PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	A	vo, modi	FT INT	JX EC/L	K II		
County	PLAMANCE	Instrument	Location/	ALAMAN	ice c	SO JAIL	
Instrument Se	erial No. <u>008</u> 913	109	5. M	apla 5	·	- AAAAA	_
				7	Suffer St.		
The preventive four months a	ve maintenance procedures for the In are:	toximeters, Mo	del Intox E(C/IR II to be	followed	at least once ever	y
1.000	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressur ree centigrade;	e, or the alco	oholic breath	simulato	r thermometer sho	ÞΥ
2.	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	rs, collect brea	th sample;				
7.	When "PLEASE BLOW" appea	rs, collect breat	th 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 char ed every four n	nged before on aft	expiration da er 125 Alcol	te, or the olic Brea	alcoholic breath th Simulator tests	,
I certify that on procedures wer Department of	n the 24 day of MAA re performed on the instrument indice Health and Human Services, and the	ated above in a			ing preve egulations	ntive maintenance s of the N.C.	Э
THE STATE OF THE S	Jan Jakes		· and		61	C Z	
	Signatu	re of Certifying	g Official		Certifi	cate Number	

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 03/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:15pm 12:16pm
ACCY CHK	.00	12:18pm
AIR BLK	.00	12:18pm
SUB TEST AIR BLK	.00 .00	12:18pm 12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 03/24/2017

Test Record Number: 2798 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:23pm 12:23pm 12:23pm 12:23pm 12:23pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test

CAL

PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:24pm

Status

Time

12:24pm

12:24pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ala	MANCE	Instrument Loca	ition_Alam	Ande	6 JAIL	
Instrument Seri	al No. 008873	109 5.	MAPLO	57	GRAHAM	Non
The preventive four months are	maintenance procedures for the Int	oximeters, Model	Intox EC/IR II	to be fo	ollowed at least o	nce every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		r the alcoholic	breath s	simulator thermo	meter show
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;	•				
6.	When "PLEASE BLOW" appear	rs, collect breath s	ample;			
7.	When "PLEASE BLOW" appear	rs, collect breath s	ample;			
8.	Print test record;					
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas canisi simulator solution is being chang whichever occurs first.					
procedures wer	the <u>20</u> day of MAR e performed on the instrument indic Health and Human Services, and th	cated above, in acc	ordance with c	urrent r	oing preventive megulations of the	
STATE OF STA	CAROLI A					
THE U. UP	Signa	ture of Certifying	Official	_	Certificate N	fumber

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008873 Test Date: 03/20/2017

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:24am 10:25am
ACCY CHK	.00	10:26am 10:27am
SUB TEST	.00	10:27am
AIR BLK SUB TEST	.00 .00	10:28am 10:30am
ATR BIK	0.0	10.31am

Reported AC:

.00 g/210I

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008873 Test Date: 03/20/2017

Test Record Number: 1441
Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:32am 10:32am
FC	Pass	10:32am

Temperature Tests

Status	Time
Pass	10:32am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:33am 10:33am

Preventive Maintenance Status: Pass

Analýst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOXIMETERS, MODEL INTOX EC/IR II
County ///	189 hany Instrument Location Allaghany Co. Tail
Instrument Ser	ial No. <u>008890</u> <u>Sparka, XI.C.</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of day of , 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 03/21/2017

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: 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 ACCY CHK	Pass .00	11:04am 11:04am
ACCY CHK	.00	11:05am 11:06am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 632

Test Date: 03/21/2017

Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

Test

CAL

PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	11 · 12am

Status

Time

11:12am

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ANTOZIMETERS, MODEL INTOX EC/IR II
County	Instrument Location ANSON Co. Sheriff's Office
Instrument S	Serial No. 008739 WADESCORD NC
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7. , ;	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the day of
THE STATE OF THE S	CAROLLE STATE OF THE STATE OF T
	Signature of Certifying Official

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 03/22/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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

rest	9/2106	rime
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.07	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739

Test Record Number: 241

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:42pm
FLO	Pass	2:42pm
FC	Pass	2:42pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:42pm 2:42pm 2:42pm 2:42pm 2:42pm

Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:43pm 2:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON	Instrument Location ANSOA	1 Co. Sheriffs Office
Instrument S	erial No00 859 7	WIDESBORD A	10
The prevention four months	ve 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 degrees	splays pressure, or the alcoholic br	eath 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 sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		· ·
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed before expiration of the control	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department o	on the <u>22</u> day of <u>MA</u> ere performed on the instrument indica f Health and Human Services, and the	ted above, in accordance with currinstrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
Too Carrier In			
OF THE STATE			•
	CAR		
A SOE CITAM AD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10000	371
1	Sighatu	re of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 03/22/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	. 00	2:24pm

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

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597

Test Record Number: 1558

Test Date: 03/22/2017

Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
\mathtt{BT}	Pass	2:26pm

Blank Tests

rest	Status	Time
AIR	Pass	2:26pm

Printer Tests

1696	Blatus	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

County	THE INTOXIMETERS, MODEL INTOX EC/IR II
* *	Instrument Location / She County Jail
Instrument :	Serial No. UCOOTI Defferson, N.C.
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE HAY OF THE STATE AND SEATON OF THE STATE OF THE	

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

Signature of Certifying Official

Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 03/21/2017

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: 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: AG525303 Exp Date: 09/10/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:54pm 12:55pm
ACCY CHK	.07	12:55pm
AIR BLK SUB TEST	.00	12:57pm
AIR BLK	.00	12:57pm 12:58pm
SUB TEST	.00	1:00pm
ATR BLK	.00	1:00pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Record Number: 1053

System Check: Passed

Baseline Tests

Test	•	Status	Time
IR		Pass	1:02pm
FLO		Pass	1:02pm
FC		Pass	1:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

Blank Tests

Test	Status	Time

AIR 1:02pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	1:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

92	INTOXIMETERS, MODEL INTOX EC/IR II
County	5/90/61 Instrument Location Stades Counte
Instrument Seri	al No. 8894 Sheriff Deportment
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
COSTILITOR N	
STATE ON A STATE OF A	CAROLLA CAROLL
* COR QUAM VIDER *	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.

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 03/17/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:02pm 2:02pm 2:03pm 2:05pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2 · 0.8pm

Reported AC:

00/9//2/101

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 03/17/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:02pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:08pm
AIR BLK	. 00	2 · 0.8 mm

Reported AC: .00 q/21/0L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX-EC/IR II County 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; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample: 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance day of 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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 03/17/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

XX/α/210I

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 1286

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:09pm 2:09pm
FC	Pass	2:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

Blank Tests

AIR Pass 2:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

CRC Tests

Test	Status	Time
COMP	Pass	2:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The same	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location OAK ISland
Instrument Se	erial No. 6086,45 Police Department
The prevention 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 w	on theday of
OR STATE OF THE ST	La phode 601

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 03/17/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:35am 9:36am
ACCY CHK	.07	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:40am
AIR BLK	. 00	9:41am

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 1495

South the soil

Test Date: 03/17/2017

Test Time: 9:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:43am 9:43am
FC	Pass	9:43am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:43am 9:43am
\mathtt{DET}	Pass	9:43am
BAR	Pass	9:43am
\mathtt{BT}	Pass	9:43am

Blank Tests

Test	Status	Time
AIR	Pass	9:44an

Printer Tests

rest	Status	Time
PRNT	Pass	9:44am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:44am
CAL	Pass	9:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. Instrument Serial No. Instrument Serial No. Instrument Serial No. Instrument Location I
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 show 34 degrees, plus or minus .2 degree centigrade;
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
34 degrees, plus or minus .2 degree centigrade;
2 Verify instrument displays time and date:
2. Verity instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the
Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 03/16/2017

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E

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	5:11pm
AIR BLK	.00	5:11pm
ACCY CHK	.08	5:12pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:14pm
AIR BLK	.00	5:15pm
SUB TEST	.00	5:16pm
AIR BLK	.00	5:17pm

Reported AC:

8**% /**\$1/210L

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 3711

Test Date: 03/16/2017

Test Time: 5:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:19pm
FLO	Pass	5:19pm
FC	Pass	5:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:19pm
SRC	Pass	5:19pm
DET	Pass	5:19pm
BAR	Pass	5:19pm
BT	Pass	5:19pm

Blank Tests

Test	Status	e,	Time

AIR Pass 5:20pm

Printer Tests

Test	Status	Time
ידאסס	Dagg	5 . 20nm

CRC Tests

Test	Status		Time	
COMD	Dagg	:	5 • 20m	

COMP Pass 5:20pm CAL Pass 5:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR H

County	Brusulick Instrument Location 59,15 et Beach
Instrument	Serial No. OOBBTY Police Department
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t 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.
STAL STAL STAL STAL STAL STAL STAL STAL	
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 03/17/2017

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: RHODES, KENNETH C Permit Number: 5329E 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	10:59am 11:00am 11:00am
AIR BLK SUB TEST	.00 .00	11:02am 11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:05am

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

K. C. Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 03/17/2017

Test Record Number: 578
Test Time: 11:09am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 11:11am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:11am	

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

معرضون	INTOXIMETERS, MODEL INTOX EC/IR II
County	Schnswick Instrument Location Brunswick Com
Instrument Se	orial No. 008585 Sheriffs Deflatione
The preventiv four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample,
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	the day of day of , 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	CAROLL CA

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 03/16/2017

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

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

Analyst's Name: RHODES, KENNETH C' Retmit Number: 5329E 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

AIR BLK

DIAG Pass 5:10pm ၞၜၜႋૼ AIR BLK 5 LOpm ACGY CHIK 08 5:11pm ATK BLK . O O 5 1 2 pm SUB TEST . 00 5:13pm

g/210L Time

5:14pm SUB TEST .. 00 5:16pm AIR BLK 5:175m

Reported ACi 00 g/210L

00

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 3740 Test Date: 03/16/2017 Test Time: 5:18pm EDT

System Check: Passed

Baseline Tests

Tes	t	Sta	itus	T	i,me-	
		1.13		a a a Tha a sa		
IR	Sandy grade in the	Pas	1) 2) C2	, E	: 19	riona.
- FLO						
	1 29	Pas			: 19]	
FC'		Pas	SS	5	.19	om.

Temperature Tests

Test	Status $_{ au}$ T	ime 🕸
PC1	Pass' 5	:IPpm
		. I Dpm
	[2] A. Martin, M. M. Martin, Phys. Lett. B 55, 117 (1997).	:19pm
		: 19pm
		:19pm
		· · Talvain

Blank Tests

Test	🥕 Stati	ısT	'ime
N. P. W. J. J. J.			公子城 。
The Sales of the	e e de la companya d	richer in the	- B. C.
AIR	Pass	经产品经额	:20pm

Printer Tests

Test	, Sta	atus.	Tin	16
PRNT		进行员		
EVAR	. Pas	9 kg		0 pm
	~ B~	lėsts	\$ \(\frac{1}{2}\) \(\frac{1}{2	10; (4); -5; 4:46
		LODIUS		*
Test	St.	tus	Tin	iven dies
WEAR.		4440		i C 1 (1)

1.0	4 12 12				100	23 10 12 1
-	ď⊉.	90 190 <u>mar</u> 2.	1. 18 M. O. D.	100		opm opm
(())	11 D. C	. Da	SS.		: E ≥ 3	
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سالات بعد	ションアンス			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 100	急 とすづにし
CÁI	March Control	∵∵D⊃	SS		<ul> <li>4 % 67</li> </ul>	tionin u
1 - 4 - T	<del>0</del> 1 1	· · · - E G			∴\Ç (¥ 4	a Walley and the same
3 (4)	医连发 医骨髓 人	Section 18	5 Sec. 1	5 . 1 % }	. 7.010	

Preventive Maintenance Status: Pass

Analyst

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

and the same of th		MS, MODEL INTOX.EC/	
County Bon	combe	Instrument Location Buncame	be Co. Jail
Instrument Seria		Ashe Ville	. Ne
The preventive n four months are:	naintenance procedures for the I	ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiration nged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I contifue that an el	ha 3/ 4000 AA	/ 00 / <del>~</del> 7 0	
procedures were	performed on the instrument ind	licated above, in accordance with currer the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
STATE OF A	<b>I</b>		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SE S	FICE CARD		•
ARR 12, THE			
OLAM VIDE		75	649
	Sign	ature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 03/31/2017

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:16pm 5:17pm
ACCY CHK	.08	5:18pm
AIR BLK	.00	5:19pm
SUB TEST	.00	5:20pm
AIR BLK	.00	5:21pm
SUB TEST	.00	5:23pm
AIR BLK	.00	5:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 03/31/2017 Test Record Number: 3110
Test Time: 5:25pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	5:26pm 5:26pm 5:26pm
Temp	perature To	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:26pm 5:26pm 5:26pm 5:26pm 5:26pm
E	Blank Tests	3
Test	Status	Time
AIR	Pass	5:26pm
Pr	inter Test	cs
Test	Status	Time
PRNT	Pass	5:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:27pm

Preventive Maintenance Status: Pass

Pass

CAL

5:27pm

Analyst

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

Instrument-Se	Gerial No. <u>OO 8973</u>			
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least are:	once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	ometer show		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Sin whichever occurs first.	olic breath nulator tests,		
I certify that procedures w Department o	on the	maintenance ne N.C.		
TATION OF THE STATE OF THE STAT	Muchu X 658			

