/2101	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:54am 11:55am 11:55am
AIR BLK SUB TEST	.00 . <b>00</b>	11:56am 11:57am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 07/05/2017 Test Record Number: 427
Test Time: 12:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

#### Temperature Tests

Status	Time
Pass	12:02pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm 12:02pm

Preventive Maintenance Status: Pass

Analyst

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

	County	ecklenburg Instrument Location Cornelius PD
E CONTROL OF	Instrument Seria	INO. 008692, 21440 Catawha Ave., Cornelius
	The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
•	4.	Enter information as prompted;
	. 5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
•	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		he 12th day of 0, 20 17 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 THE S	Man 656
		Signature of Certifying Official Certificate Number

# MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692

Test Record Number: 2676

Test Date: 07/12/2017

Test Time: 11:50am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:50am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
$\mathtt{BT}$	Pass	11:51am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:51am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:51am
CAL	Pass	11:51am

Preventive Maintenance Status: Pass

Analyst

### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 07/12/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK ACCY CHK	.00	11:56am 11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: 00 g/210L

Signature of Chemical

Analyst

Court CVR

Analyst

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

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

Signature of Certifying Official

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691

Test Record Number: 6904

Test Date: 07/31/2017

Test Time: 10:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	10:43am 10:43am 10:43am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC DET	Pass Pass	10:43am 10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

#### Blank Tests

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

AIF Pass 10:44am

#### Printer Tests

Test Status Time

PRNT Pass 10:44am

CRC Tests

Test Status Time

COMP Pass 10:44am CAL Pass 10:44am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Mumber: 008691 Test Date: 07/31/2017

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: 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	10:46am
AIR BLK	. 00	10:47am
ACCY CHK	.08	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	. 00	10:52am

ReporMed AC: \_ 00 g/210%

Signature of Chemical Phalyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1810xIVETERS, WODEL INTOXECTION 1810xIVETERS, WODEL INTOXECTIO
Instrument Ser	rial No. 008747 9630 Julian Clarke Ave., Huntusy,
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the day of day of , 20 / the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

### MECKLENBURG HUNTERSVILLE PD 590

Test Record Number: 2585 Serial Number: 008747

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:31pm 1:31pm 1:31pm 1:31pm 1:31pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

#### Printer Tests

Test

PRNT	Pass	1:32pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

**Analyst** 

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 07/12/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
ATR BIK	.00	1:410m

Reported AG: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	<u>Necklenburg</u> Instrument Location <u>Pineville</u> PD
Instrument Se	erial No. 008694 427 Main Street, Pineville
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 54h day of 3kly , 2011 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.
STATION OF	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008694 Test Date: 07/05/2017

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

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 AIR BLK	Pass .00 .07	3:28pm 3:29pm 3:30pm 3:31pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008694 Test Record Number: 1308

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

#### Printer Tests

4.		
Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:37pm 3:37pm

Preventive Maintenance Status: Pass

Analyst

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

County_M	ecklenburg Instrument L	ocation_Matthews PD
Instrument Se	rial No. <u>008699 1201 C</u>	rews Rd, Matthews
The preventive four months a	e maintenance procedures for the Intoximeters, Modre:	el Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	, or the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breat	h sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		nged before expiration date, or the alcoholic breath nonths or after 125 Alcoholic Breath Simulator tests,
procedures w	on the 3/51 day of July ere performed on the instrument indicated above, in a f Health and Human Services, and the instrument is	
THE CREAT OF THE C		g Official Certificate Number

### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 07/31/2017

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	3:13pm 3:14pm 3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
ATR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2551

System Check: Passed

Baseline Tests

Test	<b>Sta</b> tus	Time
IR	<b>Pas</b> s	3:22pm
FLO:	P <b>as</b> s	3:22pm
FC	Pass	3:22pm

