PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| _ | INTOXIMETI | EKS, MODEL INTO | A EC/IN II | . ~ 1 |
|--|---|--|--|---------------------------------------|
| County A | lexander | Instrument Location | llexander Cou | NA 20 |
| Instrument Se | rial No. <u>008813</u> | 9) Commerce | | |
| | | | | |
| The preventiv four months a | | • | | - |
| 1. | Verify the ethanol gas canisto 34 degrees, plus or minus .2 | er displays pressure, or the alco degree centigrade; | pholic breath simulator th | ermometer shows |
| 2. | Verify instrument displays ti | me and date; | | |
| 3. | Initiate breath test sequence; | | | • |
| 4. | Enter information as prompt | ed; | _ = | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" a | ppears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" a | ppears, collect breath sample; | | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; | and | • | |
| 10. | 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 | expiration date, or the a after 125 Alcoholic Breat | lcoholic breath h Simulator tests, |
| I certify that procedures v Department | on theday of were performed on the instrument of Health and Human Services, an | indicated above, in accordance and the instrument is functioning | with current regulations | ntive maintenance of the N.C. |
| STAT | Tr. | | | |
| REAL SECTION OF THE S | A A | | | |
| TARE COLUMN | Max Max | Mark Market | 65 | 56 |
| | | Signature of Certifying Officia | l Certif | icate Number |

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 11/17/2017

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: AG710701 Exp Date: 04/17/2019

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:10am |
| AIR BLK | .00 | 8:11am |
| ACCY CHK | .08 | 8:11am |
| AIR BLK | .00 | 8:12am |
| SUB TEST | .00 | 8:13am |
| AIR BLK | .00 | 8:14am |
| SUB TEST | .00 | 8:16am |
| AIR BLK | .00 | 8:16am |

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1684
Test Date: 11/17/2017 Test Time: 8:19am EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| Pass | 8:20am |
| Pass | 8:20am |
| Pass | 8:20am |
| | Pass Pass |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:20am |
| SRC | Pass | 8:20am |
| DET | Pass | 8:20am |
| BAR | Pass | 8:20am |
| BT | Pass | 8:20am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| AIR | Pass | 8:20am |

Printer Tests

Status

Test

Time

| PRNT | Pass | 8:20am |
|-------------|--------------|------------------|
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 8:21am 8:21am |
| ~ 2 2 2 2 | t and | O. A. Lain |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C | EAU forT | Instrument Location Be/1 | haven P.P. |
|--|--|--|--|
| Instrument Ser | rial No | Be/haven | , N. C. |
| The preventive four months as | e maintenance procedures for the Ir | ntoximeters, Model Intox EC/IR II to | o be followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees. | displays pressure, or the alcoholic b gree centigrade; | reath simulator thermometer show |
| 2. | Verify instrument displays time | and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appe | ears, collect breath sample; | , |
| 7. | When "PLEASE BLOW" appe | ears, collect breath sample; | |
| 8. | Print test record; | <i>)</i> | |
| 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 expiratinged every four months or after 125 | ion date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| I certify that or procedures we Department of | re performed on the instrument indi | the instrument is functioning properly | rrent regulations of the N.C. |
| STATE OF STA | NORTH CAROLINA | | , |

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

Signature of Certifying Official

.Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 11/16/2017

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 330 Test Date: 11/16/2017 Test Time: 1:49pm EST Serial Number: 008928

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:50pm |

Printer Tests

| rest | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:50pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:50pm 1:50pm |

Preventive Maintenance Status: Pass

1:50pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 1 | EAUFONT | Instrument Location | AT MON271- 4 |
|---|--|--|---|
| Instrument S | erial No. <u>() 0 8 V 7 (</u> | | |
| | | | |
| The preventi four months | ve maintenance procedures for the are: | Intoximeters, Model Intox EC/IR | II to be followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d | r displays pressure, or the alcoholegree centigrade; | lic breath simulator thermometer show |
| 2. | Verify instrument displays tin | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | nd | |
| 10. | Verify that the ethanol gas car simulator solution is being cha whichever occurs first. | nister is being changed before exp anged every four months or after | piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests, |
| procedures w | on the day of/\(\triangle \) ere performed on the instrument in f Health and Human Services, and | dicated above, in accordance with | the forgoing preventive maintenance h current regulations of the N.C. perly. |
| OF THE STATE | O NO. | | |
| THE REAL PROPERTY OF THE PARTY | | | ···· |
| ON MANY OF STREET | | | 667 |
| | Sig | nature of Certifying Official | Certificate Number |

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

"Serial Number: 008871 Test Date: 11/03/2017

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

section Pate of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective: 量量/22/2017-09/01/2019

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

Test Type: Breath Test

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

Test q/210L Time

DIAG Pass 10:00pm ACCY CHK .08 10:01pm 10:02pm AIR BLK .00 10:03pm SUB TEST .00 10:03pm AIR BLK .00 10:04pm SUB TEST .00 10:06pm AIR BLK .00 10:07pm

keported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

er beilige in her

Analyst

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Professional Company of the Company

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

it will like to

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008871

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A THE MENT OF THE PARTY OF THE

A COMPANY OF

the will be a second

Test Record Mumber 1

Test Date: 11/03/2017

Test Time: 10:09pm EDT

The state of the s

THE RESERVE WATER THE PARTY OF THE PARTY OF

S. Lewis Market Market

THE PROPERTY OF THE PARTY OF TH

System Check: Passed

Baseline Tests

terms recommended the Test Time Status

IR Pass: 10:09pm FLO Pass 10:09pm FCPass 10:09pm

Temperature Tests

Test Status Time FC1 Pass 10:09pm SRC Pass 10:09pm DET 10:09pm Pass BAR Pass 10:09pm10:09pm BTPass

Blank Tests

Test Status Time

AIR Pass 10:10pm

Printer Tests

Test Status Time

PRNT Pass 10:10pm

CRC Tests

Test Status Time

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

Preventive Maintenance

Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County \mathcal{B}_{ϵ} | Uncombe Instrument Location Buncombe Co. Jail |
|--|--|
| Instrument Se | erial No. <u>DO8631</u> Ashe Ville, 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 o | on the S day of November, 20/7, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | 1 649 |
| | Signature of Certifying Official Certificate Number |

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631 Test Date: 11/08/2017

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 12:45pm 12:46pm |
| ACCY CHK | .08 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | 00 | 12:48pm |
| AIR BLK | .00 | 12:49pm |
| SUB TEST | .00 | 12:51pm |
| AIR BLK | .00 | 12:52pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 4904 Test Date: 11/08/2017 Test Time: 12:52pm EST

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 | 12:53pm |
| SRC | Pass | 12:53pm |
| DET | Pass | 12:53pm |
| BAR | Pass | 12:53pm |
| BT | Pass | 12:53pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| | | |
| AIR | Pass | 12:54pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:54pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:54pm |

Preventive Maintenance Status: Pass

Pass

12:54pm

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Buncombe Instrument Location BAd Mobile Uni+11 |
|--|--|
| Instrume | nt Serial No. <u>008973</u> |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | that on the |
| WITTER CREAT SECTION OF SECTION O | Signature of Certifying/Official Certificate Number |

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 11/10/2017

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:11pm |
| AIR BLK | .00 | 7:12pm |
| ACCY CHK | .08 | 7:12pm |
| AIR BLK | .00 | 7:14pm |
| SUB TEST | .00 | 7:14pm |
| AIR BLK | .00 | 7:15pm |
| SUB TEST | .00 | 7:16pm |
| AIR BLK | 00 | 7:17pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Record Number: 418
Test Date: 11/10/2017 Test Time: 7:19pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 7:19pm 7:19pm |
| FC | Pass | 7:19pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:19pm |
| SRC | Pass | 7:19pm |
| DET | Pass | 7:19pm |
| BAR | Pass | 7:19pm |
| BT | Pass | 7:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:20pm |

Printer Tests

| iest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:20pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:20pm |
| CAL | Pass | 7:20pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_B | Instrument Location Bad Mobile Unit 1 |
|---|--|
| Instrument S | Serial No. <u>DD 89 70</u> |
| The prevent four months | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures v Department | on the |
| STATI | Signature of Certifying Official Certificate Number |
| | Signature of Certifying Official Certificate Number |

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 11/10/2017

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

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

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

| Test | g/210L | Time |
|----------|--------|-----------------|
| DIAG | Pass | 7:12pm |
| AIR BLK | .00 | 7:13pm |
| ACCY CHK | .07 | 7:13pm |
| AIR BLK | .00 | 7:14pm |
| SUB TEST | .00 | 7:15pm |
| AIR BLK | .00 | 7: 1 6pm |
| SUB TEST | .00 | 7:17pm |
| AIR BLK | .00 | 7:18pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 11/10/2017

Test Record Number: 404 Test Time: 7:20pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:20pm |
| FLO | Pass | 7:20pm |
| FC | Pass | 7:20pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:20pm |
| SRC | Pass | 7:20pm |
| DET | Pass | 7:20pm |
| BAR | Pass | 7:20pm |
| BT | Pass | 7:20pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:21pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:21pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:21pm |
| CAL | Pass | 7:21pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Be 1 | Instrument Location Bertie (o. S.O. |
|---|--|
| Instrument Serie | al No. 008897 222 County Farm Rd, Windson |
| 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 a procedures were Department of H | the |
| THE STATE OF N | Signature of Certifying Official Certificate Number |

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 11/13/2017

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: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 9:32am 9:33am 9:34am |
| AIR BLK | .00 | 9:35am |
| SUB TEST | .00 | 9:35am |
| AIR BLK | 00 | 9:36am |
| SUB TEST | .00 | 9:38am |
| AIR BLK | .00 | 9:39am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897

Test Record Number: 1098

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 9:40am 9:40am |
| FC | Pass | 9:40am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:41am |
| SRC | Pass | 9:41am |
| DET | Pass | 9:41am |
| BAR | Pass | 9:41am |
| BT | Pass | 9:41am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:41am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:41am |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Preventive Maintenance Status: Pass

Pass

Pass

9:41am

9:41am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | BRUNSWICK_ | Instrument Location_ | BAT MOBILE UNIT |
|--|--|--|---|
| Instrument Se | orial No. <u>608826</u> | | BAT MOBILE UNITS |
| The preventive four months a | e maintenance procedures for the Into | | 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 a | lcoholic breath simulator thermometer show |
| 2. | Verify instrument displays time a | nd date; | |
| 3. | Initiate breath test sequence; | | • |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | • | |
| 6. | When "PLEASE BLOW" appear | 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 beford every four months or | re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests, |
| I certify that or procedures we Department or | n the | ited above, in accordanc | the forgoing preventive maintenance with current regulations of the N.C. g properly. |
| STATE OF THE STATE | NO. | | |
| APRIL IZ. 1776 | al_R | Ban | 648 |
| • | Signatu | re of Certifying Officia | Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Date: 11/03/2017

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

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

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

| Test | g/210L | Time |
|--|---------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 | 11:34pm 11:35pm 11:35pm 11:36pm 11:37pm |
| AIR BLK | .00 | 11:38pm |
| SUB TEST | .00 | 11:39pm |
| AIR BLK | .00 | 11:40pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu 2 3—
Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Record Number: 8024

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:42pm |
| FLO | Pass | 11:42pm |
| FC | Pass | 11:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:42pm |
| SRC | Pass | 11:42pm |
| DET | Pass | 11:42pm |
| BAR | Pass | 11:42pm |
| BT | Pass | 11:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:43pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:43pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:43pm |
|------|------|---------|
| CAL | Pass | 11:43pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | RUNSWICK | Instrument Location | BAT MOBILE UNIT |
|--|---|---|--|
| Instrument Se | erial No. <u>008647</u> | | BAT MOBILE UNIT SHALLOTE, NC |
| The preventive four months a | ve maintenance procedures for the | Intoximeters, Model Intox EC | /IR II to be followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d | r displays pressure, or the alco | pholic breath simulator thermometer shows |
| 2. | Verify instrument displays tin | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; as | nd | |
| 10. | Verify that the ethanol gas car simulator solution is being cha whichever occurs first. | nister is being changed before annual series or after the series of the | expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests, |
| I certify that o procedures we Department of | n the <u>3</u> day of <u>12</u> ere performed on the instrument in F Health and Human Services, and | dicated above, in accordance with the instrument is functioning | the forgoing preventive maintenance with current regulations of the N.C. properly. |
| COREAL STATE OF THE STATE OF TH | A A A A A A A A A A A A A A A A A A A | | |
| OLIAM VIDE | alut | 4 13. | 648 |
| | Sign | nature of Certifying Official | Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 11/03/2017

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, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|-------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 | 11:22pm 11:23pm 11:24pm |
| AIR BLK | .00 | 11:25pm |
| SUB TEST | .00 | 11:26pm |
| AIR BLK SUB TEST | .00 .00 | 11:27pm 11:28pm |
| AIR BLK | .00 | 11:29pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

al 3 Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647

Test Record Number: 2375

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|-----------|
| AIR | Pass | 11 · 31 m |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:31pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:31pm |
| CAL | Pass | 11:31pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County(| Instrument Location CHATHAM Co. VALL |
|---|--|
| Instrument S | erial No. 008591 Priskoro NC |
| | |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that | on theday of |
| procedures w | on the // day of //OVENGEQ, 20// the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| | |
| OF THE STATE | ONO MANAGEMENT OF THE PROPERTY |
| S C C C C C C C C C C C C C C C C C C C | |
| TOTAL CLIAM VI | |
| ** | Signature of Certifying Official Certificate Number |

CHATHAM COUNTY JAIL 180

Serial Number: 008591 Test Date: 11/14/2017

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CHATHAM COUNTY JAIL 180

Serial Number: 008591

Test Record Number: 1933

Test Date: 11/14/2017

Test Time: 2:38pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:38pm |
| FLO | Pass | 2:38pm |
| FC | Pass | 2:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:39pm |
| SRC | Pass | 2:39pm |
| DET | Pass | 2:39pm |
| BAR | Pass | 2:39pm |
| BT | Pass | 2:39pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:39pm |
| CAL | Pass | 2:39pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--------------|--|
| County | urrituck Instrument Location Currituck Co-50 Co |
| Instrument S | erial No. DD 8847 1123 Ocean Noil, Corolle, N |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the day of day of 20/1 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. |
| | |



Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008847 Test Date: 11/20/2017

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

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

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

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective: 08/01/2017-08/01/2019

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

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 2:09pm 2:10pm |
| ACCY CHK | .08 | 2:10pm |
| AIR BLK | .00 | 2:11pm |
| SUB TEST | .00 | 2:12pm |
| AIR BLK | .00 | 2:13pm |
| SUB TEST | .00 | 2:14pm |
| AIR BLK | .00 | 2:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008847

erial Number: 008847 Test Record Number: 603
Test Date: 11/20/2017 Test Time 2: 25 pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:05pm |
| FLO | Pass | 2:05pm |
| FC | Pass | 2:05pm |

Temperature Tests

| Test | Status | Timé |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 2:05pm 2:05pm 2:05pm 2:05pm 2:05pm |
| DТ | rass | ∠: ∪5piii |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:06pm |

Printer Tests

Toat

| TCDL | Status | TTIME |
|------|-----------|--------|
| PRNT | Pass | 2:06pm |
| | CRC Tests | |

Time

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:06pm |
| CAL | Pass | 2:06pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C | mbes land | Instrument Location BAT y | nobile Unit 10 |
|--|--|--|---|
| Instrument Se | rial No. 008580 | Port Bragg | |
| | | - | |
| The preventiv four months a | e maintenance procedures for the Intre: | oximeters, Model Intox EC/IR II to b | e followed at least once every |
| 1. | Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr | isplays pressure, or the alcoholic brea ree centigrade; | th simulator thermometer show |
| 2. | Verify instrument displays time | and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appea | rs, collect breath sample; | |
| 7. | When "PLEASE BLOW" appea | rs, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canist simulator solution is being chang whichever occurs first. | er is being changed before expiration red every four months or after 125 Al | date, or the alcoholic breath coholic Breath Simulator tests, |
| | 3 | 1 - 1 | |
| I certify that o procedures we Department of | on the day of // % vere performed on the instrument indice in the Health and Human Services, and the | the forested above, in accordance with current instrument is functioning properly. | rgoing preventive maintenance nt regulations of the N.C. |
| | | | |
| OF THE STATE OF TH | TNO N | | · · |
| Service of the servic | | | |
| ARIL 12, 1778 | | 20 | 660 |
| | Signat | ture of Certifying Official | Certificate Number |

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008580 Test Date: 11/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701

Exp Date: 04/17/2019

| Test | g/210L | Time |
|------|--------|------|
| | | |

| DIAG | Pass | 10:48pm |
|----------|------|---------|
| AIR BLK | .00 | 10:49pm |
| ACCY CHK | .07 | 10:50pm |
| AIR BLK | .00 | 10:50pm |
| SUB TEST | .00 | 10:51pm |
| AIR BLK | .00 | 10:52pm |
| SUB TEST | .00 | 10:53pm |
| AIR BLK | .00 | 10:54pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008580 Test R Test Date: 11/03/2017 Test