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 03/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Time Test DIAG Pass 8:56pm AIR BLK .00 8:57pm ACCY CHK .08 8:58pm AIR BLK .00 8:59pm SUB TEST .00 8:59pm AIR BLK .00 9:00pm SUB TEST .00 9:01pm

Reported AC: .00 g/210L

9:02pm

AIR BLK .00

Signature of Chemical Analyst

Court CVR

MU Jou Analyst

#### BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Record Number: 272

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:04pm
SRC	Pass	9:04pm
$\operatorname{DET}$	Pass	9:04pm
BAR	Pass	9:04pm
${ t BT}$	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ABARRYS Instrument Location BAT MOBILE 7
Instrument S	008071
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofARCH, 20 / 7 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	659
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008971 Test Date: 03/09/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test q/210L Time

DIAG	Pass	9:36pm
AIR BLK	.00	9:37pm
ACCY CHK	.08	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:40pm
SUB TEST	· 9 ₇ 0	9:42pm
AIR BLK	<b>/</b> 00	9:/43/pm/
	,	

Reported/AC:

.00 \$ 210%

Signature of Chemical Analyst

Court CVK

Analyst

#### CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008971

Test Record Number: 169

Test Date: 03/09/2017

Test Time: 9:46pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

#### Blank Tests

Test	Status	Time

AIR Pass 9:47pm

#### Printer Tests

Status Time Test

PRNT Pass 9:47pm

CRC Tests

Status Time Test

COMP Pass 9:47pm CAL

Pass 9:47pm

Preventive Maintenan Status: Pass

Analyst

This form is used when performing Preyentive/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	CABARRUS Instrument Location BAT MOBILE 7
Instrument S	erial No. <u>008972</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	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.
STATISTICS OF ST	
	Signature of Certifying Official Certificate Number

CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008972 Test Date: 03/09/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

lest	g/210L	Time
DIAG AIR BLK	Pass	9:54pm 9:55pm
ACCY CHK	.07	9:55pm
AIR BLK SUB TEST	.00 .00	9:56pm <b>9:58pm</b>
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	∕0′0	10201pm

Reported AC:

.00/g//21øL

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008972

Test Record Number: 259

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:02pm
FLO	Pass	10:02pm
FC	Pass	10:02pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:03pm
SRC	Pass	10:03pm
DET	Pass	10:03pm
BAR	Pass	10:03pm
BT	Pass	10:03pm

#### Blank Tests

Test Status Time

AIR Pass 10:03pm

#### Printer Tests

Status Time Test

PRNT Pass 10:03pm

CRC Tests

Time Test Status

COMP Pass 10:03pm CAL Pass 10:03pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County(	PANder Instrument Location Cander Co. S. O.
Instrument Se	erial No. 00 8940 113 HJY 343, CANded, N.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
TOTAL STATE OF WAY OF THE STATE OF WAY OF THE STATE OF WAY OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 03/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG607601 Exp Date: 03/16/2018

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

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

#### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 828

Test Date: 03/28/2017

Test Time: 10:54am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 10:55am

#### Printer Tests

PRNT Pass 10:55am

CRC Tests

Test Status Time

COMP Pass 10:55am CAL Pass 10:55am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. OOSEZO MOREHEAD CITY, IXO  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;	County C	<b>パ尼TERET</b> Instrument Location	- miles -	
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;	Instrument Seria	ul No. <u>008826</u>	MOREHEAD C	174, NC
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;				
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;			ox EC/IR II to be followed at lea	ist once every
	1.		ne alcoholic breath simulator the	rmometer shows
7 Initiate hreath test sequence:	2.	Verify instrument displays time and date;		
5. Initiate breath test sequence,	3	Initiate breath test sequence;		
4. Enter information as prompted;	4.	Enter information as prompted;		
5. Verify instrument accuracy;	5.	Verify instrument accuracy;		
6. When "PLEASE BLOW" appears, collect breath sample;	6.	When "PLEASE BLOW" appears, collect breath same	nple;	
7. When "PLEASE BLOW" appears, collect breath sample;	7.	When "PLEASE BLOW" appears, collect breath same	nple;	
8. Print test record;	8.	Print test record;		
9. Verify Diagnostic Program; and	9.	Verify Diagnostic Program; and		
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	10.	simulator solution is being changed every four months		
I certify that on theday of	I certify that on procedures were Department of I	theday of	the forgoing prevention dance with current regulations of toning properly.	ve maintenance f the N.C.
STATE ON OR STATE	ORESTATE IN OUR STATE IN OUR ST	CRITICATION OF THE PROPERTY OF		
Signature of Certifying Official Certificate Number	FEBR QUAM VIDER A	1 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		* *

#### CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008826 Test Date: 03/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:47pm 9:48pm
ACCY CHK	.07	9:49pm
AIR BLK SUB TEST	.00 .00	9:49pm 9:50pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
ATR BLK	- 00	9:52pm
	- 1111	7 . 7 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008826 Test Date: 03/17/2017 Test Record Number: 7976
Test Time: 9:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	9:54pm 9:54pm 9:54pm	
Temp	perature Te	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:54pm 9:54pm 9:54pm 9:54pm 9:54pm	
Ι	Blank Tests	5	
Test	Status	Time	
AIR	Pass	9:55pm	
Pı	inter Test	is (	
Test	Status	Time	
PRNT	Pass	9:55pm	
CRC Tests			
Test	Status	Time	
COMP	Pass	9:55pm	

Preventive Maintenance Status: Pass

Pass

9:55pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARteret Instrument Location Morehead City DD
Instrume	nt Serial No. <u>00873/</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedur Departm	that on the
OREAT SE	STATE OF TOP TO THE STATE OF TOP TOP TO THE STATE OF TOP

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 03/14/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:16pm 12:16pm 12:17pm 12:18pm 12:19pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Holf Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731

Test Record Number: 1889

Test Date: 03/14/2017

Test Time: 12:22pm EDT

System Check: Passed

#### Baseline Tests

Test	<b>St</b> atus	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

#### Blank Tests

Test	Status	Time

AIR Pass 12:24pm

#### Printer Tests

Test	Status	Time
1556	อเสเนช	1 1111

PRNT Pass 12:24pm

#### CRC Tests

Test Status Tim	е
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COMP Pass 12:24pm CAL Pass 12:24pm

Preventive Maintenance Status: Pass

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

		dIste N
Instrument Se	rial No. <u>CO 8620</u>	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fre:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	e e e e e e e e e e e e e e e e e e e
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dasimulator solution is being changed every four months or after 125 Alcol whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
	n the	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 03/14/2017

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
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	3:06pm
AIR BLK	.00	3:06pm
ACCY CHK	.08	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Record Number: 1861

Test Date: 03/14/2017

Test Time: 3:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:14pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Karl E-Half
Analyst

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

County CA	Rteret Instrument Location CARTERET	County	
Instrument Seri	ial No. 008882 SHERIFFS OFFICE		
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe:	wed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	lator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, of simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.		
	n the	preventive maintenance lations of the N.C.	
OTHE STATE OF THE CONTROL OF THE STATE OF TH		354 Certificate Number	

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 03/14/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:32am 11:32am
ACCY CHK	.08	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
ATR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1517
Test Date: 03/14/2017 Test Time: 11:39am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
		1.00
IR .	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:40am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	11.40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:40am
	CRC Tests	
Test	Status	Time

		7
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance Status: Pass

Rand E Half Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County CA	rteret Instrument Location CARteret County
Instrument Seri	al No. 008605 SHERIFF'S OFFICE
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;
<b>9.</b>	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF STATE OF	WOOLAND CO.
* ESTE QUAM VIDEN	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 03/14/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:33am 11:34am 11:35am 11:36am 11:36am 11:37am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Karl E Half
Analyst

## CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 03/14/2017 Test Record Number: 3621
Test Time: 11:40am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
FC	Pass Pass Pass	11:40am
remp	erature Te	ESCS
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:41am
В	lank Tests	3
Test	Status	Time
AIR	Pass	11:41am
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:41am

11:41am

COMP

CAL

Analyst

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

County	CARTERET Instrument Location Atlantic Beach Al
Instrumen	nt Serial No. <u>008785</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.
procedure	hat on the
COREAS SE	Signature of Certifying Official  Certificate Number

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 03/14/2017

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

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
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/210P	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.07	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	. 0 0	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC; __.00 g/210L

Signature of Chemical Analyst

Court CVR

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 03/14/2017

Test Record Number: 911

Test Time: 1:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

#### Temperature Tests

T'est	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

#### Printer Tests

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

COMP 1:27pmPass CAL Pass 1:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM Instrument Location SILER CATY PRICE DE
Instrumen	t Serial No
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on the
S S S S S S S S S S S S S S S S S S S	TATE OF NO. 220, 1775 NO. 220,
	Signarture of Certifying Official Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 03/29/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
ATR BLK	.00	12:28pm

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811

Test Record Number: 1255

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

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

Blank Tests

Test	Status	Time
	2	
AIR	Pass	12:30pm

Printer Tests

TERE	Status	1 Line
PRNT	Pass	12:30pm
	CDC Forte	

CRC Tests

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance Status: Pass

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

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

Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 03/17/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:48pm 12:49pm 12:50pm 12:51pm 12:52pm 12:53pm
SUB TEST	.00	12:54pm
AIR BLK	0.0	12.55pm

Reported AC:

′g/21*%*L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886

Test Record Number: 1274

Test Date: 03/17/2017 Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:57pm 12:57pm
FC	Pass	12:57pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:57pm 12:57pm 12:57pm 12:57pm 12:57pm
	1000	12.5, Pill

Blank Tests

Test	Status	Time
		:
AIR	Pass	12:58pm

Pass

Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	:
Test	Status	Time

	Boasas	110
COMP	Pass	12:58pm
CAL	Pass	12:58pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	Instrument Location <u>/</u>	MCAS CHERRY POINT
Instrument Se	rial No. <u>6/08/19</u> <u>AMO</u>	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the al- 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or whichever occurs first.	
procedures we	n the	e with current regulations of the N.C.
STATE STATE OF THE	**************************************	
	Signature of Certifying Officia	Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 03/15/2017

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
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

rest	g/210L	Time
DIAG AIR BLK	Pass	3:08pm 3:09pm
ACCY CHK	.08	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819

Test Record Number: 487

Test Date: 03/15/2017

Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
\mathtt{BT}	Pass	3:15pm

Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

Printer Tests

rest	Status	TIME
PRNT	Pass	3:16pm

CRC Tests

Test	Status	Time
		:
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CR	AVEN Instrument Location HAVELock PD
Instrument Seri	ial No. 008800
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	Signature of Certifying Official Signature of Certifying Official Signature of Certifying Official

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 03/15/2017

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

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

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

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

Reported C: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half
Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 03/15/2017

Test Record Number: 1068
Test Time: 3:55pm EDT

System Check: Passed

Baseline Tests

	4	•
Test	Status	Time
IR FLO FC	Pass Pass Pass	3:55pm 3:55pm 3:55pm
Tem	perature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	3:55pm 3:55pm 3:55pm 3:55pm 3:55pm
]	Blank Pests	;
Test	Status	Time
AIR	Pass	3:56pm
Pi	rinter Test	S
Test	Status	Time
PRNT	Pass	3:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:56pm

Preventive Maintenance Status: Pass

Pass

3:56pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAVEN Instrument Location New Bo	ern Al
Instrument Ser	ial No. 0088/7	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for e:	ollowed at least once every
ì.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	÷
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoholichever occurs first.	
	the	oing preventive maintenance egulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	354 Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 03/17/2017

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: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:34am
ACCY CHK	.08	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
ATR BLK	.00	10:40am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 03/17/2017

Test Record Number: 1266 Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
**	•	* •
IR.	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:41am 10:41am 10:41am 10:41am 10:41am

Blank Tests

Test Status Time

AIR Pass 10:42am

Printer Tests

Test Status Time

PRNT Pass 10:42am

CRC Tests

Test Status Time

COMP Pass 10:42am

CAL Pass 10:42am

Preventive Maintenance Status: Pass

and E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A	Para l
County	RAVEN Instrument Location CRAVEN COUNTY
Instrument Sei	rial No. 008732 SHRIFF 5 OFFICE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of
THE STATE OF THE S	Signature of Certifying Official Signature of Certifying Official Signature of Certifying Official

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 03/17/2017

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: HALL, RANDY E Permit Number: 3462E Effective:

08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:35am 11:35am 11:36am 11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
ATR BLK	$\cap \cap$	11.42am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Analyst This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732

Test Record Number: 1874

Test Date: 03/17/2017

Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	11·44am

Preventive Maintenance Status: Pass

Pass

11:44am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cul	ituck Instrument Location Carriback Co. 5.0,
Instrument Serial	INO. OD8947 407-A Maple Rd., Maple, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of
THE STATE OF AND THE PARTY OF T	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 03/02/2017

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: GUARD, KELLY G
Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	.08	11:27am 11:28am 11:28am 11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 1991

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35 a m
FC	Pass	11:35am

Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass ·	11:35am
BAR	Pass	11:35am
\mathtt{BT}	Pass	11:35am