## Temperature Tests

Test	<b>Sta</b> tus	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

## Blank Tests

Test	<b>Sta</b> tus	Time
AIR	Pass	3:23pm

## Printer Tests

Test	<b>Sta</b> tus	Time
PRNT	<b>Pas</b> s	3:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:23pm 3:23pm

Preventive Maintenance Status: Pass

Analyst

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

County ME	D HANDUER Instrument Location BAT MOBILE UNIT
Instrument Seri	Instrument Location BAT MOBILE UNIT  al No. 008647  WILMINGTON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
OWE STATE OF THE S	Signature of Certificial Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: 008647 Test Date: 07/27/2017

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:02pm 11:03pm 11:03pm
AIR BLK SUB TEST	.00	11:04pm 11:05pm
AIR BLK	.00	11:06pm
SUB TEST AIR BLK	.00 .00	11:07pm 11:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olu Ry Ba Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647 Test Record Number: 2354
Test Date: 07/27/2017 Test Time: 11:09pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:10pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:10pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County MEL	HAMOVER	Instrument Location	BAT MO	BILE DWIT
Instrument Serial	No. <u>008707</u>		WILMIN	GTON, NC
The preventive m four months are:	aintenance procedures for the In	toximeters, Model Intox E	C/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath simu	lator thermometer shows
2.	Verify instrument displays time	and date;		f <sub>a</sub>
3.	Initiate breath test sequence;			•
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appe	ars, collect breath sample	<b>;</b> /	
8.	Print test record;			
9.	Verify Diagnostic Program; and	I		
10.	Verify that the ethanol gas canissimulator solution is being charwhichever occurs first.	ster is being changed befo		
procedures were	he <u>27</u> day of <u>)()</u> performed on the instrument ind ealth and Human Services, and t	icated above, in accordance	ce with current regu	preventive maintenance lations of the N.C.
CREATE OF WAY OF THE STATE OF T	Cl Sign	ature of Certifying Officia	al	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008707 Test Date: 07/27/2017

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:17pm 11:18pm 11:18pm
AIR BLK	.00	11:19pm
SUB TEST AIR BLK	.00 .00	11:20pm 11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alug Bande

### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707 Test Record Number: 2423 Test Date: 07/27/2017 Test Time: 11:24pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

### Printer Tests

Test

CAL

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

Status

Time

11:26pm

Preventive Maintenance Status: Pass

Pass

Änalvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECHAM
County	Instrument Location Dat 18 100) 18 UNI
Instrument Ser	rial No 608816 5HP
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
TOTAL STATION OF THE	

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816 Test Date: 07/08/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:11pm 11:12pm 11:12pm 11:13pm
SUB TEST	.00	11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:16pm
AIR BLK	.00	11:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816

Test Record Number: 7324 

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm
	CRC Tests	
Test	Status	Time
COMP	/ Pass	11:20pm

11:20pm

Preventive Maintenance Status: Pass

Pass

CAL

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

	INTOXIMETERS, MODEL INTOX EC/IK II
County Of	Instrument Location Bot Mobile Unit
Instrument Seria	1No. 008601 SHP
The preventive t	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	The state of the s

ORANGE COUNTY BATMOBILE UNIT 8 670

Serial Number: 008601 Test Date: 07/08/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:46pm 10:47pm 10:47pm
AIR BLK	.00	10:48pm
SUB TEST AIR BLK	.00 .00	10:49pm 10:50pm
SUB TEST	.00	10:52pm 10:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ORANGE COUNTY BATMOBILE UNIT 8 670

Serial Number: 008601

Test Record Number: 1232

Test Date: 07/08/2017

Test Time: 10:54pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:54pm
SRC	Pass	10:54pm
$\operatorname{DET}$	Pass	10:54pm
BAR	Pass	10:54pm
$\mathtt{BT}$	Pass	10:54pm

### Blank Tests

Test	Status	Time	

AIR 10:55pm Pass

### Printer Tests

Test	Status	'l'ıme

10:55pm PRNT Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	10:55pm
CAL	Pass	10:55pm