Test Record Number: 2395
Test Time: 10:56pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:56pm |
| FLO | Pass | 10:56pm |
| FC | Pass | 10:56pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 10:57pm |
| SRC | Pass | 10:57pm |
| DET | Pass | 10:57pm |
| BAR | Pass | 10:57pm |
| \mathtt{BT} | Pass | 10:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 10.57pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:57pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 10:57pm |
|------|------|---------|
| CAL | Pass | 10:57pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | unberland Instrument Location BAT Mibile Unit10 |
|--|--|
| Instrument S | erial No. 208776 Fot Braga |
| 7 <u>- 11 - 1</u> | |
| The prevention four months | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 day of November, 20/7 the forgoing preventive maintenance |
| procedures w | ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| STATE STATE OF THE | CAROUNT CAROUN |
| + ESE QUAM VID | (600 |
| | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008776 Test Date: 11/03/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:

03/01/2016-03/01/2018

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Form is used when performing Preventive Maintenance pr

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008776 Test Record Number: 3410 Test Date: 11/03/2017 Test Time: 10:55pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:55pm |
| FLO | Pass | 10:55pm |
| FC | Pass | 10:56pm |

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|--|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 10:56pm 10:56pm 10:56pm 10:56pm |
| BT | Pass | 10:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:56pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:56pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:56pm 10:56pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOAIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County C | in boland Instrument Location BAT mobile Unit 10 |
| Instrument Seri | al No. 008686 Fort Bragg |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7, | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the |
| OT THE STATE OF A | |
| AND THE PARTY OF T | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008686 Test Date: 11/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 10:50pm 10:51pm |
| ACCY CHK | .07 | 10:51pm |
| AIR BLK | .00 | 10:52pm |
| SUB TEST | .00 | 10:53pm |
| AIR BLK | .00 | 10:54pm |
| SUB TEST | .00 | 10:56pm |
| AIR BLK | .00 | 10:56pm |

Reported AC: 00 g/210I

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008686 Test Test Date: 11/03/2017 Test

Test Record Number: 6529
Test Time: 11:01pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:01pm |
| FLO | Pass | 11:01pm |
| FC | Pass | 11:01pm |

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|--|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 11:01pm 11:01pm 11:01pm 11:01pm |
| BT | Pass | 11:01pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|-----------|
| ATR | Pagg | 11 · 02mm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:02pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:02pm |
|------|------|---------|
| CAL | Pass | 11:02pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | CARTERET Instrument Location BAT MOBILE DWIT |
|--|--|
| Instrument | Serial No. 008704 Instrument Location BAT MOBILE DWIT MOREHEAD GTY, A |
| The prevent | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| .1, | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures Department | t on theday of |
| STA STA | |
| THE QUAM | Signature of Certifying Official Certificate Number |

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008704 Test Date: 11/17/2017

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:

07/01/2017-07/01/2019

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

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

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:22pm 11:23pm |
| ACCY CHK | .08 | 11:24pm |
| AIR BLK | .00 | 11:25pm |
| SUB TEST | .00 | 11:25pm |
| AIR BLK | .00 | 11:26pm |
| SUB TEST | .00 | 11:28pm |
| AIR BLK | .00 | 11:29pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cluby 3
Analyst

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008704 Test Record Number: 492 Test Date: 11/17/2017 Test Time: 11:29pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:31pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:31pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:31pm |
| CAL | Pass | 11:31pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | CARTERET Instrument Location BAT MOBILE DUIT |
|----------------------------------|--|
| Instrume | CARTERET Instrument Location BAT MOBILE DWIT nt Serial No. 0086/6 MOREHEAD CITY, |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify the procedure Departme | hat on the |
| GREAT STATES | Cilia Ky Br. 648 |
| | Signature of Certifying Official Certificate Number |

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616 Test Date: 11/17/2017

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:
07/01/2017-07/01/2019

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

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

| Test | g/210L | Time |
|---|---|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 | 11:28pm 11:29pm 11:29pm 11:30pm 11:31pm 11:34pm 11:34pm 11:35pm |
| THE DIR | .00 | TT: 22bm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Banalyst

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616 Test Record Number: 2367
Test Date: 11/17/2017 Test Time: 11:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:36pm |
| FLO | Pass | 11:36pm |
| FC | Pass | 11:36pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 11:36pm 11:36pm 11:36pm 11:36pm 11:36pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:37pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:37pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:37pm |
| CAL | Pass | 11:37pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Ca | taw ba Instrument Location Catawha County 5D |
|--|--|
| Instrument Seria | INO. 008821 100 B Southwest Blvd, Newton |
| <u> </u> | |
| The preventive r four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were | the 3rd day of November, 2017 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 THE S | OCHA CAROL |
| ARE IZ. OTHER ASSESSMENT ASSESSME | Signature of Certifying Official Certificate Number |

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 11/03/2017

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH
Permit Number: 19951E
Effective:
08/01/2017-08/01/2019

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:35pm |
| AIR BLK | .00 | 1:36pm |
| ACCY CHK | .07 | 1:37pm |
| AIR BLK | .00 | 1:37pm |
| SUB TEST | .00 | 1:38pm |
| AIR BLK | .00 | 1:39pm |
| SUB TEST | .00 | 1:40pm |
| AIR BLK | .00 | 1:41pm |

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1832
Test Date: 11/03/2017 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:32pm |
| FLO | Pass | 1:32pm |
| FC | Pass | 1:32pm |

Temperature Tests

| | | The Court of the C |
|---------------|--------|--|
| Test | Status | Time |
| FC1 | Pass | 1:32pm |
| SRC | Pass | 1:32pm |
| DET | Pass | 1:32pm |
| BAR | Pass | 1:32pm |
| \mathtt{BT} | Pass | 1:32pm |

Blank Tests

| Test | Status Time | |
|------|-------------|---|
| | | |
| AIR | Pass 1:32pm | n |

Printer Tests

| Test | Status Time |
|------|-------------|
| PRNT | Pass 1:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:33pm |
| CAL | Pass | 1:33pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Catawba Instrument Location Hickory PD |
|--|--|
| Instrumen | t Serial No. 00854) 347 and Ave SW, Hickory |
| · | |
| The prevent | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 | at on the <u>2nd</u> day of <u>November</u> , 20 17 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly. |
| REAT SECTION OF SECTIO | ATE OF A OF A STATE OF A OF |

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

Signature of Certifying Official

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 11/02/2017

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: HUTCHINSON, JOSEPH

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 12:19pm 12:20pm |
| ACCY CHK | .08 | 12:20pm |
| AIR BLK | .00 | 12:22pm |
| SUB TEST | .00 | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| SUB TEST | .00 | 12:25pm |
| ATR BLK | . 0.0 | 12:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 1766 Test Date: 11/02/2017 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:15pm |
| FLO | Pass | 12:15pm |
| FC | Pass | 12:16pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 12:16pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:16pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:16pm |
| | CRC Tests | |

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

Preventive Maintenance Status: Pass

E. Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II <0 N 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; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. Nember 20 17, the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 11/08/2017

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: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:28pm |
| AIR BLK | .00 | 2:28pm |
| ACCY CHK | .08 | 2:29pm |
| AIR BLK | 0.0 | 2:30pm |
| SUB TEST | .00 | 2:31pm |
| AIR BLK | 0.0 | 2:32pm |
| SUB TEST | 0.0 | 2:33pm |
| AIR BLK | 0.0 | 2:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Kein Leon)
Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 2627

Test Date: 11/08/2017

Test Time: 2:35pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:36pm 2:36pm |
| FC | Pass | 2:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:36pm |
| SRC | Pass | 2:36pm |
| DET | Pass | 2:36pm |
| BAR | Pass | 2:36pm |
| BT | Pass | 2:36pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2:36pm | |

Printer Tests

| rest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:36pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| | | 2 |
| COMP | Pass | 2:37pm |
| CAL | Pass . | 2:37pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 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; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample;

9. Verify Diagnostic Program; and

Print test record:

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



8.

Signature of Certifying Official

Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/03/2017

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: BENFIELD II, KENNETH R
Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 | 11:31am 11:32am 11:32am 11:33am 11:35am |
| SUB TEST | 700 | 11:37am |
| ATR BLK . | / .00 | 11:39am |

Reported AC:

 $00 \times 1/210I$

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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2099

Test Date: 11/03/2017 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:41am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:41am |
| | CRC Tests | |
| | . | |

| Tesc | Scacus | TIME |
|------|--------|---------|
| COMP | Pass | 11:41am |
| CAL | Pass | 11:41am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

| - | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County 1 | MAM Instrument Location Bot Mobile Unit |
| Instrument Seria | NOOSGOI Durnam PD |
| The preventive is four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures wer Department of | theday of, 20, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OF STA | Signature of Certifying Official Certificate Number |

DURHAM COUNTY BATMOBILE UNIT 8 310

Serial Number: 008601 Test Date: 11/11/2017

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

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time . |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 11:14pm 11:15pm 11:15pm |
| AIR BLK | .00 | 11:16pm |
| SUB TEST | .00 | 11:19pm |
| AIR BLK | .00 | 11:20pm |
| SUB TEST | .00 | 11:21pm |
| AIR BLK | .00 | 11:22pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daya B Skynn

DURHAM COUNTY BATMOBILE UNIT 8 310

Serial Number: 008601 Test Record Number: 1257
Test Date: 11/11/2017 Test Time: 11:26pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:26pm |
| FLO | Pass | 11:26pm |
| FC | Pass | 11:26pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 11:26pm 11:26pm 11:26pm 11:26pm 11:26pm |
| | | , |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:27pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:27pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:27pm |
| CAL | Pass | 11:27pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| INTUAIMETERS, MODEL INTUA EC/IR II |
|---|
| Gocombe Instrument Location Edge combe Co. Masish |
| Instrument Location Edge (or be Co. Masistre Berial No. 008663 Office, 3005. Anaconda Pd., Tarbon |
| ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| Verify instrument displays time and date; |
| Initiate breath test sequence; |
| Enter information as prompted; |
| Verify instrument accuracy; |
| When "PLEASE BLOW" appears, collect breath sample; |
| When "PLEASE BLOW" appears, collect breath sample; |
| Print test record; |
| Verify Diagnostic Program; and |
| Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| on the day of Novey over 100 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. |
| Signature of Certifying Official Certificate Number |
| |

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 11/27/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:03am |
| AIR BLK | .00 | 11:04am |
| ACCY CHK | .07 | 11:05am |
| AIR BLK | .00 | 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

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

Department of Health and Human Services Rev. 12/2007

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 2790 Test Date: 11/27/2017 Test Time: 11:11am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:11am |
| FLO | Pass | 11:11am |
| 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 | 11:12am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:12am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:13am 11:13am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County E | secombe Instrument Location Edge combe Co. Magistrate's |
|--|--|
| Instrument Se | se combe Instrument Location Edge combe Co. Magistrate's rial No. 0081003 Office, 3005. Anaconda Rd., Tarboro, N.C. |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1, | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| `4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | the |
| THE STATE OF THE COLUMN AND ASSESSED TO THE COLUMN ASSESSED TO THE COLUM | Signature of Certifying Official Certificate Number |

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 11/27/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:44am |
| AIR BLK | .00 | 10:45am |
| ACCY CHK | .08 | 10:46am |
| 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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1634
Test Date: 11/27/2017 Test Time: 10:54am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 10:54am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:55am |

Printer Tests

| Test | Status Time |
|------|--------------|
| PRNT | Pass 10:55am |
| | CRC Tests |

| Test | Status | Time |
|-------------|--------|--------------------|
| COMP CAL | | 10:55am 10:55am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County FR | ANKLIN | _ Instrument Location FRANKLIA | the state of the s |
|--|---|---|--|
| Instrument Se | rial No. <u>00 8933</u> | 285 TKEMP RD | LOUISBURG, NC |
| The preventive four months a | | Intoximeters, Model Intox EC/IR II to be | followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 | er displays pressure, or the alcoholic breath degree centigrade; | simulator thermometer shows |
| 2. | Verify instrument displays ti | me and date; | · |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompto | ed; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | Verify that the ethanol gas consimulator solution is being considered whichever occurs first. | anister is being changed before expiration of the hanged every four months or after 125 Alc | date, or the alcoholic breath oholic Breath Simulator tests, |
| procedures w | ere performed on the instrument | VEMBER, 20 17 the for indicated above, in accordance with current the instrument is functioning properly. | going preventive maintenance it regulations of the N.C. |
| | ; | | |
| STATE OF STA | O NO POR CAROLINA | | |
| A SAU C. D. | June 1 | Signature of Certifying Official | Certificate Number |

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 11/29/2017

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: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | Pass | 2:22pm |
| AIR BLK | .00 | 2:23pm |
| ACCY CHK | .07 | 2:23pm |
| AIR BLK | .00 | 2:24pm |
| SUB TEST | .00 | 2:25pm |
| AIR BLK | .00 | 2:26pm |
| SUB TEST | .00 | 2:28pm |
| ATR BLK | 0.0 | 2 · 29pm |

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Dus D Anabl

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 929

Test Date: 11/29/2017

Test Time: 2:30pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:32pm |
| CAL | Pass | 2:32pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County FR | AMKLIN | Instrument Location FRANKLI | N CO. LEC |
|--|--|--|---|
| Instrument Se | rial No. <u>//08942</u> | 285 T KEMP RD | LOUISBURG, NC |
| The preventive four months as | | e Intoximeters, Model Intox EC/IR II to b | e followed at least once every |
| 1. | Verify the ethanol gas canist 34 degrees, plus or minus .2 | ter displays pressure, or the alcoholic breat degree centigrade; | th simulator thermometer show |
| 2. | Verify instrument displays ti | me and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompt | ed; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | | anister is being changed before expiration hanged every four months or after 125 Al | |
| procedures we | ere performed on the instrument | OVEMBER, 20/7 the foindicated above, in accordance with curre at the instrument is functioning properly. | orgoing preventive maintenance int regulations of the N.C. |
| STATE STATE OF THE | Jus S | Smoot ignature of Certifying Official | Certificate Number |

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 1345

Test Date: 11/29/2017 Test Time: 2:29pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:29pm |
| FLO | Pass | 2:29pm |
| FC | Pass | 2:29pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--------|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 2:29pm |
| | | _ |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:30pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:30pm |
| | CRC Tests | 3 |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:30pm |
| CAL | Pass | 2:30pm |

Preventive Maintenance Status: Pass

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 1345
Test Date: 11/29/2017 Test Time: 2:29pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:29pm |
| FLO | Pass | 2:29pm |
| FC | Pass | 2:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FCL | Pass | 2:29pm |
| SRC | Pass | 2:29pm |
| DET | Pass | 2:29pm |
| BAR | Pass | 2:29pm |
| BT | Pass | 2:29pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| AIR | Pass | 2:30pm |

Printer Tests

| Test | Status | Time: |
|------|-----------|--------|
| PRNT | Pass | 2:30pm |
| | CRC Tests | |
| Test | Status | Time |

| Test | Status | Time |
|------|--------|--------|
| 4.6 | | 4 |
| COMP | Pass | 2:30pm |
| CAL | Pass | 2:30pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Fr | PANKLIN | Instrument Location FRA | NKLINTUN PD | |
|--|---|--|---|----------|
| Instrument S | Serial No. <u>00 9815</u> | #7 W. MASON S | T. FRANKLINTON, A | <u>\</u> |
| The prevent four months | ive maintenance procedures for the | ne Intoximeters, Model Intox EC/IR | II to be followed at least once every | у |
| 1. | Verify the ethanol gas canis 34 degrees, plus or minus 2 | ster displays pressure, or the alcohol degree centigrade; | ic breath simulator thermometer sho | ЭW |
| 2. | Verify instrument displays | time and date; | | |
| 3. | Initiate breath test sequence | , | | |
| 4. | Enter information as promp | ted; | | ٠ |
| 5. | Verify instrument accuracy | | | |
| 6. | When "PLEASE BLOW" a | appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" a | appears, collect breath sample; | | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; | and | | |
| 10. | Verify that the ethanol gas of simulator solution is being of whichever occurs first. | canister is being changed before expendenced every four months or after 1 | iration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests | s, |
| procedures v | were performed on the instrument | NEMBER, 20 /7 indicated above, in accordance with a the instrument is functioning prop | the forgoing preventive maintenance current regulations of the N.C. perly. | се |
| THE STAN IN THE ST | CAROLINA | D Smith | 6_37_ | |

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 11/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN

Permit Number: 8937E

Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:39am |
| AIR BLK | .00 | 11:40am |
| ACCY CHK | .08 | 11:41am |
| AIR BLK | .00 | 11:42am |
| SUB TEST | .00 | 11:42am |
| AIR BLK | .00 | 11:43am |
| SUB TEST | .00 | 11:45am |
| AIR BLK | .00 | 11:46am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 1094
Test Date: 11/28/2017 Test Time: 11:49am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------|--------------------|
| IR FLO | Pass | 11:49am 11:49am |
| | Pass | TT:49aiii |
| FC | Pass | 11:49am |

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

| Service Servic | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County $f_{\widehat{K}}$ | 1944 Instrument Location 18 1834 County Detention |
| Instrument Ser | rial No. 208659 Winston-Salem, N.C. |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures wer Department of | the 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 |

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 11/06/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENACE

Subject'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: AG716201 Exp Date: 06/11/2019

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 2:31pm 2:32pm |
| ACCY CHK | .07 | 2:32pm |
| AIR BLK | .00 | 2:33pm |
| SUB TEST | .00 | 2:34pm |
| AIR BLK | .00 | 2:35pm |
| SUB TEST | .00 | 2:37pm |
| ATR BLK | . 00 | 2:38pm |