Blank Tests

Test	Status	Time
AIR	Pass	11:36an

Printer Tests

1620	status	TIME
PRNT	Pass	11:36am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:36am
CAL	Pass	11:36am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Da	Instrument Location Pare Co. Petentin Ci
Instrument Se	rial No. 608864 1044 Priftwood Or., Mantes,
·	
The preventiv four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
. 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 March, 20 / the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	John Jack A. Leec 647
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 03/02/2017

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: Region, Five Permit Number: 05036E Effective: 09/01/2015-09/01/2017

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

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

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

10101

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Hired feel
Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1850

System Check: Passed

Baseline Tests

PD 1	~ · ·	- 1
Test	Status	Time
IR FLO FC	Pass Pass Pass	11:11am 11:11am 11:11am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:12am 11:12am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Day	Instrument Location DARE Co. Detention CH
Instrument Seria	INO. 008783 1044 Priftwood Dr., Manteo, N.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of MARCH, 20 17 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 03/02/2017 Test Record Number: 645 Test Time: 11:07am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11: 07am
DET	Pass	11:07am
BAR	Pass	11:07am
\mathtt{BT}	Pass	11:07am

Blank Tests

Test	Status	Time

AIR Pass 11:08am

Printer Tests

Tes	t	Sta	tus	Time

PRNT Pass 11:08am

CRC Tests

Test	Status	Time
COMP	Pass	11:08a

COMP Pass 11:08am CAL Pass 11:08am

Preventive Maintenance Status: Pass

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 03/02/2017

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: Region, Five

Permit Number: 05036E

Effective:

09/01/2015-09/01/2017

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/210	ΟL	Time

4 m		
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:06am
ATR BLK	. 00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAGE Instrument Location Kill De	wil Hills P.O.
Instrument S	Serial No. 308844 100 TOWN HAIL,	DR., Kill Devil 1 N.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v Department	tion theday of, 20 the for were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE AND SEATON OF THE STATE AND SEATON OF THE STATE OF THE SEATON OF THE STATE OF		f Ly Namang
The state of the s	Signature of Certifying Official	_ Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 03/07/2017

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:14pm 3:15pm
ACCY CHK	.08	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844

Test Record Number: 1913

Test Date: 03/07/2017

Test Time: 3:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:23pm 3:23pm
FC	Pass	3:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:23pm
SRC	Pass	3:23pm
DET	Pass	3:23pm
BAR	Pass	3:23pm
BT	Pass	3:23pm

Blank Tests

Test	Status	Time

AIR Pass 3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm

CRC Tests

Test	Status	Time

COMP 3:24pmPass CAL Pass 3:24pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATMETERS, MODEL INTUX EC/IR II.
County	VIDSON Instrument Location Thomas VIIIe
Instrument Seri	al No.008872 Police Department
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.
	theday of, 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.
O' THE STATE OF TH	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 03/02/2017

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:47pm 1:48pm
ACCY CHK	.07	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1301 Test Date: 03/02/2017 Test Time: 1:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
•	**	
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	status iime
	Pass 1:55pm Pass 1:55pm Pass 1:55pm Pass 1:55pm Pass 1:55pm
	TODD TOTE

Blank Tests

Test	Status	Time
	1.00	
		2 5 6 6 6

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
$X = \mathcal{X} = \mathcal{X} = \mathcal{X}$	CRC Tests	in the second of

Test	Status	Time
COMP	Pass Pass	1:56pm 1:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

George and the same of the sam	INTUATMETERS, MODEL INTUA EC/IR II
County	VIDSON Instrument Location DAVIDSON (O JAI)
Instrument Seri	ial No. 008845 Les Majron, NC.
-	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of ARCA, 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.
THE STATE OF THE OWN	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 03/16/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:25am 9:25am 9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:30am
ATR BLK	0.0	9.31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 2458

Test Date: 03/16/2017

Test Time: 9:31am EDT

System Check: Passed

Baseline Tests

Test	Ct atam	FT1
TCDL	- Status -	Time
TR	Pass	9:32am
	1 0000	9.34 an
Γ I	Pass	9:32am
	1 455	J.JZam
FC	Pass	9:32am
		2 . J Z CIII

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 9:33am

Printer Tests

Test Status Time

PRNT Pass 9:33am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

e province of the second	INTOXIMETERS, MODEL INTOX EC/IR II
County	APPLIED Instrument Location WARM COUNTY
Instrument Se	ial No. OOBBOH Shep. FriDespartmen
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	No. March 17.
	on the day of, 20, 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE	
STEEL GREAT	
	Signature of Certifying Official Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 03/20/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.08	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: .09/g//10L

Signature of Chemical Analyst

Court CVR

A Calvat

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 03/20/2017 Test Record Number: 3088
Test Time: 2:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

Blank Tests

Test	Status	Time
	•	
AIR	Pass	2:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	
Test	Status	Time

1000		
COMP CAL	Pass Pass	2:49pm 2:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II		
County /	Repline Instrument Location Wallace 46/10	
Instrument Ser	ial No. 0088588 Depart ment	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	the day of day of 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	
OT LE STATE OF LIVE OF	Signature of Certifying Official Certificate Number	

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 03/20/2017

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

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:12pm 1:13pm
ACCY CHK	.07	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
ATR BLK	0.0	1 · 18pm

Reported AC:

∕α/210<u>/</u>/

Signature of Chemical Analyst

Court CVR

Analyst

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 783

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:19pm
FLO	Pass	1:19pm
FC	Pass	1:19pm

Temperature Tests

Status	Time
Pass	1:19pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔTD	Pagg	1 • 20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:20pm CAL Pass 1:20pm

Preventive Maintenance Status: Pass

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location 1	But Mobile Un. 7
Instrument Se	erial No. <u>00</u> 8090	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC are:	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	pholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
procedures w	on the	the forgoing preventive maintenance with current regulations of the N.C. properly.
ALTERNATION SET AND SE	ILIV DO S	658
	Signature of Certifying Official	Certificate Number

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008090 Test Date: 03/17/2017

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:20pm 10:21pm 10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CM VOO

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008090 Test Record Number: 94 Test Date: 03/17/2017 Test Time: 10:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:30pm

Pass

Preventive Maintenance Status: Pass

CAL

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

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

Signature of Ceptifying Official

Certificate Number

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008971 Test Date: 03/17/2017

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

AIR BLK .00
Reported AC:

∕00 a//210L

10,:09pm

Signature of Chemical Analyst

Count OVR

Analyst

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008971

Test Record Number: 178

Test Date: 03/17/2017

Test Time: 10:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:12pm 10:12pm
		-
FC	Pass	10:13pi

Temperature Tests

Status	Time
Pass	10:13pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

10:13pm AIR Pass

Printer Tests

Test Status Time

PRNT 10:13pm Pass

CRC Tests

Test Status Time

COMP Pass 10:14pm Pass 10:14pm CAL

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	The state of the s
County_	Oaston Instrument Location Gaston County SD
Instrumer	t Serial No. 008684 425 N. Marietta St. Grastonia
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	at on the 27th day of (100), 2017 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
SE S	

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 3452
Test Date: 03/29/2017 Test Time: 9:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:17am
FLO	Pass	9:17am
FC	Pass	9:17am

Temperature Tests

Test	Status	Time
FC1	Pass	9:17am
SRC	Pass	9:17am
DET	Pass	9:17am
BAR	Pass	9:17am
BT	Pass	9:17am

Blank Tests

Test	Status	Time
AIR	Pass	9:18am

Printer Tests

Test	Status	Time
PRNT	Pass	9:18am

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	9:18am 9:18am

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 03/29/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:22am 9:22am
ACCY CHK	.07	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am

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

Analyst

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County <u></u>	wiltord Instrument Location High Point
Instrument Ser	ial No. 008828 Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the day of
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 03/02/2017

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:47pm 3:47pm 3:48pm 3:49pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm

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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 03/02/2017

Test Record Number: 2346 Test Time: 3:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

Blank Tests

Test	Status	Time
7 TD	Dage .	3 . 5 5 mm

Printer Tests

Status	Time
Pass	3:55pm
CRC Tests	
Status	Time
	Pass CRC Tests

3:55pmCAL Pass 3:55pm

Pass

Preventive Maintenance Status: Pass

COMP

Instrument Serial No. 008814 County C

6. When "PLEASE BLOW" appears, collect breath sample;

Enter information as prompted;

Verify instrument accuracy;

- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;

5.

- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



Signature of Certifying Official

Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 03/16/2017

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	11:01pm 11:02pm
ACCY CHK	.07	11:03pm 11:03pm
SUB TEST AIR BLK	.00 .00	11:04pm 11:05pm
SUB TEST AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynn Analyst

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008816

Test Record Number: 7284

Test Date: 03/16/2017

Test Time: 11:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status Time
	and the second of the second o
	√

AIR Pass 11:12pm

Printer Tests

Test	Status	Time
		4 - 1
חואסס	Dagg	11.12nm

CRC Tests

Test	Status	Time
COMP	Pass	11:12pm
CAL	Pass	11:12pm

Preventive Maintenance Status: Pass

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

	UNITOXIMETERS, MODEL INTOX ECTRIFICATION OF THE POINT JAIL
County \\\	UI HORD Instrument Location HIGH POINT JAI
Instrument Ser	ial No. 008655
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.
	the day of MAPCM, 20 1 7 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 03/02/2017

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: DEAN, L K Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:08pm 3:08pm 3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 3133

Test Date: 03/02/2017

Test Time: 3:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:15pm 3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

^	INTOXIMETERS, MODEL INTOX EC/IR II
County 6	uiltord Instrument Location Bot Mobile Unit
Instrument Seri	al No. 20865 Builford CO SO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
; 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of, 20, 20, the foregoing 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.
O'THE STATE OF NO.	Signature of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 03/16/2017

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:38pm 10:39pm 10:40pm 10:42pm 10:44pm 10:44pm
AIR BLK	.00	10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daya B Skynn

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 03/16/2017

Test Record Number: 5424 Test Time: 10:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:47pm
FLO	Pass	10:47pm
FC	Pass	10:47pm

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 10:48pm

Printer Tests

Test Si	tatus	Time
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PRNT Pass 10:48pm

CRC Tests

Test Status Time

COMP Pass 10:48pm CAL Pass 10:48pm

Preventive Maintenance Status: Pass

14a B SKunun Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	HARNETT Instrument Location HARNETT Co. Det. CENTER
Instrument S	erial No. <u>008730 LIUIUGTON, NC</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of, 20, 20
STATE OF STA	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 03/07/2017

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

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

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

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

Analyst's Name: 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	2:43pm 2:44pm
ACCY CHK	.07	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AG: .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

Jussell .

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 2725

Test Date: 03/07/2017

Test Time: 2:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

Printer Tests

Test

PRNT	Pass	2:53pm
	CRC Tests	

Status

Time

Test	Status	Time
COMP	Pass	2:53pm
CAL	Pass	2:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
County HARNETT Instrument Location HARNETT Co. Det. Center
Instrument Serial No. 008729 LIUINGTON, NC
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 show 34 degrees, plus or minus .2 degree centigrade;
 Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before 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 ON OUT OF THE STATE OF NO.
The County Albert And County And
Signature of Certifying Official Certificate Number
Octation Manipol

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 03/07/2017

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: 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	3:01pm 3:02pm
ACCY CHK	.08	3:03pm
AIR BLK SUB TEST	.00 .00	3:04pm 3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 2110

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 3:15pm

Printer Tests

Test	Status	Time
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PRNT Pass 3:15pm

CRC Tests

Test Time Status

COMP Pass 3:15pmCAL Pass 3:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Coun	yHende	ASO1	Instrument Location/fendersen	
Inetru	ment Serial	No. <i>00</i> 6822	Hankan	salille, Mac
				20 (111 1 ps) 100 Com
The p	-		ntoximeters, Model Intox EC/IR II to be	e followed at least once every
	1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea gree centigrade;	th simulator thermometer show
	2.	Verify instrument displays time	and date;	
	3.	nitiate 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	ars, collect breath sample;	
	8.	Print test record;		
	9.	erify Diagnostic Program; and	I	
1		Verify that the ethanol gas canis imulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certiforced proced Depart	fy that on the lures were po tment of Hea	day of <u>Ma</u> erformed on the instrument indi- lith and Human Services, and the	, 20/7 the for icated above, in accordance with currer ne instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
	ME STATE OF NO			
A GREAT	1 12 TI	CAROLL		
988	FOR QUAM VIDER		Accession to account to the contract of the co	646
	4.2	Signs	sture of Certifying Official	Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 03/02/2017

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

100000116年 计范围操作证据名的资本

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 2:37pm

AIR BLK .00 .2:38pm

ACCY CHK .08 .2:39pm

AIR BLK .00 .2:40pm

SUB TEST .00 .2:40pm

AIR BLK .00 .2:41pm

SUB TEST .00 .2:43pm

AIR BLK .00 .2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2072 Test Date: 03/02/2017 Test Time: 2:45pm EST

System Check: Passed

Baseline Tests

rest	Status	Time
· 医二甲磺基基	الله (المارو المار	Maria de la companya
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

Temperature Tests

Test Status Time

FC1 Pass 2:46pm
SRC Pass 2:46pm
DET Pass 2:46pm
BAR Pass 2:46pm
BT Pass 2:46pm

Blank Tests

Test Status Time
AIR Pass 2:46pm

Printer Tests

Test Status Time

PRWT Pass 2:46pm

CRC Tests

Test Status Time

COMP Pass 2:46pm CALL Pass 2:46pm

Preventive Maintenance

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OHNSION Instrument Location SELMA BLICE DEPT.
Instrument Seri	al No. 008595 SELMA NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A	ONE CAROLINA TO THE STATE OF TH
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 03/09/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:57am 10:58am 10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 1074