Preventive Maintenance Status: Pass

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

County	Instrument Location Poison Co. L.E.C.
Instrument Se	Prial No. <u>008880</u> 120 Count ST ROXBURD, NC
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.
procedures v	t on the
STATI STATI	

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

DHHS 4080 (11/07)

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 07/05/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:08pm 5:09pm 5:10pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:14pm
AIR BLK	.00	5:15pm

Reported/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Record Number: 1163

Test Date: 07/05/2017

Test Time: 5:15pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:16pm 5:16pm
FC	Pass	5:16pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:16pm
SRC	Pass	5:16pm
DET	Pass	5:16pm
BAR	Pass	5:16pm
$\mathtt{BT}$	Pass	5:16pm

### Blank Tests

Test	Status	Time

AIR 5:17pm Pass

### Printer Tests

resc	Status	TIME
PRNT	Pass	5:17pm

# CRC Tests

Test	Status	Time
COMP	Pass	5:17pm
$\mathtt{CAL}$	Pass	5:17pm

Preventive Maintenance Status: Pass

Analyst

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

Λ	) INTOXIMETERS				
County e	? VSUN	Instrument Location	n_Pesson	6.	L.E.C.
Instrument Ser	rial No. <u>008693</u>	120 Rox.	COURT BORD, N	5 <u>7</u>	
The preventive four months are	e maintenance procedures for the Into	ximeters, Model Inte	ox EC/IR II to be	followed a	t least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		e alcoholic breat	h simulator	thermometer show
2.	Verify instrument displays time ar	nd date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears	s, collect breath sam	ple;		
7.	When "PLEASE BLOW" appears	s, collect breath sam	ple;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.				
procedures we	on theday of ere performed on the instrument indic of Health and Human Services, and th	cated above, in accor	rdance with curre	nt regulatio	tive maintenance ons of the N.C.
STATE ON THE STATE OF THE PART	SARON SARON	ire of Certifying Off	ficial	Certi	667_ ficate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 07/05/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported/AC: (.00) g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 1351

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:15pm
FLO	Pass	5:15pm
FC	Pass	5:15pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:15pm
SRC	Pass	5:15pm
DET	Pass	5:15pm
BAR	Pass	5:15pm
BT	Pass	5:15pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:16pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:16pm
CAL	Pass	5:16pm

Preventive Maintenance Status: Pass

ning Droventive Maintenance n

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

County /	PENDER Instrument Location BATM	LUBILE DNIT
Instrument S	Serial No. <u>0086160</u> <u>SURF</u>	CITY, NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	to extens
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath oholic Breath Simulator tests,
I certify tha procedures Department	t on the	going preventive maintenance t regulations of the N.C.
STA		
GREAT SET	SE ONO CAROLIN	₹ .
APRIL 12.	( Alman M. C. )	648
	Signature of Certifying Official	Certificate Number

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: 008616 Test Date: 07/13/2017

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

/---

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: 008616

Test Record Number: 2325 

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:22pm

CAL

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

· / / / / / / / / / / / / / / / / / / /	intoximeters, moder intoxicomin
County /	Instrument Location / SOBESON CO. JAIL
Instrument Seri	ial No. <u>008836</u> <u>LUMBERTON</u> NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
THE STATE OF THE PART OF THE P	· · · · · · · · · · · · · · · · · · ·

### ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008836 Test Date: 07/06/2017

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:33pm 3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
ATR RIK	0.0	3 • 3 9 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008836

Test Record Number: 4503

Test Date: 07/06/2017

Test Time: 3:40pm EDT

# System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:40pm 3:40pm
FC	Pass	3:40pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:40pm
SRC	Pass	3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
BT	Pass	3:40pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:41pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:41pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:41pm
CAL	Pass	3:41pm