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 4540

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:39pm |
| FLO | Pass | 2:39pm |
| FC | Pass | 2:39pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:39pm |
| SRC | Pass | 2:39pm |
| DET | Pass | 2:39pm |
| BAR | Pass | 2:39pm |
| BT | Pass | 2:39pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pass | 2:40pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:40pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:40pm |
| CAL | Pass | 2:40pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County F01 | INTOXIMETERS, MODEL INTOX EC/IR II S5// LA Instrument Location 10 7251/ LA COUNTY DESCRIPTION |
|--|--|
| Instrument S | erial No. 008583 Winston - Solem, U.C. |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | 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. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 11/06/2017

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: NC

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: AG716201 Exp Date: 06/11/2019

| Test | 9/2101 | ı ıme |
|----------|--------|--------|
| DIAG | Pass | 2:43pm |
| AIR BLK | .00 | 2:44pm |
| ACCY CHK | .07 | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| SUB TEST | .00 | 2:46pm |
| AIR BLK | .00 | 2:47pm |
| SUB TEST | .00 | 2:49pm |
| AIR BLK | .00 | 2:50pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 6942

Test Date: 11/06/2017 Test Time: 2:51pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:51pm 2:51pm |
| FC | Pass | 2:51pm |

Temperature Tests

| Test | Status | Time |
|----------|--------|--------|
| FC1 | Pass | 2:51pm |
| SRC | Pass | 2:51pm |
| DET | Pass | 2:51pm |
| BAR | Pass | 2:51pm |
| ${f BT}$ | Pass | 2:51pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:52pm |

Printer Tests

| Test St | tatus T | 'ime |
|---------|---------|-------|
| PRNT Pa | ass 2 | :52pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:52pm |
| CAL | Pass | 2:52pm |

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 11/06/2017

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: NC

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: AG716201 Exp Date: 06/11/2019

| Test | g/210L | Time |
|--|----------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 2:44pm 2:45pm 2:46pm 2:47pm 2:48pm 2:48pm |
| AIR BLK SUB TEST | .00 | 2:40pm |
| AIR BLK | .00 | 2:50pm |
| | | |

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925

Test Record Number: 1989

Test Date: 11/06/2017

Test Time: 2:52pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 2:52pm |
| SRC | Pass | 2:52pm |
| DET | Pass | 2:52pm |
| BAR | Pass | 2:52pm |
| \mathtt{BT} | Pass | 2:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:53pm |

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETEI | RS, MODEL INTOX EC/ | IR II , 77 / |
|---|---|--|--|
| County F | ORSUTA | Instrument Location | SVILLE POLICE |
| Instrument Se | erial No. <u>008650</u> | Depar | tmen t |
| | <u></u> | | · |
| The preventive four months a | | toximeters, Model Intox EC/IR II to b | e followed at least once every |
| 1. | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | lisplays pressure, or the alcoholic brea gree centigrade; | ath simulator thermometer show |
| 2. | Verify instrument displays time | and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appe | ars, collect breath sample; | |
| 7. | When "PLEASE BLOW" appe | ars, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | I | |
| 10. | | ster is being changed before expiration ged every four months or after 125 A | |
| | were performed on the instrument ind | the force in the force in the force in the instrument is functioning properly. | orgoing preventive maintenance ent regulations of the N.C. |
| OF STATION | X LEANER | ature of Certifying Official | Certificate Number |

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 11/06/2017

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: NC

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: AG621403 Exp Date: 08/01/2018

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

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1378

Test Date: 11/06/2017

Test Time: 4:09pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:09pm |
| FLO | Pass | 4:09pm |
| FC | Pass | 4:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:09pm |
| SRC | Pass | 4:09pm |
| DET | Pass | 4:09pm |
| BAR | Pass | 4:09pm |
| BT | Pass | 4:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| * • | • | |
| AIR | Pass | 4:10pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:10pm |
| CAL | Pass | 4:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Forsyth | Instrument Location | Bat Mobile Unit 11 |
|----------------|---|-------------------------------|---|
| Instrume | nt Serial No. <u>DD 8973</u> | | |
| The preve | | Intoximeters, Model Intox B | EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 o | | coholic breath simulator thermometer show |
| 2. | Verify instrument displays tir | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | pears, collect breath sample | |
| 7. | When "PLEASE BLOW" ap | pears, collect breath sample | , |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; a | and | |
| 10. | | | re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests, |
| | that on the 36 day of N res were performed on the instrument in ent of Health and Human Services, and | | the forgoing preventive maintenance with current regulations of the N.C. ng properly. |
| STATE CHEAT SE | STATE OF NORTH OF THE PARTY OF | v De | 658 |
| | Si | gnature of Certifying Officia | |

FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008973 Test Date: 11/30/2017

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| g/210L | Time |
|---------------------------|---|
| Pass .00 .08 .00 | 9:01pm 9:02pm 9:03pm 9:04pm 9:04pm |
| .00 | 9:05pm |
| | 9:06pm 9:07pm |
| | Pass .00 .08 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

100100

FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008973 Test Record Number: 430

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:09pm |
| FLO | Pass | 9:09pm |
| FC | Pass | 9:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:10pm |
| SRC | Pass | 9:10pm |
| DET | Pass | 9:10pm |
| BAR | Pass | 9:10pm |
| BT | Pass | 9:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:10pm |

Printer Tests

Status

Test

| PRNT | Pass | 9:10pm |
|------|-----------|--------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:10pm |

Pass

9:11pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County | Instrument Location UNC- GREENS BORD NO 008604 POLICE DEPAYTMENT |
| Instrument Seria | INO.008604 Police Department |
| The preventive r | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department o | on theday ofduber, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | For the second s |

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 11/09/2017

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: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 3:14pm 3:14pm 3:15pm |
| AIR BLK SUB TEST | .00 .00 | 3:16pm 3:17pm |
| AIR BLK SUB TEST | .00 | 3:18pm 3:19pm |
| AIR BLK | .00 | 3:20pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1570
Test Date: 11/09/2017 Test Time: 3:22pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|------------------------|
| | | State of the second of |
| IR | Pass | 3:22pm |
| FLO | Pass | 3:22pm |
| 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 | Pass | 3:24pm |
| CAL | Pass | 3:24pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| _ | INTOXIMETERS, MODEL INTOX EC/IR II |
|---|--|
| County U | Instrument Location Greensboro PU |
| Instrument Seria | INO. 008725 100 Police PHZA Greensboro, NC |
| 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 procedures were Department of | theday of |
| THE COLE | Signature of Certifying Official Certificate Number |

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 11/09/2017

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: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| ACCY CHK | .07 | 3:59pm |
| AIR BLK | .00 | 3:59pm |
| SUB TEST | .00 | 4:00pm |
| AIR BLK | .00 | 4:01pm |
| SUB TEST | .00 | 4:03pm |
| ATR BLK | .00 | 4:04pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4025
Test Date: 11/09/2017 Test Time: 4:04pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 4:05pm 4:05pm |
| FC | Pass | 4:05pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 4:05pm |
| SRC | Pass | 4:05pm |
| DET | Pass | 4:05pm |
| BAR | Pass | 4:05pm |
| \mathtt{BT} | Pass | 4:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:05pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:05pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:06pm 4:06pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| _ | , model intox echin | | |
|-------------------------------------|--|--|--|
| County G | Instrument Location Gates Co. S.O. | | |
| Instrument Seri | al No. 008851 202 Court St., Gatesville, NC | | |
| | | | |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every | | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; | | |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| | the 15 day of 100000000000000000000000000000000000 | | |
| OT THE STATE OF THE OTHER PROPERTY. | Signature of Certifying Official Certificate Number | | |

GATES COUNTY GATES CO SO 360

Serial Number: 008851 Test Date: 11/15/2017

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:
06/01/2017-06/01/2019

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

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

| Test | g/210F | Time |
|--|------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 | 1:05pm 1:06pm 1:06pm 1:07pm 1:10pm |
| AIR BLK | .00 | 1:11pm |
| SUB TEST | .00 | 1:12pm |
| AIR BLK | .00 | 1:13pm |

~ / OIDT THE

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MA

GATES COUNTY GATES CO SO 360

Serial Number: 008851 Test Record Number: 592 Test Date: 11/15/2017 Test Time: 1:14pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:14pm 1:14pm |
| FC | Pass | 1:15pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 1:15pm |
| SRC | Pass | 1:15pm |
| DET | Pass | 1:15pm |
| BAR | Pass | 1:15pm |
| \mathtt{BT} | Pass | 1:15pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:15pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:15pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:16pm 1:16pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Gaston Instrument Location Bat Mobile Unit 11 |
|-----------------------------------|--|
| Instrume | nt Serial No |
| The prevenue four mon | 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 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 of procedure Department | that on the |
| GREAT | Signature of Certifying Official Certificate Number |

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008973 Test Date: 11/17/2017

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:
06/01/2017-06/01/2019

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 9:28pm 9:29pm |
| ACCY CHK | .08 | 9:30pm |
| AIR BLK | .00 | 9:31pm |
| SUB TEST | .00 | 9:31pm |
| AIR BLK | .00 | 9:32pm |
| SUB TEST | .00 | 9:33pm |
| AIR BLK | .00 | 9:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chy V Doly
Analyst

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008973 Test Record Number: 427
Test Date: 11/17/2017 Test Time: 9:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 9:36pm |
| SRC | Pass | 9:36pm |
| DET | Pass | 9:36pm |
| BAR | Pass | 9:36pm |
| \mathtt{BT} | Pass | 9:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:37pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:37pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:37pm |

CAL Pass 9:37pm
Preventive Maintenance

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|---|---|
| County C | ates Instrument Location Gates (0.5.0. |
| Instrument Se | rial No. 008884 202 Court St., Gatesville, PC |
| The preventive four months a | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures v | on the 30 day of 000 every, 20 1 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STAIL | Signature of Certifying Official Certificate Number |

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 11/30/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

| Test | g/210L | Time |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 | 10:28am 10:29am 10:30am 10:31am 10:32am |
| SUB TEST | .00 | 10:33am |
| AIR BLK | .00 | 10:34am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GATES COUNTY GATES CO SO 360

Serial Number: 008884

Test Record Number: 833

System Check: Passed

Baseline Tests

| IR Pass FLO Pass FC Pass | s 10:36am |
|--------------------------|-----------|

Temperature Tests

Blank Tests

| Test | Status | Time |
|------|---------|------|
| TCDC | Dialus. | 1111 |

AIR Pass 10:37am

Printer Tests

| Test Status III | Test | Status | Time |
|-----------------|------|--------|------|
|-----------------|------|--------|------|

PRNT Pass 10:37am

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMD | Dagg | 10.275 |

COMP Pass 10:37am CAL Pass 10:37am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County H | ALIFAX | Instrument Location Roy | ANONE RAPIDS PO |
|----------------|--|--|--|
| Instrument S | erial No. <u>008635</u> | 1040 ROANORE | AVE ROANDER RAPIDS, |
| The preventi | | Intoximeters, Model Intox EC/I | R 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 alcoholegree centigrade; | olic breath simulator thermometer shows |
| 2. | Verify instrument displays tim | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | 1; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; as | nd . | |
| 10. | Verify that the ethanol gas car simulator solution is being cha whichever occurs first. | nister is being changed before eaninged every four months or after | xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests, |
| procedures v | on the <u>30</u> day of <u>Nov</u> were performed on the instrument in of Health and Human Services, and | dicated above, in accordance w | the forgoing preventive maintenance ith current regulations of the N.C. roperly. |
| and the second | | | |
| THE STAT | E Or NO. | | |
| 3 | Ē | | |
| | | | · · |
| APRIL 12. | Dru D | Smith | 637 |
| | Sig | nature of Certifying Official | Certificate Number |

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 11/30/2017

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: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401

Exp Date: 08/02/2019

| Test | g/210L | Time |
|----------|--------|--------|
| | | |
| DIAG | Pass | 8:30pm |
| AIR BLK | .00 | 8:31pm |
| ACCY CHK | .08 | 8:32pm |
| AIR BLK | .00 | 8:33pm |
| SUB TEST | .00 | 8:34pm |
| AIR BLK | .00 | 8:34pm |
| SUB TEST | .00 | 8:36pm |
| AIR BLK | .00 | 8:37pm |

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

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1624
Test Date: 11/30/2017 Test Time: 8:40pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:40pm |
| FLO | Pass | 8:40pm |
| FC | Pass | 8:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:41pm |
| SRC | Pass | 8:41pm |
| DET | Pass | 8:41pm |
| BAR | Pass | 8:41pm |
| BT | Pass | 8:41pm |
| | | |

Blank Tests

| Test | Status | 5 | Time | |
|------|--------|----------|--------|--|
| AIR | Pass | ٠. | 8:41pm | |

Printer Tests

| Test | Status | Time, |
|---------|--------|--------|
| PRNT | Pass | 8:41pm |
| 1 1 1 1 | | 130,41 |

CRC Tests

| rest . | Status | 11 me : |
|--------|--------|-----------|
| | | |
| COMP | Pass | 8:42pm |
| CAT. | Dagg | 8 · 42 mm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County HA | LIFAX | Instrument Location ROANORE | RAPIDS PD |
|--|---|--|---|
| Instrument Ser | rial No. <u>008656</u> | 1040 ROANOUE AVE RO | MANORE RAPIDS. |
| The preventive four months ar | | Intoximeters, Model Intox EC/IR II to be followed | owed at least once every |
| 1. | Verify the ethanol gas canisto 34 degrees, plus or minus .2 | er displays pressure, or the alcoholic breath sin degree centigrade; | nulator thermometer shows |
| 2. | Verify instrument displays ti | me and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompt | ed; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | Verify that the ethanol gas c simulator solution is being c whichever occurs first. | anister is being changed before expiration date hanged every four months or after 125 Alcoho | , or the alcoholic breath lic Breath Simulator tests, |
| I certify that of procedures we Department of | ere performed on the instrument | NEMBER, 20 17 the forgoin indicated above, in accordance with current regard the instrument is functioning properly. | ng preventive maintenance gulations of the N.C. |
| STATE OUR STATE OF THE STATE OF | Zu. | Signature of Certifying Official | 637 Certificate Number |

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 11/30/2017

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: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:31pm |
| AIR BLK | .00 | 8:32pm |
| ACCY CHK | .07 | 8:33pm |
| AIR BLK | .00 | 8:34pm |
| SUB TEST | .00 | 8:34pm |
| AIR BLK | .00 | 8:36pm |
| SUB TEST | .00 | 8:37pm |
| AIR BLK | .00 | 8:38pm |

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 578
Test Date: 11/30/2017 Test Time: 8:40pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:40pm |
| FLO | Pass | 8:40pm |
| FC | Pass | 8:40pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 8:40pm 8:40pm 8:40pm 8:40pm 8:40pm |
| | | |

Blank Tests

Test Status Time

AIR Pass 8:41pm

Printer Tests

Test Status Time

PRNT Pass 8:41pm

CRC Tests .