Test Date: 03/09/2017

Test Time: 11:11am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11: 13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:13am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTUATIVETERS, WIODEL INTOX ECTR II redel Instrument Location I (ede) County SI	<u>) </u>
Instrument So	erial No. 008809 JOIE. WHOSH, Shile	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	nows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
procedures w	on theday of	nce
THE STATE OF THE S	Signature of Certifying Official Certificate Number	
Paga	Signature of Centrying Official Certificate Number	

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 3573

Test Date: 03/07/2017

Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:35pm

Temperature Tests

Status	Time
Pass	12:36pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

AIR Pass 12:36pm

Printer Tests

Test Status Time

PRNT Pass 12:36pm

CRC Tests

Test Status Time

COMP Pass 12:36pm CAL Pass 12:36pm

Preventive Maintenance

Status: Pass

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 03/07/2017

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:38pm 12:39pm
ACCY CHK	.07	12:40pm
AIR BLK SUB TEST	.00 .00	12:41pm
AIR BLK	.00	12:41pm 12:42pm
SUB TEST	.00	12:43pm
ATR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court ¢VR

Analy

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County 1 (P	dell Instrument Location Statesville PD
	Instrument Seria	11 No. 008619 300 S. Tradd St. Statesville
	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 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 day of 20 7 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
	O'THE STATE OF N	RELITY 656
		Signature of Certifying Official Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1290 Test Date: 03/07/2017 Test Time: 11:28am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:29am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔTR	Dage	11.20am

Printer Tests

Status

Time

Test

PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30am 11:30am

Preventive Maintenance Status: Pass

Analyst//

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 03/07/2017

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: 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	11.22
		11:32am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:39am
ATR BLK	0.0	11.40am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Shaston Instrument Location Johnston Co. JAIC
Instrument Se	rial No. 008810 SMITHFIELD NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
OTHE STATE OF THE	CAROLLE CAROLL

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 03/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:49pm 5:50pm
ACCY CHK	.07	5:51pm 5:52pm
SUB TEST	.00	5:53pm
AIR BLK	.00	5:54pm
SUB TEST	.00	5:56pm
AIR BLK	.00	5:57pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

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JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 2549

Test Date: 03/01/2017 Test Time: 6:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:02pm
FLO	Pass	6:02pm
FC	Pass	6:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:02pm
SRC	Pass	6:02pm
DET'	Pass	6:02pm
BAR	Pass	6:02pm
BT	Pass	6:02pm

Blank Tests

rest	Status	Time
AIR	Pass	6:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:03pm 6:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\sqrt{C}	INTOXIMETERS, MODEL INTOX EC/IR Instrument Location Clay/o	RII plice Dep
Instrument Seria	al No. <u>CO 8658</u>	
The preventive if	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shov
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on t procedures were Department of H	he day of MARCA, 20 / the forgo performed on the instrument indicated above, in accordance with current regalth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF AN AUTOMOTIVE OF AN AUTOMOTIVE OF AUTOMOTIVE	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 03/06/2017

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: 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: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:10pm 12:11pm 12:11pm 12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

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

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 03/06/2017

Test Record Number: 1289 Test Time: 12:17pm EST

System Check: Passed

Baseline Tests

Test 	Status	Time
1696	Status	TTILLE
•		
TR	Pass	12:18pm
	1 000	75:10bu
FLO	Pass	12:18pm
		_
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:18pm 12:18pm 12:18pm 12:18pm 12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:19pm 12:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	Ohnston Instrument Location Winsto	N.C. Jak
	County	Instrument Location JAMOS765	<u>, , , , , , , , , , , , , , , , , , , </u>
	Instrument Seria	at No. 008846 SmiTHFIELD, A	√C,
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shov
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	ā.
	6.	When "PLEASE BLOW" appears, collect breath sample;	
•	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
	I certify that on procedures were Department of I	the	ing preventive maintenance gulations of the N.C.
	OF THE STATE OF TH	CARDINA THE CARDI	(واستندوند
	William Tourist	Signature of Certifying Official	37/
		organization of Countying Official	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 03/01/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:56pm
AIR BLK	.00	5:57pm
ACCY CHK	.08	5:57pm
AIR BLK	.00	5:58pm
SUB TEST	.00	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 4024 Test Date: 03/01/2017 Test Time: 6:04pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:04pm
FLO	Pass	6:04pm
FC	Pass	6:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:04pm
SRC	Pass	6:04pm
DET	Pass	6:04pm
BAR	Pass	6:04pm
BT	Pass	6:04pm

Blank Tests

Test	Status	Time
AIR	Pass	6:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:05pm

CRC Tests

Test	Status	Time
COMP	Pass	6:05pm
CAL	Pass	6:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONES	Instrument Location Jones	
Instrument Seri	ial No. <u>008705</u>	SHERIFFIS OFFice	Connect .
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	,	·
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration da nged every four months or after 125 Alcol	nte, or the alcoholic breath nolic Breath Simulator tests,
procedures were	e performed on the instrument inc	the forgoticated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Sign	nature of Certifying Official	354 Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 03/17/2017

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: HALL, RANDY E
Permit Number: 3462E
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	12:26pm
AIR BLK	.00	12:26pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rank E Half
Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705

Test Record Number: 1122

Test Date: 03/17/2017

Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

Blank Tests

AIR Pass 12:34pm

Printer Tests

Test	Status	Time
Diakim	:	
PRNT	Pass .	12:34pm

CRC Tests

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County May	dison Instrument Location	Madison Co. Tail
Instrument Seri	al No. <u>008599</u> <u>Ma</u>	Shell , MC
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 a 34 degrees, plus or minus .2 degree centigrade;	lcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample	
7.	When "PLEASE BLOW" appears, collect breath sample	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or whichever occurs first.	
procedures were	the <u>30</u> day of <u>March</u> , 20 e performed on the instrument indicated above, in accordan Health and Human Services, and the instrument is functioni	ce with current regulations of the N.C.
STATE OF THE STATE	Weight Carolina in the carolin	
ASSE CITY AND THE STATE OF THE		649
	Signature of Certifying Offici	al Certificate Number

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 03/30/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	.00	3:15pm 3:15pm 3:16pm 3:17pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599

Test Record Number: 828

Test Date: 03/30/2017

Test Time: 3:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:21pm 3:21pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:22pm 3:22pm 3:22pm 3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm

CRC Tests

Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklen Burd Instrument Location BAT MOBILE 7
Instrumer	t Serial No. <u>008968</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on theday of, 20_/, the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
CREAT SEA	TATE OF TO
	Signature of Certifving Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 03/16/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:49pm 9:50pm 9:50pm 9:51pm 9:51pm
AIR BLK	.00	9:52pm
SUB TEST	00,سر	9:54pm/
AIR BLK /	. 00	9:55pm

Reported AC:

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Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968

Test Record Number: 205

Test Date: 03/16/2017

Test Time: 9:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLQ	Pass	9:57pm
FC	Pass	9:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

Blank Tests

Test	Status	Time
Test	Status	Time

AIR Pass 9:57pm

Printer Tests

Test Status Time

PRNT Pass 9:57pm

CRC Tests

Test Status Time

COMP Pass 9:58pm CAL Pass 9:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

MECKLENBURG HUNTERSVILLE PD 590

Test Date: 03/17/2017

Serial Number: 008747 Test Record Number: 2566 Test Time: 9:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:30am
SRC	Pass	9:30am
DET	Pass	9:30am
BAR	Pass	9:30am
BT	Pass	9:30am

Blank Tests

Test Time Status AIR Pass 9:31am

Printer Tests

Test Status Time PRNT Pass 9:31am

CRC Tests

Test Status Time COMP Pass 9:31am 9:31am CAL Pass

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 03/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am

Reparted AC00 g/210L

Signature of Chemical A

Analyst

Court CVR

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	NECKLEMBURG Instrument Location BAT 11/08/LE
Instrument Se	10007/
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
· 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of day of 20/2 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.
and the same	
THE STATE OF THE S	
William .	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Date: 03/16/2017

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

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

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

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2016-02/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:32pm 9:33pm 9:34pm 9:35pm 9:35pm 9:37pm 9:38pm
AIR BLK	.,00	9-38pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Cour*t 2*VR

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Record Number: 174 Test Date: 03/16/2017 Test Time: 9:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm

CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR LCh VIDING Instrument Location Corneliu	♠ I\
Instrument S	erial No. 008692 21440 Catawag Ave., C	Cornelios
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fare:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	,
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	on the day of March, 20 the forgovere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
MAND SEE SEE	Signature of Certifying Official	656 Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 2601 Test Date: 03/17/2017 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
		- F.

AIR 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 CORNELIUS PD 590

Serial Number: 008692 Test Date: 03/17/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DING	D	10.40
DIAG	Pass	10:49am
AIR BLK	.00	10:50am
ACCY CHK	.08	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
ATR BLK	.00	10:56am

Reported AC .00 g/210L

Signature of Chemica

Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MODRE Instrument Location BAT MODBLE CAUTE
Instrume	nt Serial No. <u>008898</u> <u>UASS</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 to procedure Departme	nat on the day of (20
SE CREAT SE	TATE ON TOO THE CONTRACT OF TH
	Signature of Certifying Official Certificate Number

MOORE COUNTY BAT MOBILE UNIT 6 620

Serial Number: 008898 Test Date: 03/18/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.00 .00 .00	10:58pm 10:59pm 11:00pm 11:01pm 11:01pm 11:02pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm

Reported AS: .00 g/210L

Signature of chemical Analyst

Court CVR

Analyst

MOORE COUNTY BAT MOBILE UNIT 6 620

Serial Number: 008898

Test Record Number: 941

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:14pm
SRC DET	Pass Pass	11:14pm 11:14pm
BAR	Pass	11:14pm
\mathtt{BT}	Pass	11:14pm

Blank Tests

Test	Status	Time	

AIR Pass 11:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:15pm

CRC Tests

Test	Status	Time
COMP	Pass	11:15pm
CAL	Pass	11:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_ /	Manage Paris Paris Paris
County /	Instrument Location MOHURST TOLICE DEP
Instrument Ser	rial No0087/0 / TNEHURST, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o	on the
	f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	January 311
44	Signature of Certifying Official Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 03/06/2017

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: AG702302 Exp Date: 01/23/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 1368
Test Date: 03/06/2017 Test Time: 11:17am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:18am 11:18am
DET	Pass Pass	11:10am
BAR	Pass	11:18am
BT	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:19am 11:19am

Preventive Maintenance Status: Pass

Analyst

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 03/16/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:41am 11:42am 11:43am 11:44am
SUB TEST	.00	11:44am 11:44am
AIR BLK	. 00	11:45am
SUB TEST	.00	11:47am
AIR BLK	. 00	11:48am

Reported AC:

*j /*g/210*j*/

Signature of Memical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 03/16/2017

Test Record Number: 6696

Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:50am

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
:BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

'Test	Status	Time
AIR	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ź.	INTOXIMETERS, MODEL INTOX EC/IR II
County	lew Handre Instrument Location Wilming for
Instrument Se	rial No. 008628 Police Defent Ment
· · · · · · · · · · · · · · · · · · ·	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
. 2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 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.
STATE STATE OF STATE	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 03/16/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
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	12:46pm 12:47pm
ACCY CHK	.08	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
ATR BLK	0.0	12.52mm

Reported AC:

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Signature of Chemidal Analysi

Court CVR

r C. M.