Preventive Maintenance Status: Pass

Analyst

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

County R	andolph Instrument Location Bot Mobile Unit
Instrument Se	erial No. 008814 Rondleman PD
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 tha procedures Department	t on the
STAR OUT	Signature of Certifying Official  Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008816 Test Date: 07/15/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:23pm 11:24pm
ACCY CHK	.07	11:25pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

# RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Company of the con-

Serial Number: 008816 Test Record Number: 7328
Test Date: 07/15/2017 Test Time: 11:31pm EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:32pm 11:32pm 11:32pm 11:32pm
$\mathtt{BT}$	Pass	11:32pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:32pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:32pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:33pm
CAL	Pass	11:33pm

Preventive Maintenance Status: Pass

B Stynnan Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\mathcal{P}_{\alpha}$	dalah	B, MODEL INTOX E	- Mahila Mait
County 1 )Ch	1001P11	Instrument Location	<u> Tropiconni</u>
Instrument Seria	1NO 208615	Randlemo	in PD
	-		
The preventive n four months are:	naintenance procedures for the Into	eximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic ee centigrade;	breath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expired every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that on the			
TATE OF COLAM VIDER	Signa	ture of Certifying Official	Certificate Number

### RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615 Test Date: 07/15/2017

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:45pm 11:45pm
ACCY CHK	.07	11:46pm
AIR BLK	.00	11:47pm
SUB TEST	.00	11:47pm
AIR BLK	.00	11:48pm
SUB TEST	.00	11:50pm
AIR BLK	.00	11:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615 Test Record Number: 5466 Test Date: 07/15/2017 Test Time: 11:52pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:52pm
FLO	Pass	11:52pm
FC	Pass	11:53pm

### Temperature Tests

Test	Status	Time
FC1	Pass	11:53pm
SRC	Pass	11:53pm
DET	Pass	11:53pm
BAR	Pass	11:53pm
BT	Pass	11:53pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:54pm 11:54pm

Preventive Maintenance Status: Pass

<u>DBSkun</u>
Analyst

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

County *	SCOTLAND Instrument Location LAURINGURG BLICE I
Instrument Seri	al No. DOBB34 LAURINBURG NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the
THE STATE OF THE S	
Walter State of the State of th	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 07/17/2017

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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:05pm 4:06pm 4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm

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

### SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 810

Test Date: 07/17/2017

Test Time: 4:14pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

ATD Dage 4.15pg	Test	Status	Time
	AIR	Pass	4:15pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:16pm

#### CRC Tests

TESL	Scacus	TIME
COMP	Pass	4:16pm
CAL	Pass	4:16pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. 008861 LAURINGURG, NC	
·	-
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once of four months are:	every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometes</li> <li>degrees, plus or minus .2 degree centigrade;</li> </ol>	r show
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify that on the	nance
TO COURT WORK THE STATE OF NO COURT WORK THE STA	
Signature of Certifying Official Certificate Numb	 er

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 07/17/2017

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: AG607601 Exp Date: 03/18/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:11pm 5:12pm 5:13pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:14pm
AIR BLK	.00	5:15pm
SUB TEST	.00	5:17pm
AIR BLK	.00	5:18pm

Reported\_AC: .00 g/210L

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

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### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861

Test Record Number: 1327

Test Date: 07/17/2017

Test Time: 5:19pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass Pass	5:20pm 5:20pm 5:20pm
	Pass

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	5:20pm 5:20pm 5:20pm 5:20pm
BT	Pass	5:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:21pm
CAL	Pass	5:21pm

Preventive Maintenance Status: Pass

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

County Su	in in	Instrument Location Checo &	e Tribal Det
Instrument Ser	ial No. <u>002782</u>	Cherokee, No	·
The preventive four months are		Intoximeters, 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 egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
<b>5.</b>	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration da anged every four months or after 125 Alcol	
I certify that or procedures we Department of	n theday of re performed on the instrument in Health and Human Services, and	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Control Control	R. Luth	Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 07/12/2017

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: 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