Test Status Time

COMP Pass 8:41pm

CAL Pass 8:41pm

8:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County HALI | FAX Instrument Location MALIFAX Co. | SHORIFFS OFFICE |
|--|--|--|
| Instrument Serial | No. 008695 355 FERRELL LN | HALIFAX, N |
| The preventive m four months are: | aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed | wed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade; | ulator thermometer shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | er en en en en en |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. | or the alcoholic breath ic Breath Simulator tests, |
| procedures were | he <u>SO</u> day of <u>NOVEMBER</u> , 20 / 7 the forgoin performed on the instrument indicated above, in accordance with current regreatth and Human Services, and the instrument is functioning properly. | g preventive maintenance gulations of the N.C. |
| STATE ON STATE OF STA | OS THE CAROLINA CAROL | |
| ASSER 12, UTB | Signature of Certifying Official | 637 Certificate Number |

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 11/30/2017

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

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

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 4:36pm 4:37pm |
| ACCY CHK | .08 | 4:38pm |
| AIR BLK | .00 | 4:39pm |
| SUB TEST | .00 | 4:39pm |
| AIR BLK | .00 | 4:40pm |
| SUB TEST | .00 | 4:41pm |
| ATR BLK | .00 | 4:42pm |

Reported AC: , 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 2399

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|--------------------------------------|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 4:45pm 4:45pm 4:45pm 4:45pm |
| \mathtt{BT} | Pass | 4:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:46pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:46pm |
| | CRC Tests | • |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:46pm 4:46pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ

| | HARNET CO Instrument Location Dunn Police Dept |
|--|--|
| County | Instrument Location DUMM 1811CE 1949 |
| Instrumer | Serial No. 00 8644 DUNN NC |
| | |
| four mon | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify procedured Departm | at on the |
| A CREAT OF STATE OF S | Signature of Certifying Official Certificate Number |

HARNETT COUNTY DUNN POLICE DEPT: 420

Serial Number: 008644 Test Date: 11/03/2017

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

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

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

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 10:29am 10:30am 10:31am |
| AIR BLK | .00 | 10:32am |
| SUB TEST | .00 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:35am |
| AIR BLK | .00 | 10:36am |

Reported AC: 200 g/210Ly

Signature of Chemical Analyst

Court CVR

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

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 1268
Test Date: 11/03/2017 Test Time: 10:38am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:39am |
| FLO | Pass | 10:39am |
| FC | Pass | 10:39am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:39am |
| SRC | Pass | 10:39am |
| DET | Pass | 10:39am |
| BAR | Pass | 10:39am |
| BT | Pass | 10:39am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:40am |

Printer Tests

Test

COMP

CAL

| PRNT | Pass | 10:40am |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |

Status Time

10:40am

10:40am

Preventive Maintenance Status: Pass

Pass Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | HARNETT Co. Instrument Location Harvett Co | . Det. Center |
|---|---|--|
| Instrument S | Serial No. 008730 Lillington, NC | |
| The prevent | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follos are: | wed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade; | ulator thermometer show |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. | or the alcoholic breath ic Breath Simulator tests, |
| I certify that procedures Departmen | at on the 3rd day of November , 20/7 the forgoin were performed on the instrument indicated above, in accordance with current regat of Health and Human Services, and the instrument is functioning properly. | g preventive maintenance ulations of the N.C. |
| SE S | Signature of Certifying Official | Certificate Number |

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 11/03/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAITENANCE

Subject'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: AG721401 Exp Date: 08/02/2019

| Test | g/210L | Time |
|----------|--------|-----------|
| DIAG | Pass | 11:31am |
| AIR BLK | .00 | 11:31am |
| ACCY CHK | .08 | 11:32am |
| AIR BLK | .00 | 11:33am |
| SUB TEST | .00 | 11:34am |
| AIR BLK | .00 | 11:34am |
| SUB TEST | .00 | 11:36am |
| ATR BY/K | 0.0 | 11 • 37am |

Reported AC:

Signature of Chemical Analyst

Court CVR

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

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 2844
Test Date: 11/03/2017 Test Time: 11:39am 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 |
| \mathtt{BT} | Pass | 11:39am |

Blank Tests

| Test | | | Status | T'ime | |
|------|-----|---|--------|-------|---------|
| | | : | : | | |
| | ATD | | | Dagg | 11.40am |

Printer Tests

Status

Test

Time

| PRNT | Pass | 11:40am |
|-------------|--------------|--------------------|
| . i | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:40am 11:40am |

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County H | ARNET Co. Instrument Location HARNET Co. Det. Conten |
|--|--|
| Instrument Se | erial No. 008/129 Lillington, MC |
| The proventive | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| four months a | |
| 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 |
| SET STATE OF THE S | Signature of Certifying Official Certificate Number |

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 11/03/2017

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 | 11:33am 11:33am 11:34am 11:35am 11:36am 11:37am |
| SUB TEAT | .00 | 11:38am |
| AIR PI K | .00 | 11:39am |

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2203 Test Date: 11/03/2017 Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:41am |
| FLO | Pass | 11:41am |
| FC | Pass | 11:42am |

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|---|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 11:42am 11:42am 11:42am 11:42am 11:42am |
| BT | Pass | 11.42am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:42am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:42am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:42am |

11:42am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | ertford | Instrument Location MWF | eesboro P.D. |
|--|---|--|--|
| Instrument Se | erial No. 008906 | 115 E. Broad S | St., Murfresbor |
| The preventive four months a | | Intoximeters, Model Intox EC/IR II to | be followed at least once every |
| . 1. | Verify the ethanol gas canisto 34 degrees, plus or minus .2 | er displays pressure, or the alcoholic brodegree centigrade; | eath simulator thermometer shows |
| 2. | Verify instrument displays ti | me and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompt | ed; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 8. | Print test record; | | · |
| 9. | Verify Diagnostic Program; | and | |
| 10. | Verify that the ethanol gas consimulator solution is being considered whichever occurs first. | anister is being changed before expirate hanged every four months or after 125 | on date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| I certify that procedures w Department of | vere performed on the instrument | indicated above, in accordance with cur ad the instrument is functioning properly | rent regulations of the N.C. |
| CORE STATION OF THE STATE OF TH | Let | Signature of Certifying Official | |

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 11/15/2017

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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 10:32am 10:32am 10:33am |
| AIR BLK SUB TEST | .00 | 10:34am 10:35am |
| AIR BLK | .00 | 10:35am |
| SUB TEST ATR BLK | .00 .00 | 10:37am |

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

Rev. 12/2007

The Manager was a supplied were that it HERTFORD COUNTY MURFREESBORO PD 450

Br. Buch

Serial Number: 008906 Test Record Number: 645

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR . | Pass | 10:42am |
| FLO | Pass | 10:42am |
| FC | Pass | 10:42am |

Temperature Tests

| Test | Status | Time |
|----------------|--------|---------|
| FC1 | Pass | 10:42am |
| SRC | Pass | 10:42am |
| \mathtt{DET} | Pass | 10:42am |
| BAR | Pass | 10:42am |
| \mathtt{BT} | Pass | 10:42am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:43am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:43am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:43am |
| CAL | Pass | 10:43am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County // | Toke County Instrument Location Hoke Co. Detertion CTR |
|---|--|
| Instrument Se | erial No. 008855 RAE FOREL, 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 procedures v Department | on the day of <u>lecentlee</u> , 20/1 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. |
| TATE STATE OF THE | Signature of Certifying Official Certificate Number |

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 12/15/2017

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

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective: 02/01/2016-02/01/2018

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

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

| Test | g/210L | Time |
|----------|---------|---------|
| DIAG | Pass | 11:37am |
| AIR BLK | .00 | 11:38am |
| ACCY CHK | .08 | 11:39am |
| AIR BLK | .00 | 11:40am |
| SUB TEST | .00 | 11:40am |
| AIR BLK. | .00 | 11:41am |
| SUB TEST | ' . 0 ď | 11:43am |
| AIR BLK | .00 | 11:43am |

Reported AC; ...90 9/210L

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1337 Test Date: 12/15/2017 Test Time: 11:48am EST

System Check: Passed

Baseline Tests

| IR Pass 11:48am FLO Pass 11:48am | Test | Time |
|-------------------------------------|--|---------|
| | TD | 11.49am |
| 1110 | in the man profession of the second of the profession of the second of t | 7 |
| FC Pass 11:49am | FC Pass | 11:49am |

Temperature Tests

| Test | Status | Time |
|---|--------|----------|
| | | 11 10 |
| FC1 | Pass | .11:49am |
| | Pass | 11:49am |
| 1 | Pass | 11:49am |
| | Pass | 11:49am |
| BT | Pass | 11:49am |

Blank Tests

| Ü | ıT€ | est | . i V. 14 | | Sta | tus | - I | 1me | |
|---|------|--------|--------------|------|-----|--------|----------------|------|--|
| 9 | | 23.712 | 34 | 1.00 | | 1375 6 | Projektiva jih | 7.75 | |
| | 0.15 | | 14. | | | 5 5 | t earth ac | | |

| AIR | | Pass | 2 | 11 | :49 | am |
|-----|--|------|---|----|-----|----|
| | | | | | | |

Printer Tests

| | ~ 4 | - Ou | | | |
|----------|---|-------------|------|----------|-----------|
| | N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | · . |
| Test | 1 a 1 | . In the Co | tatı | / | Time |
| 1.173.51 | | | | 11 33. | T T III C |
| | a share a | | | 7.011.11 | |
| | | | | | |

| PRNT Pass 11:49a | |
|--|----|
| | ~~ |
| | ш |
| and the property of the contract of the contra | |

CRC Tests

| Test | | Status | Time |
|--------------|-------|------------------|---------------------------------------|
| | 7.77 | · 清冽解於時間 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| de la second | 34 37 | Mr. 3 . 24 . 24. | |

COMP Pass 11:50am CAL Pass 11:50am

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Hoke County Instrument Location Hoke Co. Detention (tR. |
|------------|---|
| Instrument | Serial No. 008852 RAEFORD MC |
| The prever | ntive 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. |
| procedure | nat on the |
| CAREAT SEA | Signature of Certificate Number |

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 12/15/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 11:43am 11:44am 11:44am |
| AIR BLK | .00 | 11:46am |
| SUB TEST AIR BLK | .00 .00 | 11:46am 11:47am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |

of Chemical Analyst Signature

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 849
Test Date: 12/15/2017 Test Time: 11:51am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| | | |
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| FC | Pass | 11:52am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:52am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:52am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:53am |
| CAL | Pass | 11:53am |

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II 201 E Water St., States Instrument Serial No. 0088 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. 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20 17 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

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 3765

Test Date: 11/02/2017

Test Time: 9:05am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:06am |
| FLO | Pass | 9:06am |
| FC | Pass | 9:06am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 9:06am |
| | Pass Pass Pass Pass |

Blank Tests

| | s Time |
|----------|--------|
| ATR Pass | 9:07am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| | CRC Tests | |
| PRNT | Pass | 9:07am |
| Test | Status | Time |

| COMP | Pass | 9:07am |
|------|------|--------|
| CAL | Pass | 9:07am |

Preventive Maintenance Status: Pass

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 11/02/2017

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:09am |
| AIR BLK | .00 | 9:09am |
| ACCY CHK | .07 | 9:10am |
| AIR BLK | .00 | 9:11am |
| SUB TEST | .00 | 9:12am |
| AIR BLK | .00 | 9:14am |
| SUB TEST | .00 | 9:14am |
| AIR BLK | .00 | 9:16am |

Reported AC: <.00 g/210L

Signature of Chemical

nical/Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Startisy; P |
|--|---|
| Instrument S | Serial No. 008619 3005. Tradu St., States 1,11c |
| The prevent four months | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department of | on the day of day of , 20 17 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE STATE OF THE | Signature of Certifying Official Certificate Number |

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1344
Test Date: 11/08/2017 Test Time: 1:32pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:32pm 1:32pm |
| FC | Pass | 1:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:33pm |
| SRC | Pass | 1:33pm |
| DET | Pass | 1:33pm |
| BAR | Pass | 1:33pm |
| BT | Pass | 1:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:33pm |

Printer Tests

Status

Time

1:34pm

Test

CAL

| - | | |
|--------------|-----------|--------|
| PRNT | Pass | 1:33pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:34pm |

Preventive Maintenance Status: Pass

Pass

Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 11/08/2017

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: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|---|---------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 | 1:36pm 1:36pm 1:37pm 1:38pm 1:38pm 1:39pm |
| SUB TEST | .00 | 1:41pm |
| AIR BLK | .00 | 1:42pm |

Signature of Chemical Analyst

Čourt CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Val | MISON Co. Instrument Location Benson Police Dept. |
|---|--|
| Instrument Seri | |
| 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 t procedures were Department of H | he |
| THE STATE OF NO. | Signature of Certifying Official Certificate Number |

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 11/03/2017

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

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

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

| Test | g/210L | Time |
|---------------------|-----------------------|------------------|
| DIAG AIR BLK | Pass | 9:37am 9:37am |
| ACCY CHK | .07 | 9:38am |
| AIR BLK | .00 | 9:39am |
| SUB TEST AIR BLK | and the second second | 9:40am 9:41am |
| SUB TEST | | 9:42am |
| AIR BLK | .00 | 9:43am |

Reported AC: :00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 499

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:44am |
| SRC | Pass | 9:44am |
| DET | Pass | 9:44am |
| BAR | Pass | 9:44am |
| BT | Pass | 9:44am |

Blank Tests

| Test | Status | T'ime | |
|------|--------|--------|--|
| | | | |
| AIR | Pass | 9:45am | |

Printer Tests

| TEBL | Status | rime |
|------|-----------|--------|
| PRNT | Pass | 9:45am |
| • | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:45am |
| CAL | Pass | 9:45am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County J | Ohaston | Instrument Location | SEL MA | 2 Ruce | DEDT |
|--|---|---|------------------------------------|--|---------------------------------------|
| Instrument Seria | al No. <u>008595</u> | SELMA | NC | | V21/ |
| The preventive four months are | maintenance procedures for the I | ntoximeters, Model Intox E | C/IR II to be for | ollowed at least o | once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the al- gree centigrade; | coholic breath s | simulator thermo | meter show |
| 2. | Verify instrument displays time | e and date; | | | |
| 3. | Initiate breath test sequence; | | | | |
| 4. | Enter information as prompted | ; | | | |
| 5. | Verify instrument accuracy; | • | | | |
| ¹ 6. | When "PLEASE BLOW" appe | ears, collect breath sample; | | | |
| 7. | When "PLEASE BLOW" appe | ears, collect breath sample; | dr. | | |
| 8. | Print test record; | | | | |
| 9. | Verify Diagnostic Program; and | i | | | |
| 10. | Verify that the ethanol gas cani simulator solution is being char whichever occurs first. | ster is being changed before aged every four months or a | e expiration dat fter 125 Alcoh | e, or the alcoholi olic Breath Simu | ic breath lator tests, |
| I certify that on t procedures were Department of H | the <u>O2</u> day of <u>No</u> performed on the instrument ind dealth and Human Services, and the | VEMBER, 20, 20 | with current re | ing preventive magulations of the | aintenance N.C. |
| TATE OF STATE OF NO. 1755 N. 1 | CAROLINA ************************************ | | | ; | |
| QUANVIOL | Sign | ature of Certifying Official | <u> </u> | 371 | · · · · · · · · · · · · · · · · · · · |
| | Sign | and or countying Official | | Certificate Nu | ımber |

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 11/02/2017

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
Permit Number: 6108E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 .00 | 11:19am 11:20am 11:20am 11:21am |
| SUB TEST | .00 | 11:22am |
| AIR BLK | .00 | 11:23am |
| SUB TEST | .00 | 11:24am |
| AIR BLK | .00 | 11:25am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 11/02/2017

Test Record Number: 1178
Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:26am 11:26am |
| FC | Pass | 11:26am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:26am |
| SRC | Pass | 11:26am |
| DET | Pass | 11:26am |
| BAR | Pass | 11:26am |
| \mathtt{BT} | Pass | 11:26am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:27am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:27am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:27am |
| CAL | Pass | 11:27am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| • | / MIONIMETERS, MODEL MION EC/IR II |
|---|--|
| County | LFE Instrument Location LEE Co. All |
| Instrument Ser | rial No |
| | |
| The preventive four months are | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5, | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on | the <u>09</u> day of <u>November</u> , 20 17 the forgoing preventive maintenance |
| procedures were Department of I | 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. |
| | |
| STALE OF LAND 20, 1775 | |
| | |
| 120 120 120 120 120 120 120 120 120 120 | |
| FOR QUAM VIDER | To H Toursell 371 |
| | Signature of Certifying Official Certificate Number |

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 11/09/2017

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

Permit Number: 6108E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---------------------|------------|------------------|
| DIAG AIR BLK | Pass | 4:50pm 4:51pm |
| ACCY CHK | .08 | 4:51pm |
| AIR BLK SUB TEST | | 4:53pm |
| AIR BLK | .00 .00 | 4:53pm 4:54pm |
| SUB TEST | .00 | 4:56pm |
| AIR BLK | .00 | 4:57000 |

Reported AC

Signature of Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1773

Test Date: 11/09/2017

Test Time: 4:58pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:59pm |
| FLO | Pass | 4:59pm |
| FC | Pass | 4:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:59pm |
| SRC | Pass | 4:59pm |
| DET | Pass | 4:59pm |
| BAR | Pass | 4:59pm |
| BT | Pass | 4:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| | • | |
| ΔTR | Pagg | 4 · 59mm |

Printer Tests

| lest | Status | TTME |
|------|--------|--------|
| PRNT | Pass | 4:59pm |

CRC Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| COMP CAL | Pass Pass | 5:00pm 5:00pm |
| | | |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to b are: | e followed at least once every |
|--------------------------|--|---|
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade; | th simulator thermometer shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first. | date, or the alcoholic breath coholic Breath Simulator tests, |
| | on the | rgoing preventive maintenance nt regulations of the N.C. |

Signature of Certifying Official

Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 11/15/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 11:45am 11:46am 11:47am 11:48am 11:48am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 4.6 |
| TIV DIV | .00 | 11:52am |

Reported AC: ___.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1651 Test Date: 11/15/2017 Test Time: 11:53am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:53am |
| FLO | Pass | 11:53am |
| FC | Pass | 11:53am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 11:53am 11:53am 11:53am 11:53am |

Blank Tests

| Test | St | tatus | | Time |
|------|----|-------|----|------------------|
| | | | ٠. | + ¹) |
| AIR | Pa | ass | | 11 • 54 am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:54am |
| | | , |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| 1000 | beatus | TTIIIE |
| COMP | Pass | 11:54am |
| CAL | Pass | 11:54am |

Preventive Maintenance Status: Pass

Inda Kease
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County _ | ENDIR Instrument Location Lewoix Co. 5.0. |
|----------------------|---|
| Instrument S | Gerial No. 008639 130 Queen ST., KINSTON, N.C. |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| procedures w | on the |
| | |
| THE STATE WAY 20, 17 | |
| | |
| | |
| APRIL IZ. IT | Ind Muse 647 |

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 11/15/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

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

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 11:25am 11:27am 11:27am |
| AIR BLK | .00 | 11:28am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:31am |
| AIR BLK | .00 | 11:32am |

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Inch Keel
Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 11/15/2017

Test Record Number: 3080 Test Time: 11:33am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 11:33am 11:33am 11:33am 11:33am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:34am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:34am |
| | CRC Tests | |

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | MONTGOMERY Instrument Location MONTGOMERY Co. JAIL |
|------------------------------|--|
| Instrument Se | rial No. <u>DD 8709</u> <u>77204</u> NC |
| 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. |
| | |
| I certify that o | |
| Department of | ere 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. |
| | |
| GREATS WAS | CAROLE CA |
| TOTAL IZ. IT IS | |
| Non-Transmission | Ja H Trussell 371 |
| | Signature of Certifying Official Certificate Number |