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 4119

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:53pm
FLO	Pass	12:53pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
\mathtt{BT}	Pass	12:54pm

Blank Tests

AIR 12:54pm Pass

Printer Tests

	Test	Status	Time
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PRNT Pass 12:55pm

CRC Tests

Test Status Time

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

Preventive Maintenance

Status: Pass

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

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	JEW HAHOVELL	Instrument Location \mathcal{B}_{A}	MUBILE DNIT
Instrument S	erial No. <u>008676</u>	Wil	MINISTON, AIC
The preventi	ve maintenance procedures for the In	toximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic by the centigrade;	reath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		EAST.
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expirat ged every four months or after 125	
	on the <u>18</u> day of <u>Man</u> were performed on the instrument indi- of Health and Human Services, and th		
OTH STATI	A A	2	
QUANT	Cilus	Barries	648
	Signa	ature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Date: 03/18/2017

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:15pm 9:16pm 9:17pm 9:18pm 9:19pm 9:20pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Record Number: 2293
Test Date: 03/18/2017 Test Time: 9:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	New Hanover Instrument Location Carolina Bego
Instrument S	Serial No. OO 8661 Police Department
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 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 A PARTY O	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 03/16/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
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 .08	3:43pm 3:43pm 3:44pm
AIR BLK	.00	3:45pm
SUB TEST AIR BLK	.00 .00	3:45pm 3:46pm
SUB TEST AIR BLK	.00 .00	3:48pm 3:49pm

Reported AC:

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Signature of Chémical Analyst

Court CVR

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

Rev. 12/2007

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 03/16/2017

Test Record Number: 2290 Test Time: 3:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:50pm 3:50pm 3:50pm 3:50pm
BT	Pass	3:50pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Status

Time

Test

PRNT	Pass	3:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:51pm 3:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New Handver Instrument Location Wrightsville
Instrumen	t Serial No. 008667 Beach Police Departs
	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four mont	hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on theday of, 20 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
SO IS	ATE ON TO THE STATE OF THE STAT
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

> Serial Number: 008667 Test Date: 03/16/2017

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

Analyst's Name: RHODES: KENNETH C
Permit Number: 5329E
Effective:
08/01/2015-08/01/2017

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

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

Testg/210LJ	lime
DIAG Pass 1	:59pm
	mq00:
	:00pm
AIR BLK .00	?:01pm
	:02pm
AIR BLK .00	2:03pm
	: 04pm
AIR BLK .00	2:05pm

Reported AC: .007g/210L

Signature of Chemical Analyst

Court CVR

Analyst is form is used when performing Preventive Maintenance pro

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1565
Test Date: 03/16/2017 Test Time: 2:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm
The second second	and the second s	The state of the s

Blank Tests

Test	Stat	us	Time
		7 J	7.0

ATR Pass 2:07pm

Printer Tests

TEST SCALUS TIME	Test		Status	Time
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PRNT Pass 2:07pm

CRC Tests

Pest Status Time

COMP Pass 2:07pm Pass 2:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JEW HAMUVER	Instrument Location_	BAT MOBILE	· UNIT
Instrument Se	erial No. 008707		WILMINGTO	on, No
·				
The preventive four months a	ve maintenance procedures for the Into	oximeters, Model Intox	EC/IR II to be followed at lea	ast once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the a ee centigrade;	lcoholic breath simulator the	rmometer shows
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	s, collect breath sample	•	
· 7.	When "PLEASE BLOW" appear	s, collect breath sample	,	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed befored every four months or	re expiration date, or the alco after 125 Alcoholic Breath S	holic breath imulator tests,
I certify that o	on the 18 day of Marketer performed on the instrument indicate	ted above in accordance	the forgoing preventive with current regulations of	e maintenance
Department of	f Health and Human Services, and the	instrument is functioning	ng properly.	die N.C.
the same of the sa	\$to.			<u> </u>
STATE OF STA	CAROLLA CAROLL		·	
A COLOR OF THE COL	al a	13		.48
	Signatu	re of Certifying Official	l Certificate	Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008707 Test Date: 03/18/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:29pm 8:30pm 8:31pm
AIR BLK SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm 8:33pm
SUB TEST AIR BLK	.00 .00	8:35pm 8:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ry Ban Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707

Test Record Number: 2382

Test Date: 03/18/2017

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	8:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:38pm 8:38pm

Preventive Maintenance Status: Pass

alu R Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTOX	EC/IR II	
County	100 /1900 VEV Instrument Location N	ew Hai	nover
Instrument S	Gerial No. 008617 Sheliff	Depa	HMEI
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	lic breath simulato	r thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		<u> </u>
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9,	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	piration date, or the 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
I certify that procedures w Department of	on theday of, 20 /	h current regulatio	ventive maintenance ns of the N.C.
		- - 14	
Of the STATE		di.	
VANDO SEGAL	Jan Land		60/
	Signature of Continuing Official	Canil	%C4 - N7 1

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 03/16/2017

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
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 .08	11:52am 11:53am 11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	1 <i>2</i>):58am

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2668 Test Date: 03/16/2017 Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tes ts	
Test	Status	Time
COMP CAL	Pass Pass	12:03pm 12:03pm

Preventive Maintenance Status: Pag

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location	Par Ma	SBILE UNIT
Instrument	ON5L0W Serial No. 008616		Horry	RIOGE, NC
***			<u> </u>	
The preven four month	tive maintenance procedures for the s are:	Intoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath si	mulator thermometer show
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath samp	le;	
7.	When "PLEASE BLOW" app	pears, collect breath samp	le;	
8.	Print test record;		•	
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.			
	M.		17	
procedures	at on the // day of // were performed on the instrument in tof Health and Human Services, and	idicated above, in accorda	nce with current re	ng preventive maintenance gulations of the N.C.
OF THE STA	NIE OF NOS			
CREAT	CAROUN			
APRIL O	Cilak	13.		48
	Sig	nature of Certifying Offic	cial	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008616 Test Date: 03/10/2017

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:33pm 9:34pm 9:35pm 9:36pm 9:37pm 9:38pm 9:40pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008616 Test Record Number: 2290 Test Date: 03/10/2017 Test Time: 9:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:43pm
FC	Pass	9:43 pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:43pm 9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

rest	Status	Time
COMP	Pass	9:43pm
CAL	Pass	9:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OOS 70 4	County	ONSLOW	_ Instrument Location	n BAT MOBILE UN.	17
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer she 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	Instrument	Serial No. <u>008904</u>		JACKSONVILLE, N	
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	The preven four month	ntive maintenance procedures for the as are:	Intoximeters, Model Into	ox EC/IR II to be followed at least once every	
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	1.			e alcoholic breath simulator thermometer sho)WS
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	2.	Verify instrument displays tin	ne and date;		
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	3.	Initiate breath test sequence;			
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	4.	Enter information as prompted	d;		
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	5.	Verify instrument accuracy;			
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" app	pears, collect breath samp	ple;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	· 7.	When "PLEASE BLOW" app	pears, collect breath samp	ple;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	8.	Print test record;			
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; a	nd		
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.	10.	simulator solution is being cha	nister is being changed be anged every four months	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests	s,
STATE ON THE STATE OF THE STATE	procedures	were performed on the instrument in	dicated above, in accorda	ance with current regulations of the N.C.	зе
THE CONTRACT OF THE PARTY OF TH	OREAT BEST BEST BEST BEST BEST BEST BEST BES	ATE ON NO PLANT OF THE CASE OF			
Signature of Certifying Official Certificate Number	WILL SEE CHANGE	Clu (Signature)	J. J. Serritying Office	Certificate Number	

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704 Test Date: 03/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR B L K	Pass	10:39pm 10:40pm
ACCY CHK	.07	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:43pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

2 MIGULY 1

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704 Test Record Number: 434
Test Date: 03/04/2017 Test Time: 10:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:47pm 10:47pm
FC	Pass	10:47pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:47pm 10:47pm 10:47pm 10:47pm 10:47pm
to the second of		-

Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	INSLOW	Instrument Location_MCAS	New River
Instrument S	erial No. <u>0089/9</u>	PINO	
The preventi	ve maintenance procedures for the I	ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breatlegree centigrade;	n simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration d aged every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
procedures we	n the day of	, 20 / 7 the forgicated above, in accordance with current he instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TO THE STATE OF TH	CAROL) aug 32420	354
	Signa	ature of Certifying Official	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 03/15/2017

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
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	10:11am
AIR BLK	.00	10:12am
ACCY CHK	.08	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
AIR BLK	.00	10:15am
SUB TEST	.00	10:17am
ATR BLK	.00	10:18am

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 561 Test Date: 03/15/2017 Test Time: 10:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:20am

Printer Tests

rest	Status	rime
PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:20am 10:20am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count	y 0N	15Low Instrument Location CAMPLEINENE A	MO
Instru	ment Seria	al No. 008920	
			. *
	reventive n	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least or:	nce every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermor 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	
1	0.	Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	ic breath ilator tests,
proce	dures were	the	naintenance N.C.
GREAT SE	TIME STATE OF A	ConegEHad 354	
	•	Signature of Certifying Official Certificate N	umber

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 03/15/2017

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:46pm 12:47pm 12:47pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

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

Karl E-Half
Analyst

Rev. 12/2007

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1359

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	12.54pm

Preventive Maintenance Status: Pass

Pass

12:54pm

CAL

Karl E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County &	NStole	Instrument Location JRCKSe	with PS
Instrument Se	rial No. <u>008930</u>		
The preventive four months a	e maintenance procedures for the Intox re:	cimeters, 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	n simulator thermometer show
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	, collect breath sample;	
7.	When "PLEASE BLOW" appears,	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration of devery four months or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
	n the		going preventive maintenance regulations of the N.C.
STATE OREWAY TO STATE OF THE ST	Can	e of Certifying Official	S5U

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 03/15/2017

Citation Number: M0000000-0...

Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NOWE.

Analyst's Name: HALL, RANDY E Permit Number: 3462E Effective: 08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	08	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58ám
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2032 Test Date: 03/15/2017 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status Time
77.01	
FC1	Pass 12:04pm
DET	Pass 12:04pm
BAR	Pass 12:04pm Pass 12:04pm
BT	Pass 12:04pm
7.5 mg/m	在福州省市区域的政治。

Blank Tests

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1	7 !		C. S. W.	常院	S 45 3 3.		
					2 13.7	in the	• · · · · · · · · · · · · · · · · · · ·
· i	AIR	10	7. 700	D> <	Ct	12:	$0.4 \mathrm{nm}$
		10 mg 10 mg	5 CO. 10	100	and the state of the	و کے سان پر اور اور اور اور اور اور اور اور اور او	OFPIN

Printer Tests

Test	TANA M	Stat	us 🗀 T	ime
		Kara-		
PRNT	33 45 76 5 an 33	Pass	1:	2:05pm
		COSE CA	ATS	

Test	Stati	iş T	ime
COMP	ass		2:05pm
CAL	ASS		2:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OS 931 SHER, FT3 OFFICE The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	·
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator hands are the sample;	·
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	eter show
 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first. 	
 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 	
 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first. 	
 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator very occurs first. 	
 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator very first. 	
 Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first. 	
 Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first. 	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	
	breath ator tests,
I certify that on the	intenance I.C.
Signature of Certifying Official Certificate Num	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 03/15/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
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 .08	11:12am 11:13am 11:14am
AIR BLK SUB TEST	.00 .00	11:15am 11:15am
AIR BLK SUB TEST	.00 .00	11:16am 11:18am
AIR BLK	.00	11:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 2578
Test Date: 03/15/2017 Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:20am 11:20am

Preventive Maintenance Status: Pass

Karl E Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 0	WS LOW Instrument	Location DUSLOU	I County
Instrument Se	orial No. 008932 SHER	FF'S OFFice	
The preventive four months a	e maintenance procedures for the Intoximeters, More:	del Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade		imulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	ath sample;	
7.	When "PLEASE BLOW" appears, collect brea	ath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first.		
	on the	accordance with current re	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE	ONOR LANGUE CAROLLING		
* ESE QUAMVI	Coug 5	=Hall	354
1.5	Signature of Certify	ing Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 03/15/2017

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
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	11:00am 11:00am
ACCY CHK	.08	11:01am 11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
ATR BLK	- 00	11:06am

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

Karl E Half

Rev. 12/2007

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 3976 Test Date: 03/15/2017 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:07am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location_	BAT MOBILE UNIT
Instrument So	erial No. <u>00864</u>	7	BAT MOBILE UNIT HOLLY RIDGE, NC
The preventive four months a		or the Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu		Icoholic breath simulator thermometer shows
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sample	· }
7.	When "PLEASE BLOW	" appears, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Progr	am; and	
10.	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being changed befong changed every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	ere performed on the mistrant	ent indicated above, in accordances, and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
CREATE STATE OF THE STATE OF TH	St Notine Callonia		
* CISE QUAM VI	Olland	Signature of Certifying Officia	648
		Signature of Certifying Official	d Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008647 Test Date: 03/10/2017

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:37pm 9:38pm
ACCY CHK	.08	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celuk Banas
Analyst

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008647 Test Record Number: 231 Test Date: 03/10/2017 Test Time: 9:45pm EST Test Record Number: 2310

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:46pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm
	CRC Tests	
Test	Status	Time

Tesc	Status	TTIME
COMP	Pass	9:46pm
CAL	Pass	9:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	3 N320W	Instrument Location	BATMUBILE UNI
Instrument Seri	al No. <u>00</u> 857 <u>5</u>		BATMUBILE UNI JACKSONVILLE AL
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alorer centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	\$.
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before ged every four months or a	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on	the day of MA	12 CH , 20 1	the forgoing preventive maintenance
Department of I	e performed on the instrument indi Health and Human Services, and th	cated above, in accordance	with current regulations of the N.C.
STATE OF STA	Self Carlotte		
COR QUANTIVER	lilling	33-	. 648
	Sions	iture of Certifying Official.	Cartificate Number

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008575 Test Date: 03/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:39pm 10:40pm 10:41pm 10:42pm 10:43pm 10:44pm 10:45pm
AIR BLK	.00	10:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008575 Test Record Number: 981 Test Date: 03/04/2017 Test Time: 10:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:47pm 10:47pm
FC	Pass	10:47pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:48pm 10:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ORANGE	Instrument Location Chapel HII PD
Instrument Serial No. 0085	Chapel Hill NC
The preventive maintenance procedur four months are:	es for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	as canister displays pressure, or the alcoholic breath simulator thermometer show minus .2 degree centigrade;
2. Verify instrument d	isplays time and date;
3. Initiate breath test s	equence;
4. Enter information a	s prompted;
5. Verify instrument a	ceuracy;
6. When "PLEASE BI	OW" appears, collect breath sample;
7. When "PLEASE Bl	OW" appears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic P	rogram; and
10. Verify that the ethal simulator solution is whichever occurs fi	nol gas canister is being changed before expiration date, or the alcoholic breath being changed every four months or after 125 Alcoholic Breath Simulator tests, est.
I certify that on the day procedures were performed on the ins Department of Health and Human Ser	of Manch, 20 17 the forgoing preventive maintenance trument indicated above, in accordance with current regulations of the N.C. vices, and the instrument is functioning properly.
STATE OF NO.	
TARE QUANTOPHY	Lokes BARNES 662