Test	g/210L	Time
DIAG	Pass	8:56am
AIR BLK	.00	8:57am
ACCY CHK	.08	8:58am
AIR BLK	.00	8:59am
SUB TEST	.00	8:59am
AIR BLK	.00	9:00am
SUB TEST	.00	9:02am
ATR BLK	.00	9:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782

Test Record Number: 990

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:05am
	CRC Tests	
Test	Status	Time

COMP Pass	9:05am
CAL Pass	9:05am

Preventive Maintenance Status: Pass

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

County STA	INITY	Instrument Location for	TOBICE UNIT +14
Instrument Seri	al No. 007871		
The preventive four months are	•	e Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;	s de la companya de l	
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirate hanged every four months or after 125	
I certify that on procedures wer Department of	the day of e performed on the instrument i Health and Human Services, an	indicated above, in accordance with cut did the instrument is functioning proper	e forgoing preventive maintenance irrent regulations of the N.C. ly.
OF THE STATE OF TH	Service Asia	ignature of Certifying Official	Certificate Number
*	- //		7

STANLY COUNTY BAT MOBILE UNIT 4 830

Serial Number: 008871 Test Date: 07/03/2017

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	4:36pm 4:37pm 4:38pm 4:39pm 4:39pm 4:40pm 4:42pm
AIR BLK		_
ATK BTK	.00	4:43pm

Reported AC: /.00 g/210L

Signature of/Chemical Analyst

Court CVR

Analyst

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#### STANLY COUNTY BAT MOBILE UNIT 4 830

Serial Number: 008871

Test Record Number: 887 Test Time: 4:44pm EDT

Test Date: 07/03/2017

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:44pm
FLO	Pass	4:44pm
FC	Pass	4:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:44pm
SRC	Pass	4:44pm
DET	Pass	4:44pm
BAR	Pass	4:44pm
BT	Pass	4:44pm

#### Blank Tests

AIR 4:45pm Pass

#### Printer Tests

Test Status Time

PRNT Pass 4:45pm

#### CRC Tests

Test Status Time

4:45pm COMP Pass 4:45pm CAL Pass

Preventive Maintenance

Status: Pass

Analyst

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

County	TANK Instrument Location BAT MOBILE UNITED	t
Instrument Ser	rial No. <u>008734</u>	
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	егу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	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	
<b>10.</b>	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 twhichever occurs first.	ith ests,
I certify that of procedures we Department of	on the	ance
STATE OF THE STATE	A CAROLLIN C	
ARIL 12. 17th		
	//Signature of Certifying Official Certificate Number	•

STANLY COUNTY BAT MOBILE UNIT 4 830

Serial Number: 008734 Test Date: 07/03/2017

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: 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: 702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	4:37pm 4:38pm 4:39pm 4:40pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm

Reported AC:

.00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### STANLY COUNTY BAT MOBILE UNIT 4 830

Serial Number: 008734

Test Record Number: 937

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time	10Kg
FC1	Pass	4:45pm	`. <b></b> .⊀
SRC	Pass	4:45pm	
DET	Pass	4:45pm	
BAR	Pass	4:45pm	
BT	Pass	4:45pm	

#### Blank Tests

Test	Status	Time
ΔŤR	Pagg	4 · 46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:46pm
CAL	Pass	4:46pm

Preventive Maintenance Status: Pass

Analyst

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

## STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number 1220

Test Date: 07/14/2017

Test Time: >:45am ni.