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 11/13/2017

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

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

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

| Test | g/210L | Time |
|-----------------|--------|-------------------|
| DIAG AIR BLK | Pass | 1:58pm 1:59pm |
| ACCY CHK | .08 | 1:59pm |
| AIR BLK | .00 | 2:00pm |
| SUB TEST | .00 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:03pm |
| AIR BLK | .00 | $2:04\mathrm{pm}$ |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 11/13/2017 Test Record Number: 1033
Test Time: 2:09pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| ÎR FLO | Pass Pass | 2:09pm 2:09pm |
| FC | Pass | 2:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:10pm |
| SRC | Pass | 2:10pm |
| DET | Pass | 2:10pm |
| BAR | Pass | 2:10pm |
| BT | Pass | 2:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:10pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:10pm |
| CAL | Pass | 2:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | Instrument Location MONTEO MERLY Co. JAIL |
|---|--|
| Instrument Seria | ino. 008657 TRAY NC |
| The preventive is 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 |
| STATE OF AN STATE | |

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

Signature of Certifying Official

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 11/13/2017

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

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

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

| g/210L | Time |
|--------|------------------------------|
| Pass | 1:53pm |
| .07 | 1:54pm 1:54pm |
| .00 | 1:55pm |
| | 1:56pm |
| | 1:57pm |
| .00 | 1:59pm |
| .00 | 2:00pm |
| | Pass .00 .07 .00 .00 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 11/13/2017

Test Record Number: 1481 Test Time: 2:02pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| IR | Pass | 2:02pm |
| FLO | Pass | 2:02pm |
| FC | Pass | 2:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:02pm |
| SRC | Pass | 2:02pm |
| DET | Pass | 2:02pm |
| BAR | Pass | 2:02pm |
| BT | Pass | 2:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:03pm |
| CAL | Pass | 2:03pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

| Instrument Serial No. OO 2/7/O Pine hurst No. OO 2/7/O | |
|--|----------------------|
| 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; | Dep. |
| 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; | , |
| 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; | |
| 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; | ce every |
| 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; | eter shov |
| 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 instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; | |
| 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; | |
| 7. When "PLEASE BLOW" appears, collect breath sample;8. Print test record; | |
| 8. Print test record; | |
| | |
| 9. 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 Simula whichever occurs first. | breath tor tests, |
| I certify that on the | ntenance .C. |
| Signature of Certifying Official Certificate Num | / |

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

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 11/14/2017

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

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

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

Analyst's Name: KEESLER, 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 ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 10:24am 10:25am 10:26am 10:26am 10:27am 10:28am |
| SUB TEST | .00 | 10:29am |
| AIR ÆLK | .00 | 10:30am |

Reported AC:, 00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 11/14/2017

Test Record Number: 1435 Test Time: 10:31am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:31am |
| FLO | Pass | 10:31am |
| FC | Pass | 10:31am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 10:31am 10:31am 10:31am 10:31am 10:31am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:32am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:32am |
| | CRC Tests | |

| Test | Status | Time |
|-------------|--------------|---------|
| COMP CAL | Pass Pass | 10:32am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| ٨ | May to Instrument Location May to (1) |
|--|---|
| | instrument Education / (at 1777) (C. 370). |
| Instrument S | Serial No. D08912 305 E. Main St., Williamston, M. |
| The prevent four months | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures we Department of | on the 13 th day of November, 20 17 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Leu NO |
| | Signature of Certifying Official Certificate Number |

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 11/13/2017

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: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

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

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | | 10:29am |
| AIR BLK | | 10:30am |
| ACCY CHK | .08 | .10:31am |
| AIR BLK | .00 | 10:32am |
| SUB TEST | .00 | 10:32am |
| AIR BLK | .00 | 10:33am |
| SUB TEST | .00 | 10:35am |
| AIR BLK | .00 | 10:36am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1301 Test Date: 11/13/2017 Test Time: 10:37am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------------|----------------------|-------------------------------|
| IR FLO FC | Pass Pass Pass | 10:38am 10:38am 10:38am |
| | | |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 10:38am 10:38am 10:38am 10:38am 10:38am |
| | | **** *** *** |

Blank Tests

| Test | Status | Time |
|------|--------|---|
| 1.1 | | |
| AIR | Pass | 10:39am |
| | | 1. C. |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:39am |
| | CPC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:39am |
| CAL | Pass | 10:39am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_W | Decklen burg Instrument Location BA+ Mubile Unit 11 |
|--|--|
| Instrument Se | erial No |
| 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 |
| THE STATE OF THE PROPERTY OF T | Signature of Certifying Official Certificate Number |

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 11/13/2017

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:06pm |
| AIR BLK | .00 | 8:07pm |
| ACCY CHK | .08 | 8:07pm |
| AIR BLK | .00 | mq80:8 |
| SUB TEST | .00 | 8:09pm |
| AIR BLK | .00 | 8:11pm |
| SUB TEST | .00 | 8:11pm |
| AIR BLK | .00 | 8:12pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973

Serial Number: 008973 Test Record Number: 422 Test Date: 11/13/2017 Test Time: 8:13pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:14pm |
| FLO | Pass | 8:14pm |
| FC | Pass | 8:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:14pm |
| SRC | Pass | 8:14pm |
| DET | Pass | 8:14pm |
| BAR | Pass | 8:14pm |
| BT | Pass | 8:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:15pm |

Printer Tests

| Test | Status | Time |
|------|--------|----------|
| PRNT | Pass | 8 • 15 m |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:15pm |
| CAL | Pass | 8:15pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_/ | Jeek koburg | Instrument Location | int Moblic Unit 11 |
|--|---|--|--|
| Instrument Se | rial No. <u>/) 0 89 70</u> | | · |
| | | | |
| The preventive four months a | e maintenance procedures for the Intox re: | imeters, Model Intox EC/I | 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 alcohe centigrade; | olic breath 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. | simulator solution is being changed whichever occurs first. | every four months or after | expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests, |
| I certify that o procedures we Department of | n the <u>/</u> day of <u>///////////////////////////////////</u> | ed above, in accordance will astrument is functioning pr | the forgoing preventive maintenance th current regulations of the N.C. operly. |
| STATE OF STA | CAROLL | 3. | |
| - Allins | Signature | of Certifying Official | Certificate Number |
| | 9 | - 71 | Continued (Antinue) |

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 11/13/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 8:08pm 8:09pm 8:09pm 8:10pm 8:11pm 8:12pm |
| AIR BLK | .00 | 8:14pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970

Test Record Number: 407 Test Date: 11/13/2017 Test Time: 8:15pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:15pm |
| FLO | Pass | 8:15pm |
| FC | Pass | 8:15pm |

Temperature Tests

| Test | Status | Time |
|------------|--------|--------|
| FC1 | Pass | 8:16pm |
| SRC | Pass | 8:16pm |
| DET | Pass | 8:16pm |
| BAR | Pass | 8:16pm |
| $_{ m BT}$ | Pass | 8:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|-----------|
| | • | |
| AIR | Pass | 8 • 1 6 m |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:16pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:16pm |
| CAL | Pass | 8:16pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Intoximeters, MODEL INTOX EC/IR II Lecklenburg Instrument Location Juntus PD |
|--|---|
| Instrument S | MORPHIA GEORGE (1) A 11 1 11 |
| 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 we Department c | on the day of 01 mb , 20 / 7 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE OF STA | STORING TO |

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

Certificate Number

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 11/08/2017

Test Record Number: 2594 Test Time: 11:53am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:54am |
| FLO | Pass | 11:54am |
| FC | Pass | 11:54am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 11:54am 11:54am 11:54am 11:54am 11:54am |
| | | 11.010m |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| | | |
| ATR | Dace • | 11.55am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:55am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:55am |
| CAL | Pass | 11:55am |

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 11/08/2017

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

| Test | g/210L | Time |
|-----------------|--------|---------|
| DIAG | Pass | 11.E0am |
| DIAG AIR BLK | | 11:58am |
| | .00 | 11:58am |
| ACCY CHK | .08 | 11:59am |
| AIR BLK | .00 | 12:00pm |
| SUB TEST | .00 | 12:00pm |
| AIR BLK | .00 | 12:01pm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | . 00 | 12:03pm |

Reported AC 20 g/2101

Signature of Chemical Apalyst

Court CVR

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: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the day of day of 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.



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 11/08/2017 Test Record Number: 2725
Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:37pm 12:37pm |
| FC | Pass | 12:37pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 12:37pm 12:37pm 12:37pm 12:37pm 12:37pm |
| . – – | | шш тол ри |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:37pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:37pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:38pm |
| CAL | Pass | 12:38pm |

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 11/08/2017

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:40pm |
| AIR BLK | .00 | |
| | | 12:41pm |
| ACCY CHK | .08 | 12:42pm |
| AIR BLK | .00 | 12:43pm |
| SUB TEST | .00 | 12:43pm |
| AIR BLK | .00 | 12:44pm |
| SUB TEST | .00 | 12:46pm |
| AIR BLK | .00 | 12:47pm |

Reported AC: .. 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | lecklenburg Instrument Location CMPD-LEC |
|--|---|
| Instrument S | 000001 (00 5-10) 01 11 |
| | |
| The preventi | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9, | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department | on the 28 th day of 0000, 20 17 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| or the STATI | |
| STATE OF THE STATE | |

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

ying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 11/28/2017

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: 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 | 11:21am 11:22am |
| ACCY CHK | .08 | 11:23am |
| AIR BLK | .00 | 11:24am |
| SUB TEST | .00 | 11:25am |
| AIR BLK | .00 | 11:26am |
| SUB TEST | .00- | 11:27am |
| AIR BLK | .00 | 11:28am |

Reported &C. .00 g/210L

Signature of Chemica 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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 7122
Test Date: 11/28/2017 Test Time: 11:33am EST

System Check: Passed

Baseline Tests

| Test | 9 | Status | Time |
|------|------|--------|----------|
| IR | 1, 1 | Pass | 11:33am |
| FLO | | Pass | -11:33am |
| FC | | Pass | 11:33am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 11:33am 11:33am 11:33am 11:33am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:34am |
| | | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:34am |
| | CRC Tests | |

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Mecklenburg Instrument Location Mat | thews PD |
|--------------|--|---|
| Instrument S | Serial No. 008699 1201 Crews R. | 1. Nothers |
| | | |
| The preventi | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II are: | to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic based and degrees, plus or minus .2 degree centigrade; | preath simulator thermometer shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first. | tion date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| | t on the 28±0 day of 10100 day of 20 17 the were performed on the instrument indicated above, in accordance with cu of Health and Human Services, and the instrument is functioning proper | |
| | | |
| OF THE STAT | TE OF NOR | |
| | | |
| STATE CLARE | Mall Hay | 656 |
| | Signature of Certifying Official | Certificate Number |

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 11/28/2017

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:15pm |
| AIR BLK | .00 | 12:16pm |
| ACCY CHK | .07 | 12:17pm |
| AIR BLK | .00 | 12:18pm |
| SUB TEST | .00 | 12:19pm |
| AIR BLK | .00 | 12:20pm |
| SUB TEST | .00 | 12:21pm |
| AIR BLK | .00 | 12:23pm |

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2575
Test Date: 11/28/2017 Test Time: 12:24pm EST

System Check: Passed

Baseline Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| | | |
| IR | Pas s | 12:25pm |
| FLO | Pass | 12:25pm |
| FC | Pass | 12:25pm |

Temperature Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| FC1 | Pass | 12:25pm |
| SRC | Pas s | 12:25pm |
| DET' | Pass | 12:25pm |
| BAR | Pas s | 12:25pm |
| BT | Pas s | 12:25pm |

Blank Tests

| rest | Status | rime |
|---|--------|----------|
| 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | |
| AIR | Pass | 12:26pm |

Printer Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| PRNT | Pass | 12:26pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------------|---------|
| COMP | Pas s | 12:26pm |
| CAL | Pass | 12:26pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Instrument Serial No. DO8726 Spruce Pine PD Instrument Serial No. DO8726 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; | |
|---|---------------|
| 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; | |
| 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; | very |
| 3. Initiate breath test sequence; | : shov |
| | |
| 4. Enter information as prompted: | |
| 2.100 mornation as prompted, | |
| 5. Verify instrument accuracy; | |
| 6. When "PLEASE BLOW" appears, collect breath sample; | |
| 7. When "PLEASE BLOW" appears, collect breath sample; | |
| 8. Print test record; | |
| 9. Verify Diagnostic Program; and | |
| 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. | ath tests, |
| I certify that on the day of day of , 20/, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.O. Department of Health and Human Services, and the instrument is functioning properly. | nce |
| THE STATE OF MODELLE AND THE STATE OF MODELLE | |
| 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)

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 11/30/2017

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:

05/01/2017-05/01/2019

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

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

| Test | g/210L | Time |
|---|--------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | .00 | 3:49pm 3:50pm 3:51pm 3:52pm 3:52pm 3:53pm 3:55pm |
| AIR BLK | .00 | 3:56pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 906 Test Date: 11/30/2017 Test Time: 3:56pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:57pm |
| FLO | Pass | 3:57pm |
| FC | Pass | 3:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:57pm |
| SRC | Pass | 3:57pm |
| DET | Pass | 3:57pm |
| BAR | Pass | 3:57pm |
| BT | Pass | 3:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|----------------|
| | | and the second |
| AIR | Pass | 3:58pm |

Printer Tests

| Test Status | Time |
|-------------|--------|
| PRNT Pass | 3:58pm |
| CRC Test | s |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:58pm |
| CAL | Pass | 3:58pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | DRTHAMPTUN | _ Instrument Location MORTH | AMPTON CO. SHERIFF'S OFFICE |
|--|---|--|---|
| Instrument S | erial No. <u>008607</u> | 105W. JEFFERSON | AMPTON G. SHERIFF'S OFFICE |
| The preventi four months | ve maintenance procedures for the are: | Intoximeters, Model Intox EC/IR II to | be followed at least once every |
| 1. | Verify the ethanol gas canisto 34 degrees, plus or minus .2 | er displays pressure, or the alcoholic br degree centigrade; | eath simulator thermometer shows |
| 2. | Verify instrument displays ting | me and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | ed; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; a | and | |
| 10. | Verify that the ethanol gas ca simulator solution is being ch whichever occurs first. | nister is being changed before expiration anged every four months or after 125 A | on date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| procedures w | ere performed on the instrument in | over 1 the instrument is functioning properly | rent regulations of the N C |
| CONTROL OF THE STATE OF THE STA | No. III CAROUM | | |
| O QUAM VIII | 7210 | -D Andl | _637 |
| | Sig | gnature of Certifying Official | Certificate Number |

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 11/30/2017

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

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

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

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

Reported AC: 400 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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 918

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------|--------|
| IR FLO | Pass | 3:46pm |
| | Pass | 3:46pm |
| FC | Pass | 3:46pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 3:46pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:47pm |

Printer Tests

| TESC | Status | Time |
|------|--------|--------|
| | | |
| PRNT | Pass | 3:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:47pm |
| CAL | Pass | 3:47pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County No | Instrument Location MURTHA | the state of the s | |
|--|--|--|-----------------------|
| Instrument S | derial No. 008688 105 W. JEFFERSOW | ST. JACKSON | J, NC |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are: | be followed at least or | nce every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic br 34 degrees, plus or minus .2 degree centigrade; | eath simulator thermor | 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; | , | χ |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first. | on date, or the alcoholic Alcoholic Breath Simul | breath ator tests, |
| I certify that procedures w Department of | on the <u>So</u> day of <u>November</u> , 2017 the ere performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly | rent regulations of the I | iintenance N.C. |
| THE STATE OF THE S | CAROLLI CAROLL | | |
| AND SO THE | Signature of Certifying Official | 637 Certificate Nu | mber |

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 11/30/2017

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

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

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 3:36pm 3:37pm 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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 11/30/2017 Test Record Number: 761
Test Time: 3:46pm EST

System Check: Passed

Baseline Tests

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:47pm |
| SRC | Pass | 3:47pm |
| DET | Pass | 3:47pm |
| BAR | Pass | 3:47pm |
| BT | Pass | 3:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:47pm |

Printer Tests

| iest | Status | Time |
|------|----------------|--------|
| PRNT | Pass | 3:47pm |
| | and the second | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| COMP | Pass | 3:48pm |
| CAL | Pass | 3:48pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MAKIENAURU Instrument Location AAT MONITE 4 |
|---------------------------------------|--|
| · · · · · · · · · · · · · · · · · · · | And all of the second of the s |
| Instrume | nt Serial No. O() & & 7 / |
| | |
| 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 should degree, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | en Mariana de Caracteria d Mais en como como como como como como como com |
| | at on the |
| procedure Denartme | s 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. |
| | and the manufacture is telletioning property. |
| SECTION C. | ATT |
| ST THE | |
| 3 | |
| 15 1 | |
| A ESSE CI | Z. T. J. A. M. J. M. A. M. |
| Old The Land | |
| | Signature of Certifying Official Certificate Number |

MECK COUNTY BAT MOBILE UNIT 4 590

Serial Number: 008871

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

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

Subject's Sex: Male

Driver's License State: NC

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501

| ě | rest | g/210F | Time |
|---|---|---|---|
| | DIAG AIR BLK ACCY CHI AND BLK SUB TES: AIR BLK SUB TES: AIR BLK | K .08 .00 I .00 .00 I .00 | 11:19pm 11:20pm 11:21pm 11:22pm 11:22pm 11:24pm 11:25pm |
| | | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BO