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 03/03/2017

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	1:39pm 1:40pm 1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST AIR BLK	.00 .00	1:45pm 1:46pm
ATK DUV	.00	T:400m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2179

Test Date: 03/03/2017

Test Time: 1:48pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	DRANGE	Instrument Location Chapel	HILL PD
Instrument Seri	al No. 008839	828 Matin Litter	King Ja Bha
		Chapel Hill NC	
The preventive four months are		oximeters, Model Intox EC/IR II to be for	llowed at least once every
	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath sree centigrade;	imulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	4 1	
10.		ter is being changed before expiration da ged every four months or after 125 Alcoh	
procedures wer	e performed on the instrument indic	cated above, in accordance with current re instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
ONE STATE OF THE OWNER OWNER OF THE OWNER OW	SOUTH CAROUNT		
THE QUAM VIDE	1 dalce	5 DANIES	662
	Signa	ture of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 03/03/2017

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: ONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.08	1:37pm
AIR BLK	0.0	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
ATR BLK	00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 1509
Test Date: 03/03/2017 Test Time: 1:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

rest		Status	Time	
	i '			
AIR		Pass	1:44pm	

Printer Tests

rest	Status		ттше
PRNT	Pass	:	1:44pm

CRC Tests

rest	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Instrument Location Posquotant Co Public Safety
Instrument S	Instrument Location Pasquotent Co. Public Safety derial No. 008941 Bldg, 200 E. Colonial St., Stizabeth City
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
THE STATE OF THE S	C C C C C C C C C C C C C C C C C C C
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 03/20/2017

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

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

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

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

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

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

Test	g/210L	Time
	•	
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941

Test Record Number: 1186

Test Date: 03/20/2017 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:47am 11:47am
FC	Pass	11:47am

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 11:48am

Printer Tests

Test	Status	Time	

PRNT Pass 11:48am

CRC Tests

COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance Status: Pass

前一点 原历主义 编码 建氯磺基磺酚 化启动机构电话路 化放大锅

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Farm 1 Co County

40 Sheiff Department Instrument Serial No. 008640 Sheiff 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; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. _, 20_/____ 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

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 03/15/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:18pm
AIR BLK	. 0 0	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .0/2/210L

Signature of Chemical Analyst

Court CVR

X. C. Moder

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 1249
Test Date: 03/15/2017 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

Test	Status	Time
FC1	Dane	10 04:00
rCl	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
•	CRC Tests	

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance

Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTO	X EC/IR II
County	Lender Instrument Location /	Ender Count
Instrument S	erial No. <u>008946</u> Sher: ft	- Department
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC are:	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	holic breath simulator thermometer shows
J. J. 2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.	expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on theday of	the forgoing preventive maintenance with current regulations of the N.C. properly.
		A. N.
SAZI SILI SILI SILI SILI SILI SILI SILI SI		(= 9 (
The same of the sa	Signature of Certifying Official	Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 03/17/2017

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:45pm 3:46pm
ACCY CHK	.08	3:46pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:51pm

Reported AC: / 00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

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PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 830

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:53rpm

Printer Tests

Status

Time

3:53pm

Test

CAL

PRNT	Pass	3:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:53pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Kroan.	INTOXIMETERS, MODEL INTOX EC/IR II
County	ender Instrument Location Pender County
Instrument Seria	INO. 008748 Sheriff Department Ame
The preventive refour months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	heday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO.	Signature of Certifying Official Certificate Number

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 03/16/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:57am
ACCY CHK	.07	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
ATR BLK	- 00	10.02am

Reported AC:

90/q/210<u>Z</u>

Signature of Chemical Analyst

Court CVR

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

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PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Te Test Date: 03/16/2017

Test Record Number: 752
Test Time: 10:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:03am
FLO	Pass	10:03am
FC	Pass	10:03am

Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC DET	Pass Pass	10:03am 10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

Blank Tests

Test	Status	Time
AIR	Pass	10:04am

Printer Tests

rest	Status	Time
PRNT	Pass	10:04am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:04am
CAL	Pass	10:04am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008917 Test Date: 03/01/2017

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: HALL, RANDY E

Permit Number: 3462E

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	11:35am
AIR BLK	.00	11:35am
ACCY CHK	.07	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
ATP BLK	0.0	11:41am

Reported Ag: .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

PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008917 Test Record Number: 613 Test Date: 03/01/2017 Test Time: 11:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Status

Time

11:43am

Test

CAL

PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:43am

Preventive Maintenance Status: Pass

Pass

Rard E Half

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Pitt Co. Detention Center
Instrument Se	Instrument Location Pitt Co. Dotention Center rial No. 008668 124 Detention Dr., Greenville, MC
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
TATE OF THE STATE	CAROLL CA
	Signsture of Certifium Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 03/15/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time

DIAG	Pass	10:44am
AIR BLK	.00	10:45am
ACCY CHK	.07	10:45am
AIR BLK	.00	10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 2876

Test Date: 03/15/2017

Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time	

AIR Pass 10:53am

Printer Tests

Test	Status	Time

PRNT 10:53am Pass

CRC Tests

Test	Status	Time

COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	Instrument Location Agden P.D.
Instrument S	erial No. 008666 4144 West Ave. Ayden, W.
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 w	on the
TABLE GLAM VI	

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 03/16/2017

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 927
Test Date: 03/16/2017 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:15am

11:15am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ?	Instrument Location Pitt Co. Detention Center		
Instrument Se	Instrument Location Pitt Co. Detention Center rial No. 008646 124 Detention Dr., Greenville, MC.		
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.	6. When "PLEASE BLOW" appears, collect breath sample;		
7.	7. When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before 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 AND TH	Signature of Certifying Official Certificate Number		

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 03/15/2017

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:25am 10:26am 10:26am 10:28am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 3367

Test Date: 03/15/2017

Test Time: 10:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:33am 10:33am 10:33am 10:33am 10:33am

Blank Tests

Test	Status	Time	
AIR	Pass	10·34am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:34am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:34am 10:34am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PANDOLAH Instrument Location LIBERTY POLICE DEP
Instrument Ser	ial No. 008830 138DTY NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 03/06/2017

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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:34pm 3:35pm 3:36pm
SUB TEST	.00	3:37pm 3:38pm
AIR BLK SUB TEST	.00	3:38pm 3:40pm
AIR BLK	.00	3:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 539

Test Date: 03/06/2017 Test Time: 3:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
BT	Pass	3:43pm

Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm

CRC Tests

Test	Status	Time
COMP	Pass	3:44pm
CAL	Pass	3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX.EC/IR II Instrument Location / KANDIEMAN, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 / the forgoing preventive maintenance I certify that on the day of 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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 03/06/2017

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: AG607602 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.07	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 951 Test Date: 03/06/2017 Test Time: 1:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:27pm
SRC	Pass	1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
BT	Pass	1:27pm

Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm

CRC Tests

rest	Status	TIME
COMP	Pass	1:28pm
CAL	Pass	1:28pm

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	INTOXIMETERS, MODEL INTOX ECIR II
County	SOBESON Instrument Location ST. Pouls Buce Dept
Instrument Ser	ial No. 008814 ST. QuIS 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.
	the
OTH STATE OF THE S	(Signature of Certifying Official Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 03/02/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:45pm 12:46pm 12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 592

Test Date: 03/02/2017

Test Time: 12:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:52pm 12:52pm
FC	Pass	12:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
\mathtt{BT}	Pass	12:52pm

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test

CAL

PRNT	Pass	12:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:53pm

Status

Time

12:53pm

Preventive Maintenance Status: Pass

Pass

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 03/08/2017

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: 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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:06am 10:07am 10:07am 10:09am 10:10am
AIR BLK	.00	10:10am
SUB TEST	.00	10:12am
ATR BLAK	.00	10:13am

Reported AC 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 506 Test Date: 03/08/2017 Test Time: 10:14am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:15am

Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•		INTUXIMET	ers, Model in Iox	EC/IR II
County	1-400	reson	Instrument Location	GEON G. JAIL
Instrument	Serial No	008805	- LUMBERTON	I NC
	<u> </u>			***************************************
The prever		nance procedures for the	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.		fy the ethanol gas caniste egrees, plus or minus .2		lic breath simulator thermometer show
2.	Veri	fy instrument displays ti	me and date;	
3.	Initia	ate breath test sequence;		
4.	Ente	r information as prompte	ed;	
5.	Veri	fy instrument accuracy;		
6.	Whe	n "PLEASE BLOW" ap	pears, collect breath sample;	
7.	Whe	n "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print	test record;		÷
9.	Veri	fy Diagnostic Program;	and	
10.	simu			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	s were perfor		ndicated above, in accordance with the instrument is functioning pro	
ASSESSED CT	ATE			
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EZE OF	AM VIDER!		THE Turall	371
		\$	gnature of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 03/02/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:39pm 2:40pm 2:40pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm

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

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 3756

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

iest	Status	ттше
AIR	Pass	2:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	MICAMELE	NS, MODEL INTOX EC/11	
County_	OBESON	Instrument Location / SES	ONCO. JAIL
Instrument Seri	ial No. <u>008836</u>	LUMBERTON NC	
The preventive four months are		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breathegree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ļ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ad	
10.		ister is being changed before expiration on a ster is being changed every four months or after 125 Alcohol.	
	re performed on the instrument inc	dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
TATE OF THE STATE	Sig	hature) of Certifying Official	27/ Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 03/02/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:38pm
ACCY CHK	.07	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 4318

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:45pm 2:45pm 2:45pm 2:45pm 2:45pm
		+-

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

CRC Tests

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 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; 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 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 03/08/2017

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

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

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

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

Reported AC:, 00

g/2101

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 850 Test Date: 03/08/2017 Test Time: 11:10am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	11:11am	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EC/IR II	
County	SOBESON Instrument Location LUMBERTON SUCE DE	Pi
Instrument Ser	ial No. 008629 LUMBERTON NC	
	· · · · · · · · · · · · · · · · · · ·	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve e:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	hov
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	th ests,
	the <u>02</u> day of <u>MARCH</u> , 20 /7 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	ince
THE STATE OF THE PERSON AND THE PERS	Signature of Certifying Official Certificate Number	

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 03/02/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	- 00	1:50rpm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 446
Test Date: 03/02/2017 Test Time: 1:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

lest	Status	TIME
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

(INTOXIMETERS, MODEL INTOX EC/IR II
County KOC	Kingham Instrument Location Rock, noham Co JAil
Instrument Seria	INO. 0087/8 Wentwork, N.C.
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of Arch, 20/7 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
A WAGON WIND ASS	Signature of Certifiving Official Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008718 Test Date: 03/20/2017

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: DEAN, L K
Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG584802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:08pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	3:09pm 3:10pm 3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008718 Test Record Number: 1567
Test Date: 03/20/2017 Test Time: 3:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:15pm 3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
\mathtt{BT}	Pass	3:15pm

Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:16pm 3:16pm

Preventive Maintenance Status: Pass

X. Theres

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	VINOVAM Instrument Location Ede M
Instrument Serial	annial Primary
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1691

Test Date: 03/15/2017 Test Time: 3:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

Temperature Tests

Status	Time
Pass	3:41pm
	Pass Pass Pass Pass

Blank Tests

Test.	Status	Time

AIR 3:42pmPass

Printer Tests

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

3:42pmPass PRNT

CRC Tests

Test	Status	Time

COMP Pass 3:42pmCAL Pass 3:42pm

Preventive Maintenance Status: Pass

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 03/15/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:33pm
AIR BLK		3:33pm
ACCY CHK	.07	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L'Heinh Dean Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\bigcirc	INTOXIMETE	RS, MODEL INTOX EC/IR	- market
County /	WAN	Instrument Location Chin A	GROVE
Instrument Ser	rial No. <u>008862</u>	Police DE	parlment
			·
The preventive four months as	-	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 d	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	!;	. *
5.	Verify instrument accuracy;		ं <i>.ग</i> ब ''
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.		nister is being changed before expiration da anged every four months or after 125 Alcol	
I certify that of procedures we Department of	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
MANUAL STATES AND STAT	Sic Sic	The state of Certifying Official	Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 03/16/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AC517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.07	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Mointe

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 682

Test Date: 03/16/2017

Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:52pm 12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

Blank Tests

Time Status Test

12:52pm Pass AIR

Printer Tests

Time Status Test

12:52pm PRNT Pass

CRC Tests

Time Status Test

12:52pm COMP Pass CAL

Pass 12:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- 2	INTUXIMETER	8, MODEL INTOX EC/I	КЏ
County /	WAN	Instrument Location 501	sburg
Instrument Ser	rial No. <u>008868</u>	Police I	2partment
The preventive four months ar	e maintenance procedures for the Into	eximeters, 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	splays pressure, or the alcoholic breat ee centigrade;	h 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	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration of ed every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that on procedures wer Department of		ated above, in accordance with curren	going preventive maintenance t regulations of the N.C.
O'THE STATE OF THE	Signati	are of Certifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 03/16/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:49am 11:50am
AIR BLK	.00	11:50am 11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 03/16/2017