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC . DET BAR BT	Pass Pass Pass Pass Pass	9:49am 9:49am 9:49am 9:49am 9:49am
	1000	,

#### Blank Tests

Test	Status	Time
AIR	Pass	9:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:49am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 07/14/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:52am
AIR BLK	.00	9:52am
ACCY CHK	.08	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:58am
AIR BLK	.00	9:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Hanly Instrument Location Locust P.D
Instrument Seri	100 0 1/ / 1
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	the 3/5+ day of 3/
OBJECT OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 07/31/2017

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3448

Test Date: 07/31/2017 Test Time: 12:16pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
λΤΟ	Dagg	12.17nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:17pm

Preventive Maintenance Status: Pass

Pass

12:17pm

CAL

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

County Ty	Instrument Location Tyrrell (O. S.O.
Instrument Seri	Instrument Location Tyrrell (0.50.  al No. 008902 402 Main St., Columbia, 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.
	n the
THE STATE OF THE S	
OF CIVIN AUDIT	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 07/19/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:32am 10:32am 10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 673

Test Date: 07/19/2017

Test Time: 10:40am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:41am

Preventive Maintenance Status: Pass

Pass

CAL

10:41am

Analyst

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

County_	Union	Instrument Location Waxhaw PD
Instrume	ent Serial No. <u>008598</u>	Instrument Location Waxhaw PD  3620 Providence Rd, Waxhaw
The prev		imeters, Model Intox EC/IR II to be followed at least once every
1.	. Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath simulator thermometer shows e centigrade;
2.	. Verify instrument displays time an	d date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	6. When "PLEASE BLOW" appears	, collect breath sample;
7.	7. When "PLEASE BLOW" appears	, collect breath sample;
8	Print test record;	
9	9. Verify Diagnostic Program; and	,
10.	Verify that the ethanol gas canisted simulator solution is being change whichever occurs first.	r is being changed before expiration date, or the alcoholic breath d every four months or after 125 Alcoholic Breath Simulator tests,
procedu	y that on the 31st day of Jalenton ures were performed on the instrument indical ment of Health and Human Services, and the	the forgoing preventive maintenance ted above, in accordance with current regulations of the N.C. instrument is functioning properly.
COREAT SE	Signati	ure of Certifying Official Certificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 07/31/2017

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	01:19pm 01:20pm 01:21pm
AIR BLK	.00	01:22pm
SUB TEST	.00	01:22pm
AIR BLK	.00	01:23pm
SUB TEST	.00	01:25pm
AIR BLK	.00	01:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 673 Test Date: 07/31/2017 Test Time: 01:27pm

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	01:27pm
FLO	Pass	01:27pm
FC	Pass	01:27pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	01:28pm 01:28pm 01:28pm 01:28pm 01:28pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	01:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	01:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	01:29pm

01:29pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Uni	ion	Instrument Lo	cation Unio	n County SD
Instrument Seria	al No. <u>008876</u>	3344	Presson	Rd, Monroe
The preventive i	maintenance procedures for the Int	oximeters, Mode	l 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		or the alcoholic bre	eath simulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath	ı sample;	•
7.	When "PLEASE BLOW" appear	ars, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.	ter is being chan ged every four m	ged before expiration on this or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures wer	the 3/5+ day of July per performed on the instrument ind Health and Human Services, and the	cated above, in a	ccordance with cur	forgoing preventive maintenance rent regulations of the N.C.
OF STATE SET OF STATE	Sign	ature of Certifyir	ng Official	Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 07/31/2017

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test.	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
ATR PIK	0.0	-2:22pm

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

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 07/31/2017

Test Record Number: 4506

Test Time: 2:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:24pm 2:24pm
F'C	Pass	2:25pm

#### Temperature Tests

T'est	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

#### Printer Tests

'I'est	Status	Time
PRNT	Pass	2:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:26pm

Preventive Maintenance Status: Pass

Pass

CAL

2:26pm

Analyst

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

County U	110M	Instrument Location Union	County SD
Instrument Serie	al No. 008866	3344 Presson Rd	Mouroe
			•
The preventive four months are		toximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath gree 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	<b>i</b> .	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration d nged every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that on procedures wer Department of	the 3 5+ day of July e performed on the instrument ind Health and Human Services, and t	the forg icated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	San Carlo	hature of Certifying Official	650 Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 07/31/2017

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:13pm 2:14pm 2:15pm 2:16pm 2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Te

Test Record Number: 2661

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II 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 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. (f) 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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 07/22/2016

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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:11pm 10:12pm 10:13pm 10:14pm 10:15pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Kunn

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734

Test Record Number: 904

# System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:21pm

#### Temperature Tests

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

#### Blank Tests

Test	St	tatı	18.	Time
and the second second				
the state of the s				

AIR Pass 10:21pm

# Printer Tests

Test	Status	Time	
	And the second		

PRNT Pass 10:21pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
$C\Delta T$	Pass	10:22pm

Preventive Maintenance Status: Pass

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

,	INTOANIETERS, MODEL INTOX EC/IR II
County 1	Instrument Location Saymour Johnson M.F.
Instrument Ser	rial No. 1015 VERMONT GASSISON Rd., Cal
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the day of duy, 20/1 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

Sept to the second

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 07/25/2017

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: \_ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 276

Test Date: 07/25/2017

Test Time: 2:13pm EDT

#### System Check: Passed

## Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

#### Printer Tests

-	Test	Status	Time	
PRNT Pass 2:14pm	PRNT	Pass	2:14pm	

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County	UAKE	Instrument Location BAT	MOCILE	UNT	F1 1
Instrument Se	erial No. <u>608734</u>				
The preventive four months a		e Intoximeters, Model Intox EC/IR I	I 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 degree centigrade;	breath simulato	r thermome	ter shows
2.	Verify instrument displays t	time and date;			
3.	Initiate breath test sequence	· ·			
4.	Enter information as promp	ted;			
5.	Verify instrument accuracy:	;	. •		
6.	When "PLEASE BLOW" a	appears, collect breath sample;			•
7.	When "PLEASE BLOW" a	appears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expi changed every four months or after 1	ration date, or th 25 Alcoholic Bro	e alcoholic l eath Simulat	oreath or tests,
I certify that procedures w Department of	vere performed on the instrument	, 20 1 ) indicated above, in accordance with and the instrument is functioning prop	current regulation	ventive main	itenance C.
TO THE STATE	· _// 6	Signature of Certifying Official	— Cer	(0 / tificate Num	nber

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734

Test Record Number: 940

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Self 1

Test Date: 07/07/2017 Test Time: 9:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:03pm
FLO	Pass	9:03pm
FC	Pass	9:04pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:04pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:04pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 07/07/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, JOCK B
Permit Number: 20630E
Effective:
05/01/2016-05/01/2018

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

Lot Number: 702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	8:54pm 8:55pm 8:55pm 8:56pm 8:57pm 8:58pm 8:59pm 9:00pm
ATK DPK	· y <sup>0</sup>	a: oobiii

Reported Mc: .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

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

	INTUATIVE LERS, MODEL INTOR ECITA II
County	Instrument Location BAT MOBILE ()WIT
Instrument S	erial No. <u>008826</u> <u>SEVEN SPRINGS</u> NO
The prevent four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify the procedures Departmen	on theday of
PO SEATON OF SEA	Signature of Certifying Official  Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008826 Test Date: 07/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:25pm 10:26pm 10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:31pm
ATR BLK	.00	10:32pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008826

Test Record Number: 7994

System Check: Passed

## Baseline Tests

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

## Temperature Tests

SRC Pass 1 DET Pass 1 BAR Pass 1	0:33pm 0:33pm 0:33pm 0:33pm 0:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

## Printer Tests

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

Pass

10:34pm

Preventive Maintenance Status: Pass

CAL

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

County (x)	MYNE	Instrument Location_s	BATMO	BILE UNIT
Instrument Seri	AYNE al No. <u>008707</u>		<u> Seven 51</u>	2 RINGS, NC
The preventive four months are	maintenance procedures for the I	ntoximeters, Model Intox E	:C/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alegree centigrade;	coholic breath simu	lator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;	•	
7.	When "PLEASE BLOW" app	ears, collect breath sample	•	
8.	Print test record;			
9.	Verify Diagnostic Program; at	nd ,		
10.	Verify that the ethanol gas car simulator solution is being chawhichever occurs first.	hister is being changed befo anged every four months or	re expiration date, of after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
I certify that or procedures we Department of	the day of day of the performed on the instrument in Health and Human Services, and	<u>)と グ</u> , 20 / dicated above, in accordance the instrument is functioning	ce with current regu	preventive maintenance lations of the N.C.
THE STATE OF THE S	Aces Colons	J. Banna,		648
	Sig	nature of Certifying Offici	al	Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008707 Test Date: 07/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:38pm 10:38pm 10:39pm
AIR BLK SUB TEST	.00	10:40pm 10:41pm
AIR BLK	.00	10:41pm
SUB TEST AIR BLK	.00 .00	10:43pm 10:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008707

Test Record Number: 2414

## System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:46pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wi	Instrument Location Wilson Co. Detention
Instrument Se	Instrument Location Wilson (o. Detention erial No. 008627 100 E. Green St., Wilson, N.C.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 07/20/2017

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:22am 9:22am
ACCY CHK	.07	9:23am 9:24am
SUB TEST	.00	9:25am
AIR BLK	.00	9:25am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

## WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627

Test Record Number: 2109

Test Date: 07/20/2017

Test Time: 9:30am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:30am 9:30am 9:30am 9:30am
$\mathtt{BT}$	Pass	9:30am

## Blank Tests

Test	Status	Time
ΔTR	Pass	9:31am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:31am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:31am
CAL	Pass	9:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

\ /	INTOXIMET	ERS, MODEL IN		II •
County 1	dkin	Instrument Location	YaelKin Co	unty Jail
Instrument Se	erial No. <u>008944</u>		Yad Kimil	le , N.C.
The preventive four months a	ve maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;	•	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath samp	le;	
7.	When "PLEASE BLOW" a	ppears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed be hanged every four months	fore expiration dat or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify that procedures w Department of	on theday of vere performed on the instrument of Health and Human Services, an	indicated above, in accorda	ince with current re	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	STORING COURT	Signature of Certifying Offi	cial	Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 08/02/2017

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 State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~/210T

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:11am 9:12am 9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:17am
AIR BLK,	.00	9:18am

Reported AC:

.007g/2<u>10L</u>

Signature of Chemical Analyst

Court CVR

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 1418

Test Date: 08/02/2017

Test Time: 9:20am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:21am
FLO	Pass	9:21am
FC	Pass	9:21am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:21am
SRC	Pass	9:21am
DET	Pass	9:21am
BAR	Pass	9:21am
BT	Pass	9:21am

## Blank Tests

Test	Status	Time
AIR	Pass	9:21am

## Printer Tests

resc	Status	TTIIIE
PRNT	Pass	9:21am

## CRC Tests

Test	Status	Time
COMP	Pass	9:22am
CAL	Pass	9:22am

Preventive Maintenance Status: Pass

Analyst

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

\ /	INTOXIMETERS, MODEL INTOX EC/IR II
County $\frac{1}{200}$	Instrument Location Yankin County Jan
Instrument Se	rial No. 008854 Yadkinville, W.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday 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.
STATE STATE OF THE	Signature of Certifying Official Certificate Number

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 08/02/2017

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:07am 9:07am
ACCY CHK	.08	9:08am
AIR BLK	.00	9:10am
SUB TEST	.00	9:10am
AIR BLK	.00	9:11am
SUB TEST	.00	9:13am
AIR BLK	.00	9:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 442
Test Date: 08/02/2017 Test Time: 9:15am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:15am
SRC	Pass	9:15am
DET	Pass	9:15am
BAR	Pass	9:15am
BT	Pass	9:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:16am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:16am

## CRC Tests

Test Sta	icus Time
COMP Pas	

Preventive Maintenance Status: Pass