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

MECK COUNTY BAT MOBILE UNIT 4 590

Serial Number: 008871

TribMittatti

以解释科学

Test Record Author

Test Date: 11/16/2017

Test Time: 11:27pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 11:27pm 11:27pm 11:27pm 11:27pm |
| | | - 1 |

Blank Tests

Test Status Time

AIR Pass 11:28pm

Printer Tests

Test Status Time

PRNT Pass 11:28pm

CRC Tests

Test Status Time

COMP Pass 11:28pm CAL Pass 11:28pm

Preventive Maintenance Status: Pass

150

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County M | ECKLENSURV Instrument Location SAT MOSZIC 4 |
|--|--|
| | erial No. 00 917 4 |
| | |
| 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 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. |
| procedures we | on the |
| STATE OF THE STATE | A CONTROL CAROLINA CA |
| WALL TO THE PARTY OF THE PARTY | Signature of Certifying Official Cortificate Number |

MECK COUNTY BAT MOBILE UNIT 4 590

Serial Number: 008734 Test Date: 11/16/2017

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: NC
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/22/2017-09/01/2019

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

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

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:14pm 11:15pm |
| ACCY CHK | .08 | 11:16pm |
| AIR BLK | .00 | 11:17pm |
| SUB TEST | .00 | 11:18pm |
| AIR BLK | .00 | 11:19pm |
| SUB TEST | .00 | 11:21pm |
| AIR BLK | .00 | 11:22pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECK COUNTY BAT MOBILE UNIT 4 590

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外侧型

5 Jac.

"胡浩"。

140534

Serial Number: 008734 Test Record Number: 967 Test Date: 11/16/2017 Test Time: 11:25pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:26pm |

Printer Tests

Status

Time

11:26pm

11:26pm

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 1 | MECKINAUG Instrument Location SAT MOH | DCY_ |
|------------------|---|--|
| | | |
| Instrument Se | nt Serial No. 608717 | |
| | | |
| four months a | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed this are: | at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulat 34 degrees, plus or minus .2 degree centigrade; | or thermometer show |
| 2. | Verify instrument displays time and date; | |
| 3, | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Brushichever occurs first. | e alcoholic breath eath Simulator tests, |
| | | |
| I certify that o | nat on theday of, 20_// the forgoing pre s were performed on the instrument indicated above, in accordance with current regulation | ventive maintenance |
| Department o | nt of Health and Human Services, and the instrument is functioning properly. | ons of the N.C. |
| manual. | William. | |
| Of THE STATE | ATE OF NORTH | |
| COREATE | | |
| AFRE QUAM VID | 12. THE AM VIOLENT AM | |
| Nonana Paris | | 663 |
| And the second | Signature of Certifying Official Cer | tificate Number |

MECK COUNTY BAT MOBILE UNIT 4 590

Serial Number: 008717 Test Date: 11/16/2017

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: NC Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 | 11:12pm 11:13pm 11:13pm 11:14pm |
| AIR BLK | .00 .00 | 11:15pm 11:16pm |
| SUB TEST | .00 | 11:18pm |
| AIR BLK | .00 | 11:19pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECK COUNTY BAT MOBILE UNIT 4 590

Serial Number: 008717 Test Date: 11/16/2017

Test Record Number: 588
Test Time: 11:25pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| ! | |
|--|----------------|
| FC1 Pass 11:26p SRC Pass 11:26p DET Pass 11:26p BAR Pass 11:26p BT Pass 11:26p | om om om |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:26pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:26pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:26pm 11:26pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County ME. | WHANOVER Instrument Location BAT MOBILE UNI |
|--|--|
| Instrument Seri | al No. 008575 Instrument Location BAT MOBILE UNI |
| 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 to procedures were Department of H | the |
| STATE OF MENTAL STATE OF MENTA | TO THE STATE OF TH |
| APRIL IZ, 178 A ÉLOS QUAN VIDENTA | Alan P. 300 Lo 48 Signature of Certifying Official Contists 200 |

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575 Test Date: 11/04/2017

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:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 10:17pm 10:17pm 10:18pm |
| AIR BLK | .00 | 10:19pm |
| SUB TEST | .00 | 10:20pm |
| AIR BLK | .00 | 10:21pm |
| SUB TEST | .00 | 10:23pm |
| AIR BLK | .00 | 10:24pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ry Bans Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575

Test Record Number: 1049

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:24pm |
| FLO | Pass | 10:24pm |
| FC | Pass | 10:25pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:25pm |

Printer Tests

| | | • |
|-------------|--------------|--------------------|
| Test | Status | Time |
| PRNT | Pass | 10:25pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:25pm 10:25pm |

Preventive Maintenance Status: Pass

Clu R 3-3
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Instrument Serial No. OO8707 Instrument Location BAT MOBILE UNI UNI UNI UNI UNI UNI UNI UNI | <u>/</u> _ |
|--|-------------|
| Instrument Serial No. 008707 WILMING TON, A | |
| | ;ry |
| 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 s 34 degrees, plus or minus .2 degree centigrade; | how |
| 2. Verify instrument displays time and date; | Ç. |
| 3. Initiate breath test sequence; | |
| 4. Enter information as prompted; | |
| 5. Verify instrument accuracy; | |
| 6. When "PLEASE BLOW" appears, collect breath sample; | |
| 7. When "PLEASE BLOW" appears, collect breath sample; | |
| 8. 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 te whichever occurs first. | h sts, |
| I certify that on the day of | ınce |
| STATE OF NO. 1778 AND THE STATE OF THE STATE | |
| Signature of Certifying Official Certificate Number | |

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008707 Test Date: 11/04/2017

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:
07/01/2017-07/01/2019

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

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

| Test | g/210L | Time |
|---------------------|------------|--------------------|
| DIAG AIR BLK | Pass | 11:42pm 11:43pm |
| ACCY CHK AIR BLK | .07 .00 | 11:44pm 11:44pm |
| SUB TEST | .00 | 11:45pm |
| AIR BLK | .00 | 11:46pm |
| SUB TEST | .00 | 11:48pm |
| AIR BLK | .00 | 11:48pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707 Test Record Number: 2444 Test Date: 11/04/2017 Test Time: 11:49pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:50pm |
| FLO | Pass | 11:50pm |
| FC | Pass | 11:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:50pm |
| SRC | Pass | 11:50pm |
| DET | Pass | 11:50pm |
| BAR | Pass | 11:50pm |
| BT | Pass | 11:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:51pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:51pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:51pm 11:51pm |

Preventive Maintenance Status: Pass

Olu Ry B-S

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | | , | 72 | / \ |
|--------------------------------|---|-------------------------------|-----------------------------------|-----------------|
| County AE | W HANOVER | Instrument Location | BAT MOBILE | UNIT |
| Instrument Seri | al No. <u>OOSC//C</u> | | WILMINGTON, | NC |
| | | | | |
| The preventive four months are | maintenance procedures for the In | toximeters, Model Intox EC | TR II to be followed at least onc | e every |
| 1. | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | | holic breath simulator thermome | eter shows |
| 2. | Verify instrument displays time | and date; | | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted; | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appe | ars, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appe | ars, collect breath sample; | | |
| 8. | Print test record; | | | - |
| 9. | Verify Diagnostic Program; and | I | | |
| 10. | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first. | | | |
| | the day of | icated above, in accordance v | | ntenance .C. |
| THE STATE OF | TO CAROLINA | | | |
| ESTE QUAM VIDEN | Cli 2 | Ba->= | 648 | |
| | Sign | ature of Certifying Official | Certificate Nun | her |

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008616 Test Date: 11/04/2017

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:
07/01/2017-07/01/2019

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

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

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 11:39pm 11:40pm 11:41pm 11:42pm |
| SUB TEST | .00 | 11:43pm |
| AIR BLK | .00 | 11:43pm |
| SUB TEST | .00 | 11:45pm |
| AIR BLK | .00 | 11:46pm |

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: 2364

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:48pm |
| FLO | Pass | 11:48pm |
| FC | Pass | 11:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:48pm |
| SRC | Pass | 11:48pm |
| DET | Pass | 11:48pm |
| BAR | Pass | 11:48pm |
| BT | Pass | 11:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:49pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:49pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Dogg | 77 40 |
| COMP | Pass | 11:49pm |
| CAL | Pass | 11:49pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | EW HANDUER Instrument Location BAT MOBILE UNIT |
|--|--|
| \$ - • | rial No. 008704 Instrument Location BAT MOBILE UNIT C |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on the |
| TARE 2.17 OF THE STATE OF THE S | Ch. 2. 3. 648 |
| | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008704 Test Date: 11/04/2017

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:
07/01/2017-07/01/2019

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 .00 | 11:40pm 11:41pm 11:41pm 11:42pm |
| SUB TEST | .00 | 11:42pm |
| AIR BLK | .00 | 11:43pm |
| SUB TEST | .00 | 11:45pm |
| AIR BLK | .00 | 11:46pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alug 3-Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008704 Test Record Number: 489
Test Date: 11/04/2017 Test Time: 11:46pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:46pm |
| FLO | Pass | 11:46pm |
| FC | Pass | 11:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:47pm |
| SRC | Pass | 11:47pm |
| DET | Pass | 11:47pm |
| BAR | Pass | 11:47pm |
| BT | Pass | 11:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:47pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:47pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:47pm 11:47pm |

Preventive Maintenance Status: Pass

Analyst



| County Pa | squotank Instrument Location Beguntenk Co. Public Safety erial No. DO 8950 Bldg., 200 E. Colonial St., Elizabeth City |
|---|---|
| Instrument Se | erial No. DO 8950 Bldg., 200 E. Colonial St., Elizabeth City |
| The prevention four months | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures v | on the |
| WATED STREET TO THE STREET TO | West of the state |

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 11/20/2017

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1596 Test Date: 11/20/2017 Test Time: 11:37am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:38am 11:38am |
| | | |
| FC | Pass | 11:38am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:38am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:39am |

Printer Tests

Status

Time

11:39am

Test

CAL

| PRNT | Pass | 11:39am |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:39am |

Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

| - | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County Pas | Squotank Instrument Location Elizabeth City P.D. |
| Instrument Se | erial No. DO 8941 305 E. Main St., Elizabeth City P.D. |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department of | on the day of November, 20 17 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| TIATS TO SERVICE TO SE | C ARI |



PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 11/20/2017

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

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

| Test | g/210L | Time |
|-----------------------------|--------------|--------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 10:58am 10:59am |
| AIR BLK | .00 | 11:00am 11:01am |
| SUB TEST | .00 | 11:01am |
| AIR BLK | .00 | 11:02am |
| SUB TEST | .00 | 11:04am |
| AIR BLK | .00 | 11:05am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1239
Test Date: 11/20/2017 Test Time: 11:09am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:09am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:10am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:10am |
| | CRC Tests | |
| Test | Status | Time |

| TCBC | beacus | TIME |
|------|--------|---------|
| COMP | Pass | 11:10am |
| CAL | Pass | 11:10am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| \sim | INTUAIMETE | ers, model in lox ec | /1K 11 |
|--|---|---|----------------------------------|
| County Y | o)K | Instrument Location POIK | County SD |
| Instrument Ser | ial No. <u>008832</u> | 46 Word St. Co | Numbus |
| | | | |
| The preventive four months ar | • | Intoximeters, Model Intox EC/IR II to | be followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic br legree centigrade; | eath simulator thermometer shows |
| 2. | Verify instrument displays tin | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; a | nd | |
| 10. | | nister is being changed before expirati anged every four months or after 125 | |
| procedures we | re performed on the instrument in | the instrument is functioning properly | rent regulations of the N.C. |
| THE STATE OF THE S | Town Signature of the state of | gnature of Certifying Official | 656 Certificate Number |

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 11/27/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 1427
Test Date: 11/27/2017 Test Time: 11:18am EST

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 | Pass | 11:19am |
| SRC | Pass | 11:19am |
| DET | Pass | 11:19am |
| BAR | Pass | 11:19am |
| BT | Pass | 11:19am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|-----------|
| | 70 | 11.100 |
| AIR | Pass . | . 11:19am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:20am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:20am |
|------|------|---------|
| CAL | Pass | 11:20am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 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 foregoing 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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 11/08/2017

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: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

| Test | g/210L | Time |
|------|--------|------|
| • | | |

| DIAG | Pass | 11:10am |
|----------|------|---------|
| AIR BLK | .00 | 11:11am |
| ACCY CHK | .08 | 11:11am |
| AIR BLK | .00 | 11:12am |
| SUB TEST | .00 | 11:13am |
| AIR BLK | .00 | 11:14am |
| SUB TEST | .00 | 11:15am |
| ATD BIK | 00 | 11.16am |

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 20 (1945) 1. (1986) 1. (1986) 1. (1986) 1. (1986) 1. (1986) 1. (1986) 1. (1986) 1. (1986) 1. (1986) 1. (1986)

2000年1月2日 (1996) [[] 校

1. 11 Sales 189

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1227

Test Date: 11/08/2017

Test Time: 11:17am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:17am 11:17am |
| FC | Pass | 11:18am |

Temperature Tests

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

Blank Tests

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

AIR Pass 11:18am

Printer Tests

PRNT Pass 11:18am

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:18am |
| CAL | Pass | 11:18am |

Preventive Maintenance Status: Pass

L. Kun Jeen Analyst

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Rockingham Instrument Location Reidsville

Instrument Serial No. 008784 Police Department

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;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 11/20/2017

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:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

国的基金数据增加证明 1000年代

Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time

| | Pass | 3:13pm |
|----------|------|--------|
| AIR BLK | .00 | 3:14pm |
| ACCY CHK | .08 | 3:14pm |
| AIR BLK | .00 | 3:15pm |
| SUB TEST | .00 | 3:16pm |
| AIR BLK | .00 | 3:17pm |
| SUB TEST | .00 | 3:19pm |
| ATR BLK | .00 | 3:20pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

41.6

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1028 Test Date: 11/20/2017 Test Time: 3:20pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| IR | Pass | 3:21pm |
| FLO | Pass | 3:21pm |
| FC | Pass | 3:21pm |

Temperature Tests

| Test | Status Time |
|------------|----------------------------|
| FC1 | Pass 3:21pm |
| SRC | Pass 3:21pm |
| DET BAR | Pass 3:21pm Pass 3:21pm |
| BT | Pass 3:21pm |

Blank Tests

| Test | Status | Time |
|------|--|-----------|
| | and the state of t | |
| | | 45 A 18 A |

| | | | 1.0 | |
|------|-----|-----|-----|------|
| Test | Sta | tus | ٠. | Time |

| the second second second | T | the second second | | t office | J. 123 4 | 20 |
|--------------------------|------|-------------------------|--|----------|-------------------|--------|
| PRNT | D | | | | 2 p i | e á in |
| PRIVI | Pass | er er er er er er er er | g - 18 | 1. 1.20 | V 101 | 11:: |
| | | 100 | _ | | A 100 | |
| | | 1.0 | 7 | 1. 1. 44 | 100 | . [|
| | | 2000 | 5 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 1.00 | and the second of | 111 |

Printer Tests

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst Leave

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| (1) | INTOAIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County Nix | Kingham Instrument Location (Madison Hotice |
| Instrument Se | orial No. 008802 Department |
| | |
| The preventive four months a | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department o | on the day of |
| STATE STATE OF THE | Signature of Certifying Official Certificate Number |

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | and Joh Co. Instrument Location Landolph Co | , VAil |
|--|---|--|
| Instrument S | Serial No. <u>202860</u> Asheboro, M.C. | |
| The preventi | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed are: | at least once every |
| 1, | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulat 34 degrees, plus or minus .2 degree centigrade; | or 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, or t simulator solution is being changed every four months or after 125 Alcoholic B whichever occurs first. | he alcoholic breath reath Simulator tests, |
| procedures | at on the | eventive maintenance ions of the N.C. |
| STA H. STA H. S. | () sel- | 654 ertificate Number |

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 11/07/2017

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: AG710701 Exp Date: 04/17/2019

| Test | g/210L | Time |
|----------|--------|--------------------|
| | Pass | 11:43am 11:44am |
| ACCY CHK | .08 | 11:44am |
| AIR BLK | .00 | 11:46am |
| SUB TEST | .00 | 11:46am |
| AIR BLK | .00 | 11:47am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 750 Test Time: 11:50am EST Test Date: 11/07/2017

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| FC | Pass | 11:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:52am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:52am |
| | CRC Tests | |
| | | _ |

| rest | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:52am |
| CAL | Pass | 11:52am |

Preventive Maintenance Status: Pass

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 | Test Date: 11/06/2017

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: AG702401 Exp Date: 01/24/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 11/06/2017

Test Record Number: 2568
Test Time: 12:13pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:14pm 12:14pm |
| FC | Pass | 12:14pm |

Temperature Tests

| Test Status Time | |
|------------------|-------|
| FC1 Pass 12:14 | mcı l |
| SRC Pass 12:14 | |
| DET Pass 12:14 | lpm. |
| BAR Pass 12:14 | mq |
| BT Pass 12:14 | mq |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| | | |
| AIR | Pass | 12:14pm |

Printer Tests

| TCかん | oldlus | TTHE |
|------|------------|--|
| PRNT | Pass | 12:14pm |
| | | the state of the s |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:15pm |
| CAL | Pass | 12:15pm |

Preventive Maintenance

Status: Pass

Analyst

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

I certify that on the day of love bee, 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.



Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 11/06/2017

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: AG716201 Exp Date: 06/11/2019

| Test | g/210L | Time |
|-----------------------------|-------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 | 12:02pm 12:03pm 12:04pm |
| AIR BLK | .00 | 12:05pm |
| SUB TEST | .00 | 12:06pm |
| AIR BLK | 00 | 12:07pm |
| SUB TEST | .00 | 12:08pm |
| AIR BLK | .00 | 12:09pm |

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 2701 Test Date: 11/06/2017 Test Time: 12:10pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:10pm |
| SRC | Pass | 12:10pm |
| DET | Pass | 12:10pm |
| BAR | Pass | 12:10pm |
| BT | Pass | 12:10pm |

Blank Tests

| Test | : | Status | Time |
|------|---|--------|---------|
| | - | | |
| ATR | | Pagg | 12.11pm |

Printer Tests

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

Pass

12:11pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5+0 kes (Sunty Jai)

Instrument Serial No. 8596

Danbury, N.C.

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

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



Signature of Certifying Official

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/07/2017

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: AG702401 Exp Date: 01/24/2019

| 1680 | 9/2101 | TIME |
|----------|--------|---------|
| DIAG | Pass | 10:28am |
| AIR BLK | .00 | 10:28am |
| | | |
| ACCY CHK | .07 | 10:29am |
| AIR BLK | .00 | 10:30am |
| SUB TEST | .00 | 10:31am |
| AIR BLK | .00 | 10:31am |
| SUB TEST | .00 | 10:33am |
| AIR BLK | 7.00 | 10:34am |

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/07/2017

Test Record Number: 967

Test Time: 10:35am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:35am 10:35am |
| FC | Pass | 10:35am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 10:35am 10:35am 10:35am 10:35am 10:35am |
| | | |

Blank Tests

| Test | | Status | Time |
|------|--|--------|---------|
| AIR | | Pass | 10:36am |

Printer Tests

| Test | Status | Time |
|------|-----------|------------|
| PRNT | Pass | 10:36am |
| | CRC Tests | . · · : |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:36am |
| CAL | Pass | 10:36am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_5- | Instrument Location King Police |
|--|---|
| Instrument Se | erial No. <u>DOS610</u> <u>Department</u> |
| | |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department of | on 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. |
| THE STATE OF THE S | Signature of Certificial Certificate Number |

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 11/07/2017

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: AG702401 Exp Date: 01/24/2019

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:53pm |
| AIR BLK | .00 | 12:54pm |
| ACCY CHK | .07 | 12:55pm |
| AIR BLK | .00 | 12:56pm |
| SUB TEST | .00 | 12:56pm |
| AIR BLK | .00 | 12:57pm |
| SUB TEST | .00 | 12:59pm |
| ATR BLK | /.00 | 1:00pm |

Reported AC:

100 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 1906
Test Date: 11/07/2017 Test Time: 1:01pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:01pm |
| FLO | Pass | 1:01pm |
| FC | Pass | 1:01pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 1:01pm |
| SRC | Pass | 1:01pm |
| DET | Pass | 1:01pm |
| BAR | Pass | 1:01pm |
| \mathtt{BT} | Pass | 1:01pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| | | | |
| ATR | Pass | 1:02pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:02pm |
| | CRC Tests | ٠ |
| | Chatus | Time |

| Test | Status | 111116 |
|------|--------|--------|
| COMP | Pass | 1:02pm |
| CAL | Pass | 1:02pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| C | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County_ | Instrument Location Elkin Holice |
| Instrument S | erial No. 008976 Department |
| | |
| 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. |
| I certify that procedures w Department of | on the day of |
| THE STATE OF THE S | |
| | Signature of Certifying Official Certificate Number |

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 11/03/2017

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: 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: AG607502

Exp Date: 03/15/2018

| Test | g/210L | Time |
|----------|-------------|--------|
| DIAG | Pass | 2:00pm |
| AIR BLK | .00 | 2:01pm |
| ACCY CHK | .08 | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| SUB TEST | .00 | 2:03pm |
| AIR BLK | .00 | 2:04pm |
| SUB TEST | . 070 | 2:06pm |
| AIR BLK | / 00 | 2:07pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 779
Test Date: 11/03/2017 Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------------|--------|
| | <u>.</u> | |
| ATR | Pagg | 2:09rm |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 5 | tanly | Instrument Location Stanly (| County SD |
|--|--|--|--|
| Instrument Ser | rial No. <u>008824</u> | 126534St., Alban | n/)c |
| The preventive four months as | | he Intoximeters, Model Intox EC/IR II to b | e followed at least once every |
| 1. | Verify the ethanol gas cani 34 degrees, plus or minus | ster displays pressure, or the alcoholic brea 2 degree centigrade; | th simulator thermometer shows |
| 2. | Verify instrument displays | time and date; | · · |
| , · 3. | Initiate breath test sequence | e; | |
| 4. | Enter information as promp | pted; | |
| 5. | Verify instrument accuracy | r , | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" | appears, collect breath sample; | |
| 8. | Print test record; | | · |
| 9. | Verify Diagnostic Program | n; and | |
| 10. | | canister is being changed before expiration changed every four months or after 125 A | |
| I certify that of procedures we Department o | ere performed on the instrumen | the formula to the indicated above, in accordance with current and the instrument is functioning properly. | orgoing preventive maintenance ent regulations of the N.C. |
| THE STATE OF THE S | | Signature of Certifying Official | 656 Certificate Number |

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 1245

Test Date: 11/08/2017

Test Time: 10:33am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:34am |
| FLO | Pass | 10:34am |
| FC | Pass | 10:34am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 10:34am 10:34am 10:34am 10:34am 10:34am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:35am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:35am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:35am 10:35am |

Preventive Maintenance Status: Pass

Analys

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 11/08/2017

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: 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 | D | 10 20 |
| DIAG | and the second s | 10:39am |
| AIR BLK | | 10:40am |
| ACCY CHK | .08 | 10:40am |
| AIR BLK | .00 | 10:41am |
| SUB TEST | .00 | 10:42am |
| AIR BLK | .00 | 10:43am |
| SUB TEST | .00 | 10:44am |
| AIR BLK | .00 | 10:45am |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

randly se

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Hand | Instrument Location LOC | est PO |
|----------------------------|--|-----------------------------------|--|
| Instrument S | erial No. <u>006706</u> | 1860 Ray Kennedy | d. Locust |
| | | | |
| The prevention four months | ve maintenance procedures for the Into | oximeters, Model Intox EC/IR II t | be followed at least once every |
| 1. | Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degr | | reath 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 chang whichever occurs first. | | ion date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| procedures v | on the Asy of day of Novere performed on the instrument indice of Health and Human Services, and the | ated above, in accordance with cu | |
| | | | |
| SIA! | | | |
| STE COUNTY | Mall Market | All I | 656 |
| | Signat | ure/of Certifying Official | Certificate Number |

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 11/28/2017

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 1:58pm 1:59pm 2:00pm 2:01pm 2:02pm 2:02pm 2:04pm |
| AIR BLK | .00 | 2:05pm |

Report ted AC:

.00 g/210L

Signature of Chemical Ahalyst

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

STANLY LOCUST PD 830

Serial Number: 008706

Test Record Number: 3468

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:07pm 2:07pm |
| FC | Pass | 2:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:07pm |
| SRC | Pass | 2:07pm |
| DET | Pass | 2:07pm |
| BAR | Pass | 2:07pm |
| BT | Pass | 2:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:07pm |

Printer Tests

| rest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:08pm |
| CAL | Pass | 2:08pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | VANCE Instrument Location VANCE Co Star. Ff. Off. |
|--|--|
| Instrument | Serial No. 008937 156 Chuch ST Henderson, NC |
| | Hendasm, Ne |
| The prevent | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9 | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures | at on the, 20, 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly. |
| THE GREAT SET OF | Signature of Certifying Official Certificate Number |
| A signed o | riginal of the preventive maintenance record shall be kept on file for at least three years. |

DHHS 4080 (11/07)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 11/29/2017

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: BARNES, SIMON S Permit Number: 11434E

ermit Number: 1143 Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|----------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 .00 | 3:57pm 3:58pm 3:59pm 4:00pm 4:01pm |
| AIR BLK | .00 | 4:02pm |
| SUB TEST | .00 | 4:03pm |
| AIR BLK | .00 | 4:04pm |

Reported AC:

.00 g/2/10L

Signature of Chemical Analys

Court EVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 2406

Test Date: 11/29/2017

Test Time: 4:06pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

AIR Pass 4:07pm

Printer Tests

| Test S | tatus | Time |
|--------|-------|------|
|--------|-------|------|

PRNT Pass 4:07pm

CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | | Instrument Location WAKE | |
|--|---|--|--|
| Instrument Seri | ial No. <u>008778</u> | 3301 HAMMOND RD | RALEIGH, NC |
| The preventive four months are | | Intoximeters, Model Intox EC/IR II to be | followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic breath legree centigrade; | simulator thermometer shows |
| 2. | Verify instrument displays tin | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; a | and | |
| 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 Alcoholments | late, or the alcoholic breath oholic Breath Simulator tests, |
| procedures we | re performed on the instrument i | NEMBETZ, 20 / 7 the formation of the instrument is functioning properly. | going preventive maintenance t regulations of the N.C. |
| · | 2 D- | | |
| OF THE STATE OF THE PARTY OF THE STATE OF TH | NO. | • | |
| | CAR | | |
| ARM B. THE | - Zu | S D Smith ignature of Certifying Official | 637 Certificate Number |
| | | | |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 11/21/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN

Permit Number: 8937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| g/210L | Time |
|---------------------------|---|
| Pass .00 .08 .00 | 4:34pm 4:35pm 4:35pm 4:37pm 4:37pm |
| .00 | 4:38pm |
| .00 | 4:40pm |
| .00 | 4:41pm |
| | Pass .00 .08 .00 .00 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 2871
Test Date: 11/21/2017 Test Time: 4:44pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:45pm |

Printer Tests

| Test | Status | Time |
|-------------|-----------------------|------------------|
| PRNT | Pass | 4:45pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass P a ss | 4:45pm 4:45pm |

Preventive Maintenance Status: Pass

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Wil | Son Instrument Location Wilson Co. Detention Co. |
|--|---|
| Instrument Seria | al No. DOS627 100E. Green St., Wilson, N.C. |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were | the 17 day of November, 20/7 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 11/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:51am |
| AIR BLK | .00 | 9:52am |
| ACCY CHK | 08 | 9:53am |
| AIR BLK | .00 | 9:54am |
| SUB TEST | .00 | 9:54am |
| AIR BLK | .00 | 9:55am |
| SUB TEST | .00 | 9:57am |
| AIR BLK | - 00 | 9:58am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627

Test Record Number: 2161

Test Date: 11/17/2017

Test Time: 9:59am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:00am |
| FLO | Pass | 10:00am |
| FC | Pass | 10:00am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:00am |
| SRC | Pass | 10:00am |
| DET | Pass | 10:00am |
| BAR | Pass | 10:00am |
| BT | Pass | 10:00am |

Blank Tests

| Test | Status | Time |
|------|--------|-------|
| 1000 | Deacas | TTITE |

AIR Pass 10:00am

Printer Tests

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

PRNT Pass 10:00am

CRC Tests

Test Time Status

COMP Pass 10:01am CAL Pass 10:01am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | County Wil | Instrument Location 1500 G. Dotonton (|
|---|--|---|
| | Instrument Seria | INO. 008652 100E. Green St., Wilson, N.C. |
| | The preventive r four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| | 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | 2. | Verify instrument displays time and date; |
| | 3. | Initiate breath test sequence; |
| | 4. | Enter information as prompted; |
| | 5. | Verify instrument accuracy; |
| | 6. | When "PLEASE BLOW" appears, collect breath sample; |
| - | 7. | When "PLEASE BLOW" appears, collect breath sample; |
| | 8. | Print test record; |
| | 9. | Verify Diagnostic Program; and |
| | 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | procedures were | the // day of November, 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. dealth and Human Services, and the instrument is functioning properly. |
| | STATE OF STA | |
| | *ETE QUAN VIDEN | Signature of Certifying Official Certificate Number |

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 11/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 9:32am 9:32am |
| ACCY CHK | .07 | 9:33am |
| AIR BLK | .00 | 9:34am |
| SUB TEST | .00 | 9:35am |
| AIR BLK | .00 | 9:36am |
| SUB TEST | .00 | 9:38am |
| AIR BLK | .00 | 9:39am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3017 Test Date: 11/17/2017 Test Time: 9:40am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|--|--------|------------|
| e de la companya de l | | Section 18 |
| IR | Pass | 9:41am |
| FLO | Pass | 9:41am |
| FC | Pass | 9:41am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:41am |
| SRC | Pass | 9:41am |
| DET | Pass | 9:41am |
| BAR | Pass | 9:41am |
| BT | Pass | 9:41am |

Blank Tests

| | s Time |
|----------|--------|
| AIR Pass | 9:41am |

Printer Tests

| Test | Status | 3 . | ľime |
|------|--------|--------|--------|
| 1200 | 1 - | e in a | · 1 - |
| PRNT | Pass | | 9:41am |

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

| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow are: | ed at least once e | very |
|--------------------------|--|--|---------|
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade; | lator thermometer | r 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, o simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. | | |
| | 14+6 A/ | preventive mainte ations of the N.C | enance |
| Of THE STAT | E Or | | |
| | N-W | | |

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

Signature of Certifying Official

WAYNE COUNTY WAYNE CO DETENTION

Serial Number: 008671 Test Date: 11/14/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 4510 Test Date: 11/14/2017 Test Time: 12:09pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:09pm |
| FLO | Pass | 12:09pm |
| FC | Pass | 12:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:10pm |
| SRC | Pass | 12:10pm |
| DET | Pass | 12:10pm |
| BAR | Pass | 12:10pm |
| BT | Pass | 12:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:10pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:10pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 12:10pm |
|------|------|---------|
| CAL | Pass | 12:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County /1 | layne | · · | la Setestion |
|--|---|---|---|
| Instrument Se | ial No. <u>008649</u> | 207 E. Chesine | or SI, Guldson |
| The preventive four months a | e maintenance procedures for the Intox | cimeters, Model Intox EC/IR II to be | e followed at least once every |
| 1. | Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree | plays pressure, or the alcoholic brea e centigrade; | th simulator thermometer shows |
| 2. | Verify instrument displays time an | d date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | • | |
| 6. | When "PLEASE BLOW" appears | , collect breath sample; | |
| 7. | When "PLEASE BLOW" appears | , collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister simulator solution is being change whichever occurs first. | r is being changed before expiration d every four months or after 125 Al | date, or the alcoholic breath coholic Breath Simulator tests, |
| procedures w | on the | ted above, in accordance with curre | orgoing preventive maintenance ont regulations of the N.C. |
| THE STATE OF THE S | CAROUN | leed | 647 |
| | Signatu | ire of Certifying Official | Certificate Number |

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 11/14/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|----------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 .00 | 11:49am 11:50am 11:51am 11:52am |
| AIR BLK SUB TEST | .00 .00 | 11:53am 11:55am |
| AIR BLK | .00 | 11:56am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find K. Keese Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 3306 Test Date: 11/14/2017 Test Time: 11:57am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:57am |
| FLO | Pass | 11:57am |
| FC | Pass | 11:57am |

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|--|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 11:58am 11:58am 11:58am 11:58am |
| BT | Pass | 11:58am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:58am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:58am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:58am |
|------|------|---------|
| CAL | Pass | 11:58am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|---|
| County | Instrument Location flague Co Veterbian |
| Instrument S | erial No. 008879 207 E. Chestralut St., Goldsen |
| 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 |
| STATE STATE OF THE | Side of the state |
| | Signature of Certifying Official Certificate Number |

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 11/14/2017

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective:

08/01/2017-08/01/2019

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

Test Type: Breath Test

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

-- /0101

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:52am |
| AIR BLK | .00 | 11:53am |
| ACCY CHK | .08 | 11:54am |
| AIR BLK | .00 | 11:55am |
| SUB TEST | .00 | 11:57am |
| AIR BLK | .00 | 11:58am |
| SUB TEST | .00 | 12:01pm |
| AIR BLK | .00 | 12:02pm |

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

Serial Number: 008879

Test Record Number: 943

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 12:04pm 12:04pm 12:04pm 12:04pm 12:04pm |
| Dт | rass | 12:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:05pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:05pm |
| | CRC Tests | |

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC **Instrument Location** Instrument Serial No The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. 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.



Signature of Certifying Official

Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 11/03/2017

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: 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: AG716201 Exp Date: 06/11/2019

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:26am |
| AIR BLK | .00 | 9:27am |
| ACCY CHK | .07 | 9:27am |
| AIR BLK | .00 | 9:28am |
| SUB TEST | .00 | 9:30am |
| AIR BLK | .00 | 9:31am |
| SUB TEST | .00 | 9:32am |
| AIR BLK/ | .00 | 9:33am |

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2160 Test Date: 11/03/2017 Test Time: 9:34am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| . • | | |
| IR | Pass | 9:34am |
| FLO | Pass | 9:34am |
| FC | Pass | 9:35am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:35am |
| SRC | Pass | 9:35am |
| DET | Pass | 9:35am |
| BAR | Pass | 9:35am |
| BT | Pass | 9:35am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:35am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass , | 9:35am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:36am |
| CAL | Pass | 9:36am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County V | INTOXIMETERS, MODEL INTOX ECTR II Wes County Detention |
|--|--|
| Instrument Ser | ial No. 008865 Wilkestoro, N.C. |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | n the day of |
| OF THE STATE OF THE PART OF TH | Signature of Certificing Official Certificate Number |

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 11/03/2017

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: 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: AG716201 Exp Date: 06/11/2019

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 9:31am 9:32am |
| ACCY CHK | .08 | 9:33am |
| AIR BLK | .00 | 9:34am |
| SUB TEST | .00 | 9:34am |
| AIR BLK | .00 | 9:35am |
| SUB TEST | .00 | 9:37am |
| AIR BLK | .00 | 9:38am |

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 549
Test Date: 11/03/2017 Test Time: 9:39am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:39am |
| FLO | Pass | 9:39am |
| FC | Pass | 9:39am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 9:40am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:40am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:40am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:40am |

Preventive Maintenance Status: Pass

Pass

9:40am

CAL

Analyst 6

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOXICON |
|--|--|
| County | instrument Location Box Mobile Unit |
| Instrument Seri | al No. 008615 Holly Springs PP |
| 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 o procedures we Department o | on the day of |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615 Test Date: 11/03/2017

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2017-08/01/2019

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

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

| Test | g/210L | Time |
|---------------------|------------|--------------------|
| DIAG AIR BLK | Pass | 11:18pm 11:19pm |
| ACCY CHK | .07 | 11:20pm |
| AIR BLK SUB TEST | .00 .00 | 11:21pm 11:23pm |
| AIR BLK | .00 | 11:24pm |
| SUB TEST | .00 | 11:25pm |
| AIR BLK | .00 | 11:26pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615 Test Record Number: 5508 Test Date: 11/03/2017 Test Time: 11:28pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------------|--------|---------|
| IR | Pass | 11:28pm |
| ${	t FLO}$ | Pass | 11:28pm |
| FC | Pass | 11:28pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 11:28pm 11:28pm 11:28pm 11:28pm 11:28pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:29pm |
| CAL | Pass | 11:29pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Nake Instrument Location Bat Mobile Unit | | | |
|--|--|--|--|--|
| Instrument | Serial No. 008816 Holly Springs PD | | | |
| 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 theday of | | | | |
| GREAT CREATER TO SEE AT | | | | |

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Record Number: 7367
Test Date: 11/03/2017 Test Time: 11:40pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:40pm |
| FLO | Pass | 11:40pm |
| FC | Pass | 11:41pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:41pm |

Printer Tests

Test

CAL

| PRNT | Pass | 11:41pm |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:41pm |

Status

Time

11:41pm

Preventive Maintenance Status: Pass

Pass

BSK Mn

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 11/03/2017

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

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

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

Analyst's Name: SKINNER, TONYA
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

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

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:32pm 11:33pm |
| ACCY CHK | .07 | 11:33pm |
| AIR BLK | .00 | 11:34pm |
| SUB TEST | .00 | 11:35pm |
| AIR BLK | .00 | 11:35pm |
| SUB TEST | .00 | 11:37pm |
| AIR BLK | .00 | 11:38pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKMM
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAYNE Instrument Location BAT MOBILE UNIT | 9 |
|--|--|---------------|
| Instrument | Serial No. 008575 GOLDSBORD, NC | |
| The prever | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever sare: | /ery |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade; | shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. | ath tests, |
| | | |
| I certify the procedure Departme | at on the <u>IS</u> day of <u>November</u> , 20/7 the forgoing preventive mainters 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. | nance |
| COREAT SERVICE | ATE OF THE OF THE SIGNATURE OF CErtifying Official Certificate Number | r |

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008575 Test Date: 11/18/2017

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

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

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

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

07/01/2017-07/01/2019

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

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

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 11:01pm 11:02pm 11:02pm |
| AIR BLK | .00 | 11:03pm |
| SUB TEST | .00 | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| SUB TEST | .00 | 11:06pm |
| AIR BLK | .00 | 11:08pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 9 950

Test Date: 11/18/2017

Serial Number: 008575 Test Record Number: 1056 Test Time: 11:09pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---------------|--------------|--------------------|
| FC1 SRC | Pass Pass | 11:09pm 11:09pm |
| DET | Pass | 11:09pm |
| BAR | Pass | 11:09pm |
| \mathtt{BT} | Pass | 11:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:10pm |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 11:10pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 11:10pm 11:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County(| DAYME | _ Instrument Location BAT | - MOBILE UNIT 9 |
|--|---|--|---|
| Instrument Seria | ai No. <u>008647</u> | <u> </u> | LOSBORO, NC |
| The preventive four months are | | 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 degree centigrade; | breath simulator thermometer show |
| 2. | Verify instrument displays ti | me and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompt | ed; | |
| 5. | Verify instrument accuracy; | • | |
| 6. | When "PLEASE BLOW" ap | opears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | opears, collect breath sample; | |
| 8. | Print test record; | e e | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | Verify that the ethanol gas consimulator solution is being convenient whichever occurs first. | anister is being changed before expir hanged every four months or after 12 | ation date, or the alcoholic breath 25 Alcoholic Breath Simulator tests, |
| I certify that on procedures wer Department of | the day of | indicated above, in accordance with a d the instrument is functioning property | he forgoing preventive maintenance current regulations of the N.C. erly. |
| STATE OF THE STATE | NOO: W CAROLINA | \ | |
| * ESE QUAM YOUR | - Clus | ignature of Certifying Official | Certificate Number |

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008647 Test Date: 11/18/2017

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:
07/01/2017-07/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst S

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008647 Test Record Number: 2381 Test Date: 11/18/2017 Test Time: 11:09pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:10pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:10pm |

Printer Tests

Test

CAL

| PRNT | Pass | 11:10pm |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:10pm |

Status

Time

11:10pm

Preventive Maintenance Status: Pass

Pass

Columbia Residential Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | DAYNE Instrument Location BAT MOBILE UNIT 9 |
|--------------------------------------|--|
| Instrumen | Serial No. 008704 Instrument Location PAT MOBILE UNIT 9 |
| The preve | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify t procedure Departme | at on the |
| G GREAT ST. | ATE OF NO PARTY CAROLINA CAROL |
| * ESE C | 00.633 |
| | Signature of Certifying Official Certificate Number |

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008704 Test Date: 11/18/2017

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:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 | 11:04pm 11:05pm 11:05pm 11:06pm 11:07pm 11:08pm |
| SUB TEST | .00 | 11:09pm |
| AIR BLK | .00 | 11:10pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008704 Test Record Number: 495 Test Date: 11/18/2017 Test Time: 11:13pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:13pm |
| FLO | Pass | 11:13pm |
| FC | Pass | 11:13pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:14pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:14pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:14pm |
|------|------|---------|
| CAL | Pass | 11:14pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|---|
| County L | Ake Instrument Location WAKE FOROST PD |
| - | al No. 008700 225 S. Taylor ST WAKE FOREST, NC |
| | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| procedures we Department of | on the |
| OF THE STATE OF THE TOTAL TO THE STATE OF TH | Signature of Certifying Official Certificate Number |

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 11/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Time Test DIAG Pass 5:00pm AIR BLK .00 5:02pm ACCY CHK .08 5:02pm 5:03pm AIR BLK .00 5:04pm SUB TEST .00 AIR BLK .00 5:04pm SUB TEST .00 5:06pm

Reported AC:

AIR BLK .00

00 g/220L

5:07pm

Signature of Chemical Analyst

Court CVR

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 1296

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:09pm |
| FLO | Pass | 5:09pm |
| FC | Pass | 5:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:09pm |
| SRC | Pass | 5:09pm |
| DET | Pass | 5:09pm |
| BAR | Pass | 5:09pm |
| BT | Pass | 5:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| PRNT | Pass | 5:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:10pm |
| CAL | Pass | 5:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | WARREN Instrument Location WARREN & LEC |
|-----------|---|
| Instrumer | t Serial No. 008793 128 RAFters Ln Warnenton, NC |
| | Warnenton, NC |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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. |
| procedu | that on the |
| GREAT SE | STATE or NO STATE |
| | |

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 11/29/2017

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:47pm |
| AIR BLK | .00 | 2:48pm |
| ACCY CHK | .07 | 2:48pm |
| AIR BLK | .00 | 2:50pm |
| SUB TEST | .00 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | 00 | 2:54pm |

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1254
Test Date: 11/29/2017 Test Time: 2:56pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|--------|--------|-------------|
| TICO 1 | Doga | 2 - E 6 rom |
| FC1 | Pass | 2:56pm |
| SRC | Pass | 2:56pm |
| DET | Pass | 2:56pm |
| BAR | Pass | 2:56pm |
| BT | Pass | 2:56pm |

Blank Tests

| Test | Statu | s Time |
|------|-------|--------|
| AIR | Pass | 2:57pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:57pm |

CRC Tests

| Test | Status | Time |
|------|--------------|------------------|
| COMP | Pass Pass | 2:57pm 2:57pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County WA | FREN Instrument Location NORLINA | 5 <u>0</u> |
|------------------|---|--|
| | Instrument Location NORLINA No. 008945 101 MAIN ST NOILING, NC | |
| The preventive i | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade; | ılator thermometer show |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first. | or the alcoholic breath c Breath Simulator tests, |
| procedures we | n the | preventive maintenance gulations of the N.C. |
| TARE QUAM VINE | | 662 Certificate Number |

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 11/29/2017

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401

Exp Date: 08/02/2019

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

Reported AC:/ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 365

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 2:19pm |
| SRC | Pass | 2:19pm |
| DET | Pass | 2:19pm |
| BAR | Pass | 2:19pm |
| \mathtt{BT} | Pass | 2:19pm |
| | | |

Blank Tests

| Test | | Status | Time |
|------|---|--------|--------|
| | ` | | |
| AIR | | Pass | 2:20pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:20pm |

CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Va | Tanga Instrument Location Watanga Co. Jail Booke W |
|---|--|
| Instrument Se | orial No. <u>008715</u> <u>Boone</u> , 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 procedures Department | t on theday of <u>November</u> , 20/7_, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly. |
| TATE OF THE CREAT | E & LO & L |

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 11/07/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| g/210L | Time |
|-------------|----------------------------------|
| Pass .00 | 2:56pm 2:57pm 2:57pm |
| .00 | 2:59pm |
| .00 | 2:59pm |
| .00 | 3:00pm |
| .00 | 3:02pm |
| .00 | 3:03pm |
| | Pass .00 .08 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 11/07/2017 Test Record Number: 2046

Test Time: 3:03pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:04pm |
| FLO | Pass | 3:04pm |
| FC | Pass | 3:04pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 3:04pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:04pm |

Printer Tests

| iest | Status | TIME |
|------|--------|--------|
| PRNT | Pass | 3:05pm |

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_(| AKN | _ Instrument Location_\(\frac{\lambda}{adkin}\) | Gunty Jail |
|--|---|---|---------------------------------|
| Instrument So | erial No | Yadkin | ville, N.C. |
| The prevention four months | | Intoximeters, Model Intox EC/IR II to b | be followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 o | or displays pressure, or the alcoholic breadegree centigrade; | ath simulator thermometer shows |
| 2. | Verify instrument displays tir | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | | nnister is being changed before expiration anged every four months or after 125 A | |
| | were performed on the instrument i | the following the following properly. | |
| STATE STATE OF THE | E OF NORTH | Instruce of Certifying Official | Certificate Number |

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 11/03/2017

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: 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

| iest | 9/2101 | TTIIIC |
|----------|-------------|--------|
| DIAG | Pass | 1:05pm |
| DIAG | rass | _ |
| AIR BLK | .00 | 1:06pm |
| ACCY CHK | .08 | 1:07pm |
| AIR BLK | .00 | 1:07pm |
| SUB TEST | .00 | 1:08pm |
| AIR BLK | .00 | 1:09pm |
| SUB TEST | . 0,0 | 1:10pm |
| ATR BLK | 1 00 | 1:11pm |

a/210T.

Time

Reported AC: .00 m/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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Test Date: 11/03/2017 Test

Test Record Number: 1450 Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| | | | |
| ATR | Pass | 1:14pm | |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:14pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:14pm 1:14pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Q | INTOXIMETERS, MODEL INTOX EC/IR II CKin Instrument Location Vad Kin County Jail |
|--|--|
| Instrument Se | rial No. 008854 Yadkinville, N.C. |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department o | on theday of |
| THE STATE OF THE S | Signature of Certificial Certificate Number |

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 11/03/2017

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

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

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

Analyst's Name: 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 | Pass .00 .08 .00 | 1:06pm 1:07pm 1:07pm 1:09pm |
| AIR BLK | .00 | 1:10pm |
| SUB TEST | .00 | 1:12pm |
| AIR BLK | ∡00 | 1:12pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 450 Test Date: 11/03/2017 Test Time: 1:13pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| | 1.1 | * . |
| IR | Pass | 1:14pm |
| FLO | Pass | 1:14pm |
| FC | Pass | 1:14pm |

Temperature Tests

| Test | | Status | Time |
|------|-----------------|--------|--------|
| | 7.35 | | |
| FC1 | 4 | Pass | 1:14pm |
| SRC | | Pass | 1:14pm |
| DET | 1 | Pass | 1:14pm |
| BAR | - 1 3 1 12 1 | Pass | 1:14pm |
| ΒŤ | | Pass | 1:14pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| | | • | |
| AIR | Pass | 1:14pm | |

Printer Tests

| repr | Scacus | TTIIIG | |
|------|--------|--------|--|
| PRNT | Pass | 1:15pm | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| COMP | Pass | 1:15pm |
| CAL | Pass | 1:15pm |
| | | |

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Un | ion Instrument | Location Uni | on County | 50 |
|---|--|---|--------------------------|-------------------------|
| Instrument Seria | al No. 008876 3344 | Presson | on County Rd, Moni | roe |
| | | *************************************** | | |
| The preventive r four months are: | maintenance procedures for the Intoximeters, Mo :: | odel Intox EC/IR I | I to be followed at leas | t once every |
| 1. | Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade | | : breath simulator thern | nometer 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 bre | eath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect bre | ath sample; | | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; and | | | |
| 10. | Verify that the ethanol gas canister is being ch simulator solution is being changed every four whichever occurs first. | | | |
| procedures were | the <u>2844</u> day of <u>November</u> e performed on the instrument indicated above, in Health and Human Services, and the instrument i | n accordance with | current regulations of t | maintenance the N.C. |
| STATE OF A | | oine Official | 650 | Number |

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 11/28/2017

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: HUTCHINSON, JOSEPH

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 1:49pm 1:50pm 1:51pm |
| AIR BLK | .00 | 1:52pm |
| SUB TEST | .00 | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| SUB TEST | .00 | 1:55pm |
| AIR BLK | .00 | 1:56pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyse

Court CVR

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 4618 Test Date: 11/28/2017 Test Time: 1:57pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 1:58pm |
| SRC | Pass | 1:58pm |
| DET | Pass | 1:58pm |
| BAR | Pass | 1:58pm |
| \mathtt{BT} | Pass | 1:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:59pm |

Printer Tests

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

CRC Tests

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

Preventive Maintenance Status: Pass

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Union | Instrument Lo | ocation | Union | County | <u> 50</u> |
|--|--|-------------------|------------|---|--------------------------------------|------------------------|
| Instrume | ent Serial No. 008866 3 | 3344 | Press | on Rd | Mono | <u>ое</u> |
| | | | ~~~ | unut un to an | | |
| The preve | ventive maintenance procedures for the Intox nths are: | imeters, Mode | el Intox E | C/IR II to be f | followed at least | once every |
| 1. | Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree | | or the alo | coholic breath | simulator therm | ometer show |
| 2. | Verify instrument displays time an | d date; | | | | |
| 3. | Initiate breath test sequence; | | | | | |
| 4. | Enter information as prompted; | | | | | |
| 5. | Verify instrument accuracy; | | | | | |
| 6. | When "PLEASE BLOW" appears | , collect breath | n sample; | | | |
| 7. | When "PLEASE BLOW" appears | , collect breatl | n 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. | | | | | |
| procedure | that on the <u>2844</u> day of <u>Nover</u> res were performed on the instrument indicat ent of Health and Human Services, and the i | ed above, in a | ccordance | e with current | oing preventive regulations of th | maintenance le N.C. |
| COREAT CAREAT CA | STATE OF NORTH COLUMN YOUNGER OF SIgnature | Here of Certifyin | g Official | | 650 |) Number |

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 11/28/2017

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: HUTCHINSON, JOSEPH

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Ageacy: DHHS

Test Type: Breath Test

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

| Test | 8\210P | Time |
|--|---------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB THST | Pass .00 .07 .00 | 1:46pm 1:47pm 1:48pm 1:49pm 1:50pm |
| AIR BLK SUB TEST | .00 | 1:51pm 1:52pm |
| AIR BLK | . ()() | 1:53pm |

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 2773

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:54pm |
| FLO | Pass | 1:54pm |
| FC | Pass | 1:55pm |

Temperature Tests

| Test | Status | Time |
|----------------------------------|--------|--------|
| FC1 | Pass | 1:55pm |
| SRC | Pass | 1:55pm |
| $\mathrm{D}\mathbf{E}\mathbf{T}$ | Pass | 1:55pm |
| BAR | Pass | 1:55pm |
| BT | Pass | 1:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:55pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:55pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:55pm |
| CAL | Pass | 1:55pm |

Preventive Maintenance Status: Pass

Analyst