Test Record Number: 2702 Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 11:56am DET Pass 11:56am BAR Pass 11:56am	Test	Status	Time
==:000	SRC DET BAR	Pass Pass Pass	11:56am 11:56am 11:56am 11:56am 11:56am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

Printer Tests

TCOC	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:57am

Preventive Maintenance Status: Pass

Pass

11:57am

CAL

Lexin Dear

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

سنع ا	INTOXIMETERS	, MODEL INTO	X EC/IR II	
County_	OWAN	Instrument Location	SA LISBE	14
Instrument S	Gerial No. <u>008935</u>	Police	Depar	thent
 ;				
The prevention four months	ive maintenance procedures for the Intox are:	imeters, Model Intox EC	/IR II to be followe	d at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degre		pholic breath simula	tor thermometer show
2.	Verify instrument displays time an	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			er voger vogske
6.	When "PLEASE BLOW" appears	, collect breath sample;		
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 change whichever occurs first.	r is being changed before d every four months or at	expiration date, or fter 125 Alcoholic E	the alcoholic breath Breath Simulator tests,
	t on theday ofA f were performed on the instrument indica of Health and Human Services, and the	ted above, in accordance	with current regula	reventive maintenance tions of the N.C.
STAP CORE VI	Signatu	are of Certifying Official	<u>u</u>	Letificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 03/16/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:21am 11:22am 11:23am
AIR BLK SUB TEST	.00	11:24am 11:24am
AIR BLK SUB TEST	.00	11:25am 11:27am
AIR BLK	.00	11:28am

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1915

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

Printer Tests

Test	Status	Time
PRNT	Pass	11:32am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· ·	_ INTOXIMETERS, MODEL INTOX EC/IR II
County 2	ampson Count
Instrument Seria	INO. 068877 Sher: Ft Departmen
·	
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	theday of
COR STATE OF THE S	S. C. Marles 601

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 03/14/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:36pm
AIR BLK	.00	3:37pm
ACCY CHK	.07	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Record Number: 2504

Test Date: 03/14/2017

Test Time: 3:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
FLO	Pass	3:45pm
FC	Pass	3:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

Blank Tests

Test	Status	Time
	•	

AIR Pass 3:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	3:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OS SS Decided Solution So	Japane	INTOXIMETERS, MODEL INTOX EC/IR II
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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	County <u></u>	ampson Instrument Location Sampson Cean
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. 1 certify that on the	Instrument Seri	al No. 008835 Sheriff Doparta
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.	
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
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.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	procedures were	e performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	THE COLUMN AND THE CO	1) dillette

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 03/14/2017

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102

Exp Date: 05/11/2017

	_	
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm

q/210L

AIR BLK .00 3:22pm SUB TEST .00 3:23pm

AIR BLK .00 3:24pm

Reported AC:

Test

.00/g/210L

Time

Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Test Date: 03/14/2017 Test Time

Test Record Number: 2248
Test Time: 3:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:27pm

3:27pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County. 5	Instrument Location Mount Arry
Instrument S	erial No. 008943 Police Department
	to the North Annual Review BC/ID II to be followed at least once every
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on 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.
STA STA W. 20, W	
	Signature of Certificing Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 03/07/2017

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:18am 11:19am 11:20am 11:21am 11:21am
SUB TEST	.00	11:24am
AIR BLK ,	.00	11:24am

.00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 1888
Test Date: 03/07/2017 Test Time: 11:25am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:26am 11:26am 11:26am 11:26am
	1 0.00	11.20am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test

COMP

CAL

PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time

Status

Time

11:26am

11:26am

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Su	Instrument Location Surry County Jail
Instrument Seria	al No. <u>808934</u> <u>Dobson</u> , N.C.
MC	
The preventive i	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.
	theday of
TESTATE OF THE STATE OF THE STA	CAROLLE CONTROLLE CONTROLL

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 03/07/2017

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: 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	9:44am 9:45am
ACCY CHK	.07	9:45am 9:46am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:49am
AIR BLK	.øo	9:50am

Reported AC:

 $20 \, \text{gr}/2101$

Signature of

Chemical Analyst

Court CVR

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 1733

Test Date: 03/07/2017

Test Time: 9:51am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:52am

Printer Tests

Test	Status	Time
PRNT	Pass	9:52am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

County Sur	Instrument Location Plot Mountain
Instrument Serie	al No. 008938 Police Department
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 03/07/2017

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG607602 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:39am 10:40am 10:40am 10:42am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
ATP BIK	\cap \cap	10.45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 03/07/2017

Test Record Number: 571
Test Time: 10:46am EST

Baseline Tests

System Check: Passed

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 10:48am

Printer Tests

Test Status Time

PRNT Pass 10:48am

CRC Tests

Test Status Time

COMP Pass 10:48am CAL Pass 10:48am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the same of th		RS, MODEL INTOX EC/IF	T/I/nJ
County Sa	ain	Instrument Location Cheroker	e Tribal Net.
Instrument Seria	1 No. <u>008782</u>	Cherokee, NC	
The preventive n 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	r 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	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nnd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration of anged every four months or after 125 Alc	late, or the alcoholic breath oholic Breath Simulator tests,
procedures wer	e performed on the instrument in	ndicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	No cital CAROLLINA	R. Carlle	Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 03/21/2017

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: 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 AIR BLK ACCY CHK	Pass .00 .08	11:25am 11:26am 11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dail R. Cuth

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 971 Test Date: 03/21/2017 Test Time: 11:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

Temperature Tests

Status	Time
Pass	11:34am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
		•
ΔTD	Pagg	11.35am

Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35am

Preventive Maintenance Status: Pass

Pass

11:35am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	/
County 1r4	nsylvania Instrument Location Transylvania Co. Jail
Instrument Ser	ial No. 008609 Brevard, 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 on procedures wer Department of	the day of
OF STATE OF	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 03/03/2017

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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:44am 10:45am 10:46am 10:47am 10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 724
Test Date: 03/03/2017 Test Time: 10:53am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Train	nsylvania	Instrument Location 177	ansylvania Co. Jail
Instrument Seria	al No. <u>008820</u>	Brevard,	ansylvania Co. Jail
The preventive four months are		ie Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		nolic breath simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	,;	
4.	Enter information as promp	rted;	
5.	Verify instrument accuracy;	,	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" ε	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	; and	
10.			expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
•	e performed on the instrument	March, 20 / 7 indicated above, in accordance w nd the instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.
OF THE STATE OF TH		Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 03/03/2017

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

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

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

R. Cuth

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Date: 03/03/2017

Test Record Number: 1053 Test Time: 10:49am EST

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	10:50am

Printer Tests

Test

COMP

CAL

Pass	10:50am
CRC Tests	
Status	Time
	CRC Tests

Pass

Status

Time

10:50am

10:50am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	Jox Ke	Instrument Location Bat [nobile Unit 8
Instrument S	erial No <u>OOS GO</u>	Gainer PD	
The preventi four months		ntoximeters, Model Intox EC/IR II to be i	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	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		7 5
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration danged every four months or after 125 Alco	
	vere performed on the instrument is	ndicated above, in accordance with current the instrument is functioning properly.	ing preventive maintenance at regulations of the N.C.
THE STATE OF THE S	A CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR	A Sh	
_	Sign	nature of Certifying Official	Certificate Number

WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601 Test Date: 03/31/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:47pm 11:48pm 11:49pm 11:49pm 11:50pm
AIR BLK	.00	11:51pm
SUB TEST	.00	11:53pm
AIR BLK	.00	11:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

QB 5Km

WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601 Test Record Number: 1211 Test Date: 03/31/2017 Test Time: 11:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:58pm 11:58pm
FC	Pass	11:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:58pm
SRC	Pass	11:58pm
DET	Pass	11:58pm
BAR	Pass	11:58pm
BT	Pass	11:58pm

Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:59pm

Preventive Maintenance Status: Pass

Pass

11:59pm

CAL

DB Skyr

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	ote Instrument Location Bat Mobile Unit	
Instrument Serial	1NO 008601 Bakigh PD	
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample,	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on the		
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number	

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

DHHS 4080 (11/07)

WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601 Test Date: 03/11/2017

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:38am 12:39am 12:40am 12:41am
AIR BLK sub Test	.00 .00	12:41am
AIR BLK	.00	12:42am
SUB TEST AIR BLK	.00	12:44am 12:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

<u>DB Skun</u>
Analyst

WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601 Test Record Number: 1202 Test Date: 03/11/2017 Test Time: 12:47am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:48am
FLO	Pass	12:48am
FC	Pass	12:48am

Temperature Tests

Test	Status	Time
FC1	Pass	12:48am
SRC	Pass	12:48am
DET	Pass	12:48am
BAR	Pass	12:48am
\mathtt{BT}	Pass	12:48am

Blank Tests

Test	Status	Time
AIR	Pass	12:49am

Printer Tests

Test

Status

Time

PRNT	Pass	12:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:49am 12:49am

Preventive Maintenance Status: Pass

Daya BSKwi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VAKE.	Instrument Location CMsy	PD
Instrument Ser	ial No. <u>008587</u>	_120 Wilkerson CANY NC	Ave
The preventive four months ar	maintenance procedures for the Ir	ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; and	I	
10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration daged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures wer Department of	the	the forg icated above, in accordance with current ne instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Non-Marian Talkos	5 Averos	662
-	Sign	ature of Certifying Official	Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 03/15/2017

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

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

Subject's Sex: *Male* Driver's License State: *XX* Driver's License Number: *NOME*

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

05/01/2015-05/01/2017

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

Agency: DHAS

Test Type: Breath Test

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

lest i	g/210L	Time
DIAG	Pass	10:18am
AIR BLK	.00	10:19am
ACCY CHK	07	10:20am
AIR BLK	. 00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

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

WAKE COUNTY CARY RD 910

Serial Number: 008587 | Test Record Number: 3444 Test Date: 03/15/2017 | Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test Status Time

IR Pass 10:26am
FLO Pass 10:26am
FC Pass 10:26am

Temperature Tests

Test Status Wime

FC1 Pass 10.27am
SRC Pass 10.27am
DET Pass 10.27am
BAR Pass 10.27am
BT Pass 10.27am

Blank Tests

Test Status Fime

AIR Pass 10:27am

Printer Tests

Test Status Time

PRNT Pass 10:27am

CRC Tests

Test Status Time

COMP Pass 10.27am

Preventive Maintenance Status Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 2085 77 3301 Hammond Ro Ratoryh, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 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 ten whichever occurs first. I certify that on the / day of Mach , 20 / 20 the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	County	WAKE	Instrument Location UAU C	. Defaution Cox	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the / day of MARCO , 20 / 20 the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	Instrument	Serial No. <u>008577</u>	3301 HAMMOND RALOIGH NC	Po	
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	The prever	ntive maintenance procedures	* /		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	1.	Verify the ethanol gas 34 degrees, plus or mir	canister displays pressure, or the alcoholic breat nus .2 degree centigrade;	h simulator thermometer show	
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	2.	Verify instrument disp	lays time and date;		
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	3.	Initiate breath test sequ	uence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terwhichever occurs first. 1 certify that on the	4.	Enter information as p	rompted;		
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	5.	Verify instrument accu	iracy;		
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	6.	When "PLEASE BLO	W" appears, collect breath sample;	•	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terwhichever occurs first. I certify that on the	7.	When "PLEASE BLO	When "PLEASE BLOW" appears, collect breath sample;		
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terwhichever occurs first. I certify that on the	8.	Print test record;			
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terwhichever occurs first. I certify that on the	9.	Verify Diagnostic Pro	gram; and		
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is b	eing changed every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,	
C CAROLINE TO THE STATE OF THE	Diocedule	2 Mete herrormen om me mør r	initial indicated above, in accordance with carre	going preventive maintenance at regulations of the N.C.	
Signature of Certifying Official Certificate Number	CREAT SE	CAROLL	Ales SA		

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 03/01/2017

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, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: ONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:20pm 3:21pm 3:22pm 3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577

Test Record Number: 2851

Test Date: 03/01/2017

Test Time: 3:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

Printer Tests

iest	Status	111116
PRNT	Pass	3:29pm

CRC Tests

Test	Status	Time
COMP	Pass	3:29pm
CAL	Pass	3:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETI	ERS, MODEL INTUX EC/IK II	1100
County	Jake	Instrument Location_Box Mo	bile Wilt
Instrument Se	rial No(<u>2086) 5</u>	Garner PD	
The preventive four months a	ire:	e Intoximeters, Model Intox EC/IR II to be followed	
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulategree centigrade;	ator thermometer snows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.		appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program		19 1
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration date, or changed every four months or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
I certify the procedures Departmen	at on theday of were performed on the instrument of Health and Human Services	ent indicated above, in accordance with current reg, and the instrument is functioning properly.	oreventive maintenance gulations of the N.C.
CORPA SERVICE	ATE OF NO BELLEVILLE OF	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615 Test Date: 03/31/2017

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:14pm 11:15pm 11:16pm
AIR BLK SUB TEST	.00 .00	11:17pm 11:17pm
AIR BLK SUB TEST	.00 .00	11:18pm 11:20pm
AIR BLK	.00	11:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Stynin Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615

Test Record Number: 5432

Test Date: 03/31/2017

Test Time: 11:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 11:23pm

Printer Tests

Test	Status	Time
T C C C		2 21110

PRNT Pass 11:24pm

CRC Tests

Test	Status	Time

COMP Pass 11:24pm CAL Pass 11:24pm

Preventive Maintenance Status: Pass

OBSKMAL 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; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the , the 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.

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615 Test Date: 03/10/2017

Citation Number: M0000000-0

Subject's Name:

PREVENYIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:13pm 10:14pm
ACCY CHK	.07	10:15pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB SK Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615

Test Record Number: 5421

Test Date: 03/10/2017

Test Time: 10:20pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
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

10:22pm

Preventive Maintenance Status: Pass

Pass

CAL

<u>OB Stunu</u> Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4	JAKE	Instrument Location WA La	Co Ventur Cin
Instrument Se	erial No. <u>008760</u>	2301 Hammani	, Po
		Paleigh NC	
The preventive four months a		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bre gree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiration ged every four months or after 125 A	
	ere performed on the instrument ind	ech, 20/7 the ficated above, in accordance with current is functioning properly.	
THE STATE OF THE S	S VO THE SAN T		
White the same of	1) toke	nature of Certifying Official	Certificate Number
	- Sign	attace of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 03/01/2017

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, SIMON S
Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	. 3:28pm
SUB TEST	.00	3:29pm
ATR BIK	0.0	3 : 3 0 pm

Report/ed AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760

Test Record Number: 2050

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

Blank Tests

Test	Status	Time
AIR	Pass	3:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

3:32pm 3:32pm

COMP

CAL

Analyst

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



Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 03/17/2017

Citation Number: M000000-0 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	11:14pm
AIR BLK	.00	11:15pm
ACCY CHK	.07	11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816

Test Record Number: 7287

Test Date: 03/17/2017

Test Time: 11:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status	Time
SRC Pass DET Pass BAR Pass	11:22pm 11:22pm 11:22pm 11:22pm 11:22pm

Blank Tests

Test	Status	Time

AIR Pass 11:23pm

Printer Tests

Test	Status	Time

PRNT Pass 11:23pm

CRC Tests

Test	Status	Time
TCDL	Dialus	T T III C

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

Preventive Maintenance Status: Pass

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 03/10/2017

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINENANCE
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	10:15pm 10:16pm 10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OBOR WALLS

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 03/10/2017

Test Record Number: 7278
Test Time: 10:23pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10 · 24 pm

Printer Tests

rest	Status	Time
PRNT	Pass	10:24pm

CRC Tests

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

Preventive Maintenance Status: Pass

OR Skyning Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Nake Instrument Location Bat Mobile Unit
Instrument	Serial No. (208929) Rakigh PD
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.
	at on the day of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
ST. S.	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008929 Test Record Number: 992 Test Date: 03/11/2017 Test Time: 12:55am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:56am
FLO	Pass	12:56am
FC	Pass	12:56am

Temperature Tests

Status	Time
Pass	12:56am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:57am

Printer Tests

Test	Status	Time
PRNT	Pass	12:57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:57am 12:57am

Preventive Maintenance Status: Pass

<u>DBStun</u>

Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008929 Test Date: 03/11/2017

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 AIR BLK	Pass .00 .07	12:43am 12:44am 12:44am 12:45am
SUB TEST	.00	12:47am
AIR BLK SUB TEST	.00 .00	12:48am 12:50am
AIR BLK	.00	12:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB Skynn Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / A	KE	Instrument Location	WIGHT DALE	P. S.
Instrument Ser	ial No. <u>008838</u>	979 STEEPLE	SOUARE CT.	KNIGHT DALF,
The preventive four months are	maintenance procedures for the	e Intoximeters, Model Intox E	C/IR II to be followe	ed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alc degree centigrade;	oholic breath simula	ator thermometer show
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample;		•
7.	When "PLEASE BLOW" a	ppears, collect breath sample;		
8.	Print test record;		•	
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before hanged every four months or a	e expiration date, or ofter 125 Alcoholic I	the alcoholic breath Breath Simulator tests,
procedures we	n the day of re performed on the instrument Health and Human Services, ar	indicated above, in accordance	e with current regula	preventive maintenance ations of the N.C.
STATE OF THE STATE	CAROLINI CAR	D Anath		637
	S	lignature of Certifying Official	(Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 03/15/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, 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: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	2:21pm
AIR BLK	.00	2:24pm
ACCY CHK	.07	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
ATR BLK	0.0	$2 \cdot 30 \text{ pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 03/15/2017

Test Record Number: 1471
Test Time: 2:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:32pm 2:32pm
FC	Pass	2:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location Ape	x PD STATION 4
Instrumen	t Serial No. <u>008621</u> 1615 E. W	Jelliams ST
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR	
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	
**	\mathcal{F}_{i}	≴.
procedure	nat on the	n current regulations of the N.C.
SE S	TATE OF NORTH	र _{वर्ष} ्
The state of the s	O tolos mues	Certificate Number
	Signature of Certifying Official	Certificate Number

WAKE COUNTY APEX PD Serial Number: 008621

Test Date: 03/15/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:33 a m
AIR BLK	.00	9:34am
ACCY CHK	.07	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am

Reported AC: 00, g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2240 Test Date: 03/15/2017 Test Time: 9:41am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
BT	Pass	9:42am

Blank Tests

Test	Status	Time
AIR	Pass	9:42am

Printer Tests

Test	Status	Time
PRNT	Pass	9:42am

CRC Tests

Test	Status	Time
COMP	Pass	9:42am
CAL	Pass	9:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMET	ERS, MODEL INTOX ECA	-3
County /	RShington	Instrument Location /// 45/1/	19 ton CO.S.O.
Instrument S	erial No. 00 8 829	Adams ST.	Physical .
The prevention four months		e Intoximeters, Model Intox EC/IR II to b	ne followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	· }	
. "· 4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures v	vere performed on the instrument	MANCH, 20 the findicated above, in accordance with current the instrument is functioning properly.	ent regulations of the N.C.
•			
THE STAT	E or NOS		
SERVICE SERVIC	CARO		
A STATE OF THE STA	S S S S S S S S S S S S S S S S S S S	ren theel	67
	The same of the sa	Signature of Certifying Official	Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 03/28/2017

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:22pm 12:23pm 12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
ATR BLK	. 0.0	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 766
Test Date: 03/28/2017 Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:31pm

12:31pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAYNE	Instrument Location_	BAT	MOBILE	UNIT
Instrument	Serial No. <u>88704</u>		GOLD	5 Bo20,	NC
The prever four month	ntive maintenance procedures for the Ins are:	toximeters, Model Intox	EC/IR II to be	e followed at least	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic brea	th simulator therm	ometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sample	;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample	;		•
8.	Print test record;				
9.	Verify Diagnostic Program; and	l			
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.				
	at on the 24 day of 4 day of the instrument ind at of Health and Human Services, and the instrument indicates the services of the services and the services of			rgoing preventive nt regulations of th	maintenance ne N.C.
THE GREAT SECTION OF THE GREAT	Charles Comments	Bines		<u>(048</u>	3
	Sign	ature of Certifying Offici	al.	Certificate	Number

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008704 Test Date: 03/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:44pm 11:45pm 11:45pm 11:46pm 11:47pm 11:47pm
SUB TEST	.00	11:49pm
AIR BLK	.00	11:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008704 Test Date: 03/24/2017 Test Record Number: 441
Test Time: 11:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:51pm
FLO	Pass	11:51pm
FC	Pass	11:51pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:51pm 11:51pm 11:51pm 11:51pm 11:51pm
		<u>r</u>

Blank Tests

Test	Status	Time
AIR	Pass	11:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:52pm

Pass

11:52pm

Preventive Maintenance Status: Pass

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VANDE Instrument Location Wayne Co Potentius					
Instrument Se	orial No. DO 8649 DOTE. Chestaurt ST., Golds. 82)					
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.					
	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					

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 03/01/2017

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: Region, Five Permit Number: 05036E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:27pm 1:28pm 1:29pm 1:30pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

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

WAYNE COUNTY WAYNE CO DETENTION 950

Test Record Number: 3136 Serial Number: 008649

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
${ t BT}$	Pass	1:36pm

Blank Tests

Test	Status	Time		
AIR	Pass	1:37pm		

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:37pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Catawba	Instrument Location Catawba County 5D				
Instrumer	nt Serial No. OO8821	100 B Southwest Blvd, Newton				
The preve	<u>-</u>	ntoximeters, Model Intox EC/IR II to be followed at least once every				
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;				
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" 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 date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,				
I certify that on the 13-10 day of March, 20-17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.						
SE COREATOR OF SECTION	Sign	Hature of Certifying Official Certificate Number				

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 03/13/2017

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: 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: 08/04/2018

Test	d/srap true
DIAG	Pass 3:14pm
AIR BLK	.00 3:14pm
ACCY CHK	.07 3:15pm
AIR BLK	.00 3:16pm
SUB TEST	.00 · 3:17pm
AIR BLK	.00 3:17pm
SUB TEST	.00 3:19pm
ATR RIK	$0.0 3 \cdot 2.00$ m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1738
Test Date: 03/13/2017 Test Time: 3:08pm EDT

System Check: Passe

Baseline Tests

Test	Status	Time
11.		
IR	Pass	3:08pm
FLO	Pass	3 . n8 m
EC.	Pass	S. Wall
	1 4 5 0	

Temperature Tests

Test	Status	T1	ne i
W. / C. / B. C. S.	1114	i i Medi	
PC1	Pass		18 pin
SRC	Pass		R mm
DET	Pass		8 pm
BAR	— 2.38 (1.44.4)		130 Art 2 1 1 1 1 1 1 1 1
人 多美子 人	Pass		18pm.
BT	Pass		18 pm

Blank Tests

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7	377	- 0			1.75	1.0	St	* ***	111111111111111111111111111111111111111	hile.	19	SET TO	1111	n coll
:	. ÷		-				, v	(20)	diritin)		154	E	A II	1

AIR Pass 3:09pm

Printer Tests

Test Status III ime

PRNT Pass 3 1900

CRC Tests

rest Status wirm

COMP Pass 3.09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Catawba	Instrument Location Hickory PD					
Instrument	t Serial No. OO8841	347 and Ave. SW, Hickory					
The prever		e Intoximeters, Model Intox EC/IR II to be followed at least once every					
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;					
2.	Verify instrument displays ti	me and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompt	ed;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" a	ppears, collect breath sample;					
7.	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample;					
8.	Print test record;	Print test record;					
9.	Verify Diagnostic Program;	and					
10.		anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,					
procedures	s were performed on the instrument:	the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.					
S S S S S S S S S S S S S S S S S S S	Address of the second of the s	ignature of Certifying Official Certificate Number					

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 03/06/2017

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: 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 AIR BLK SUB TEST	Pass .00 .08 .00	11:59am 12:00pm 12:00pm 12:02pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 1725

Test Date: 03/06/2017 Test Time: 11:55am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:56am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:56am	

CRC Tests

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

Preventive Maintenance Status: Pass

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 Serial No. 008842 126 5. 3dd Street, Albertari		
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 sho 34 degrees, plus or minus .2 degree centigrade; 		
2. Verify instrument displays time and date;		
3. Initiate breath test sequence;		
4. Enter information as prompted;		
5. Verify instrument accuracy;		
6. When "PLEASE BLOW" appears, collect breath sample;		
7. When "PLEASE BLOW" appears, collect breath sample;		
8. Print test record;		
9. Verify Diagnostic Program; and		
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the		
THE STATE OF NORTH AND		
Signature of Certifying Official Certificate Number		

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 03/17/2017

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: 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: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:31am 11:32am 11:32am 11:33am 11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
ATR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 1945
Test Date: 03/17/2017 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Printer Tests

Test	Status	Time
PRNT	Pass	11:39am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stanly	Instrument Location_	Stanly	County SD
Instrument	Serial No. <u>008824</u>	126 5. 3	stre Stre	et, Albemark
The preven	tive maintenance procedures for the Into s are:	ximeters, Model Intox	EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		alcoholic breath s	simulator thermometer show
2.	Verify instrument displays time a	nd date;	a	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sampl	e;	
7.	When "PLEASE BLOW" appear	s, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.			
	1-11 A		nce with current r	ing preventive maintenance egulations of the N.C.
147		•	•	
COBEAT COREATOR	NE O NO CAROLLI			
* ESSE QUA	Signatu	are of Certifying Offic	ial	Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 03/17/2017

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: 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	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 1159

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Tauga Instrument Location 150046	P 57
erial No. <u>008716</u> <u>Boone</u> , n	K

ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow are:	red at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulated degrees, plus or minus .2 degree centigrade;	lator thermometer show
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 simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
on the	preventive maintenance ations of the N.C.
AROUNI CAROLINA CAROL	6.00c
via:	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow re: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulated 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 simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 03/07/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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	4:27pm
AIR BLK	.00	4:28pm
ACCY CHK	.08	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:33pm
AIR BLK	_00	4:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 2052

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 4:35pm DET Pass 4:35pm	Test	Status	Time
BI Pass 4:35pm	SRC DET BAR	Pass Pass Pass	4:35pm 4:35pm 4:35pm 4:35pm
	ът ,	Fass	# : 22biii

Blank Tests

Test	Status	Time
AIR	Pass	4:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:36pm
		[

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst