PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1		EC/IR II
County F	LAMANCE	Instrument Location	MANCE CO. JAIL
Instrument	Serial No. <u>008913</u>	3 109 S. MAPLE	St. GRAHAM, NO
The prevent	ive maintenance procedures are:	for the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the alcoholinus .2 degree centigrade;	c breath simulator thermometer show
2.	Verify instrument disp	lays time and date;	
3.	Initiate breath test sequ	ience;	
4.	Enter information as pr	ompted;	
5.	Verify instrument accu	racy;	
6.	When "PLEASE BLOV	N" appears, collect breath sample;	•
7.	When "PLEASE BLOV	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	ram; and	
10.	Verify that the ethanol g simulator solution is bei whichever occurs first.	gas canister is being changed before expira ing changed every four months or after 12.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
certify that corocedures we Department o	on the day of ere performed on the instrum f Health and Human Services	AP211 , 20 /6 the sent indicated above, in accordance with construment is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
O' THE STATE OF TH	Note the second	s D Smith	Ling
		Signature of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 04/25/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	3:23pm
AIR BLK	.00	3:24pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:29pm
AIR BLK	.00	mc08:8

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Rues DA Analys

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 04/25/2016

Test Record Number: 2491 Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

4	INTO AIMETERS, MODEL INTO X EC/IR II
County AL	AMANCE Instrument Location ALAMANCE CO. JAIL
Instrument Seri	Instrument Location ALAMANCE CO. JAIL ial No. O08651 109 S. MAPLE ST. GRAHAM, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
THE STATE OF NO.	
COLON ADEN	LSUS David 637
	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008657 Test Date: 04/25/2016

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

Subject'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, BRIAW D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:26pm
AIR BLK	,00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008651 Test Date: 04/25/2016

Test Record Number: 1229
Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 3:36 \$RC Pass 3:36	9
Pass 3:36 PAR Pass 3:36 PT Pass 3:36	pm pm

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	÷
Test	Status	Time
COMP CAL	Pass Pass	3:37pm 3:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~ <i>~ / / / / / / / / / /</i>
AMANCE Instrument Location <u>KURLING TON</u> PD
rial No. <u>OU8907</u> 267 W. FRONT ST. BURLINGTON, NC
e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
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.
the 25 day of APRIL , 20 16 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	1:23pm 1:24pm 1:24pm 1:25pm
SUB TEST	.00	1:26pm
AIR BLK	00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Bus D Small

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 04/25/2016

Test Record Number: 774 Test Time: 1:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:36pm
FLO	Pass	1:36pm
FC	Pass	1:37pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass	1:37pm 1:37pm 1:37pm 1:37pm 1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:37pm

1:37pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	LAMANCE Instrument Location Bushing PA
County	The control of the co
Instrument So	erial No. DOBBIZ- 267 W. FRONT ST. BURLINGTON, N
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 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 wei	the
THE STATE OF THE OFFICE	
- The state of the	Signature of Certifying Official Certificate Number
	Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	1:21pm 1:22pm 1:22pm 1:24pm 1:25pm 1:26pm 1:27pm 1:28pm
		1.20 Dill

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Buo D Smith
Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 04/25/2016

Test Record Number: 2670 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:31pm 1:31pm 1:31pm 1:31pm 1:31pm
	- L CC 15	エ・フェンにに

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm

CRC Tests

Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

Kua D Smith

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No	County	ANSON	Instrument Location ANSO	NCO. Sherites Office
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. certify that on the	Instrument !	Serial No. <u>008597</u>	WADESBORD,	NC
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the 20 day of ARM 20 6 the forgoing preventive maintenance rocedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	The prevent four months	tive maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic to degree centigrade;	preath simulator thermometer show
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	2.	Verify instrument displays tir	ne and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	4.	Enter information as prompte	d;	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	5.	Verify instrument accuracy;		
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	6.	When "PLEASE BLOW" app	pears, collect breath sample;	
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	7.	When "PLEASE BLOW" app	pears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. Certify that on the	8.		•	
certify that on the	9.	Verify Diagnostic Program; ar	nd	
Department of Health and Human Services, and the instrument is functioning properly.	10.	annulator solution is being clis	ister is being changed before expirations is stering the stering of the stering of the stering is stering to the stering of th	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
Signature of Certifying Official Certificate Number	rocedures we	ere performed on the instrument inc	licated above in accordance with our	
Signature of Certifying Official Certificate Number	OTHE STATE OF THE	NOTING AROUND		
w w w western to the first think the	ASSE QUAM VIDER	Sign	ature of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 04/20/2016

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:32pm
AIR BLK	.00	4:33pm
ACCY CHK	.07	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597

Test Record Number: 1437

Test Date: 04/20/2016

Test Time: 4:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:40pm
SRC	Pass	4:40pm
DET	Pass	4:40pm
BAR	Pass	4:40pm
\mathtt{BT}	Pass	4:40pm

Blank Tests

Test	Status	Time
AIR	Pass	4:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:41pm
	CRC Tests	
Test	Status	Time

TCSC	Status	TIME
COMP	Pass	4:41pm
CAL	Pass	4:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON		cation <u>ANSON</u> Cs.	n Sheufis OFich
Instrument Se	erial No. <u>00 </u>	739 WADE	BORD NC	
The preventive four months a	ve maintenance proced are:	dures for the Intoximeters, Mode	Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethano 34 degrees, plus of	l gas canister displays pressure, or minus .2 degree centigrade;	or the alcoholic breath sin	nulator 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 I	BLOW" appears, collect breath s	sample;	
7.		BLOW" appears, collect breath s	-	
8.	Print test record;			
9.	Verify Diagnostic	Program; and		
10.	Verify that the ethat simulator solution whichever occurs f	anol gas canister is being change is being changed every four mon ïrst.	d before expiration date, ths or after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
certify that on rocedures wer Department of	e performed on the in	of ARIL strument indicated above, in according to the control of t	ordance with current room	preventive maintenance plations of the N.C.
STATE OF THE STATE	JOHN CAROUNA			
FIRE QUAM VIDER		R. H. Comment	10	- Z
•	,	Signature of Certifying O	fficial	Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 04/20/2016

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

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

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

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

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

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	4:33pm 4:34pm
ACCY CHK	.07	4:35pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739

Test Record Number: 231

Test Date: 04/20/2016

Test Time: 4:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:42pm
FLO	Pass	4:42pm
FC	Pass	4:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:42pm
SRC	Pass	4:42pm
DET	Pass	4:42pm
BAR	Pass	4:42pm
BT	Pass	4:42pm

Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:43pm

4:43pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County A	1er/ Instrument Location Banner EIK PD
* *	rial No. 008724 Instrument Location Danner ETK, NC
The preventiv	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of
STATE STATE OF THE	

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 04/04/2016

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401

Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	5:48pm 5:48pm
ACCY CHK	.08	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:51pm
SUB TEST	.00	5:53pm
AIR BLK	.00	5:54pm

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

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 459

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:55pm 5:55pm
FC	Pass	5:55p

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:55pm 5:55pm
DET	Pass	5:55pm
BAR	Pass	5:55pm
BT.	Pass	5:55pm

Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:56pm

Preventive Maintenance Status: Pass

Pass

5:56pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Bunco-be Instrument Location Brot Mibile Unit 11
Instrument S	Bunco-bc Instrument Location But MIbile Unit 11 Serial No. 00 8090
· · · · · · · · · · · · · · · · · · ·	
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 o procedures we Department of	n the 29 day of April , 2014 the forgoing 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 THE STATE	
STATE OLIAM VIDES	_CUVOUD 650
	Signature of Certifying Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008090 Test Date: 04/28/2016

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

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

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

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:11pm 8:12pm 8:13pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008090

Test Record Number: 83

Test Date: 04/28/2016

Test Time: 8:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm
	CRC Tests	
Test	Status	Time

Pass

Pass

8:20pm

8:20pm

Preventive Maintenance Status: Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS MODEL INTOX EC/IR II

County	Buncombe Instrument Location Bat Mobile Un. 7 11
Instrumer	nt Serial No. <u>60 8970</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
rocedures	t on the Z9 day of Apr. 1, 20 14 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	E ON TO THE CANADA THE
SSE QUAM	Signature of Certifying Official Certificate Number

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

Certificate Number

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 04/28/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V Permit Number: 26632E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.07	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:17pm
ATR BLK	0.0	8:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Record Number: 155 Test Date: 04/28/2016 Test Time: 8:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:19pm
SRC	Pass	8:19pm
DET	Pass	8:19pm
BAR	Pass	8:19pm
BT	Pass	8:19pm

Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:20pm
CAL	Pass	8:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 04/14/2016

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

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

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

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

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

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:32am 11:33am 11:34am 11:35am
AIR BLK	.00	11:30am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 04/14/2016

Test Record Number: 294
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	11.415m

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Serial No. 008798 Instrument Location Buncombe Co. Juil Ashe Villa MC.
mistrument.	Serial No. 100710
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that or ocedures we Department o	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.
TOTAL 2. THE STATE OF THE STATE	CARO

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

Signature of Certifying Official

Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 04/01/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:46pm 2:46pm 2:47pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798

Test Record Number: 3767

Test Date: 04/01/2016

Test Time: 2:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	
Ma=±	Q+ - +	·

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County [Burke Instrument Location Burke Catawha Jan
Instrument S	Serial No. 008831 Maryanton, NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
certify that corocedures we Department o	on the day of April, 20/6 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.
THE STATE OF THE PROPERTY OF T	STORE CAROLINA CAROLI
	Signature of Certifying Official Certificate Number

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

Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 04/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	11:59am 12:00pm 12:01pm 12:02pm 12:03pm 12:03pm 12:05pm 12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831

Test Record Number: 1610 Test Date: 04/08/2016 Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

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

-000	Deacus	TTIME
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	301Ke Instrument Location Rush	
County 1	the same of the sa	
Instrument	Serial No. 00 8904	atma NC
		11/2/1
The preven four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to s are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	•
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
certify that procedures w Department of	on the day of, 20 the former performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE STATE	O NO COLUMN TO THE REAL PROPERTY OF THE PARTY OF THE PART	
APRIL 12. ET 2 SOTE QUAM VID		
anagaris.		649
	Signature of Certifying Official	Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 04/08/2016

Citation Number: X0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:58am 11:59am 12:00pm 12:01pm 12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1810

Test Date: 04/08/2016 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:07pm

12:07pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RUNSWICK Instrument Location BAT MOBILE UNIT
Instrument Ser	rial No. 008826 Instrument Location BAT MOBILE UNITY
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
* *10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the S day of 17121 , 2016 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	NORTH CAROLLINA
* ESTE QUAM VIDES	Ula Ry Banes 648
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Date: 04/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

g/210L	Time
Pass .00 .08	11:35pm 11:36pm 11:37pm
.00	11:38pm
.00	11:38pm
.00	11:39pm
.00	11:41pm
.00	11:42pm
	Pass .00 .08 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Record Number: 7909 Test Date: 04/08/2016 Test Time: 11:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:47pm 11:47pm 11:47pm 11:47pm 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	11:48pm 11:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	,	,2 11 (1 O12 L)() 11(11
County	RUNSWICK Instrument I	ocation PAT MOBILE () WIT
Instrument S	Serial No. <u>008575</u>	LELAND, NC
The preventi four months	ve maintenance procedures for the Intoximeters, Mocare:	lel Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	, or the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath	ı sample;
7.	When "PLEASE BLOW" appears, collect breath	ı sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being chang simulator solution is being changed every four mo whichever occurs first.	ged before expiration date, or the alcoholic breath onths or after 125 Alcoholic Breath Simulator tests,
certify that o procedures we Department of	n the day of PRIL re performed on the instrument indicated above, in ac Health and Human Services, and the instrument is fu	cordance with current regulations of the N.C.
THE STATE OF THE S	NORTH CAR	1.119
	Signature of Certifying	Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008575 Test Date: 04/08/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:29pm 11:30pm 11:31pm 11:32pm 11:33pm 11:35pm
AIR BLK	100	11:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olum Rey Barnes
Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008575

Test Record Number: 906

Test Date: 04/08/2016 Test Time: 11:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:38pm
FLO	Pass	11:38pm
FC	Pass	11:39pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:39pm 11:39pm 11:39pm 11:39pm
BT	Pass	11:39pm

Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm
•	CRC Tests	
Test	Status	Time

rest	Status	Time
COMP	Pass	11:39pm
CAL	Pass	11:39pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	RUNSWICK	Instrument Location BAT	MOBILE UNIT
Instrument Seri	ial No. <u>008616</u>	Instrument Location BAT	AND NC
	······································		
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus 2 deg	displays pressure, or the alcoholic brogree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expiration ged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on procedures were Department of H	the S day of A Property day of	the forcated above, in accordance with curre e instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
OF MAN 20, 1772 A		dure of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Date: 04/08/2016

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

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

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

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

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

AIR BLK .00 11:07pr ACCY CHK .08 11:08pr AIR BLK .00 11:09pr SUB TEST .00 11:09pr	Test	g/210L	Time
SUB TEST .00 11:12pm	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .08 .00 .00	11:06pm 11:07pm 11:08pm 11:09pm 11:10pm 11:12pm 11:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616

Test Record Number: 2197

Test Date: 04/08/2016

Test Time: 11:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:27pm
	CDC Tests	

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

Preventive Maintenance Status: Pass

Olun Ray Barnes
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUMOWICK	Instrument Location	BAT MOBILE UNIT
Instrument	t Serial No. <u>00870</u>		LELAND, NC
The prevent	ative maintenance procedures s are:	for the Intoximeters, Model Into	x EC/IR II to be followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the nus .2 degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument disp	plays time and date;	
3.	Initiate breath test seq	uence;	
4.	Enter information as p	rompted;	
5.	Verify instrument accu	ігасу;	
_: 6.	When "PLEASE BLO	W" appears, collect breath sampl	e;
7.	When "PLEASE BLO	W" appears, collect breath sample	9 ;
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed beforing changed every four months or	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
certify that rocedures v Department o	on the day of were performed on the instrum of Health and Human Service	nent indicated above, in accordances, and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C.
STATE OF THE STATE	AROUND AROUND A COMMENT OF THE PARTY OF THE		
WALLS OF STREET	_ Clu	Signature of Certifying Officia	648
		Signature of Certifying Officia	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Date: 04/08/2016

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:03pm 11:04pm 11:05pm 11:06pm 11:06pm 11:09pm
AIR BLK	.00	11:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ra Barnes
Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Record Number: 2291 Test Date: 04/08/2016 Test Time: 11:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test		Status	Time
AIR	2.	Pass	11:12pm
and the specific	100		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_,	PRUNSWICK	Instrument Location 5	AT MOBILE UNITS
Instrume	nt Serial No. <u>008647</u>		ELAMO, DC
The preve	entive maintenance procedures for the Ir	ntoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcohogree centigrade;	olic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before exp ged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the day of Arac were performed on the instrument indic t of Health and Human Services, and the	, 20 / (L) cated above, in accordance with e instrument is functioning pro	the forgoing preventive maintenance a current regulations of the N.C. perly.
STATE OF THE CONTROL	SH S NOCH CAROLING	·**)	
QUAN	<u> </u>	4 Bans	648
	Signat	ure of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 04/08/2016

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

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

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

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

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:00pm 11:01pm 11:02pm 11:04pm 11:05pm 11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ra Barres
Analysi

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 04/08/2016 Test Record Number: 2204
Test Time: 11:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
		2.1
7 TD	Dagg	11.100

Printer Tests

Test	Status	Time
PRNT	Pass	11:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:10pm

Preventive Maintenance Status: Pass

Olun Rey Barnes
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the < 20 16 the forgoing preventive maintenance 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.

CLEVELAND BAT MOBILE UNIT 7 220

Serial Number: 008971 Test Date: 04/23/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

02/01/2016-02/01/2018

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

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	8:06pm 8:07pm
ACCY CHK	.08	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00,	8:137pm/

Reported Ac: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND BAT MOBILE UNIT 7 220

Serial Number: 008971 Test Record Number: 104 Test Date: 04/23/2016 Test Time: 8:14pm EDT

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	8:15pm
	CRC Tests	.3
Test	Status	Time
COMP CAL	Pass Pass	8:15pm 8:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	. 3	estrument Location Clay	
Instrument Ser	rial No. <u>008608</u>	Hayesville, NC	
The preventive four months are	e maintenance procedures for the Intoxin re:	neters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c	ys pressure, or the alcoholic breat entigrade;	h simulator thermometer shows
2.	Verify instrument displays time and o	late;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ellect breath sample;	
7.	When "PLEASE BLOW" appears, co	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is l simulator solution is being changed ev whichever occurs first.	peing changed before expiration deery four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
certify that on to procedures were Department of H	the day of	, 20 // the forg bove, in accordance with current ument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF A CONTROL OF A CON	Dail 18	C -L1	
	Signature of	Certifying Official	Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 04/06/2016

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

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:56am 11:57am 11:57am 11:58am
SUB TEST	.00	11:59am
AIR BLK SUB TEST	.00 .00	12:00pm
AIR BLK	.00	12:01pm
ATK DDV	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 04/06/2016

Test Record Number: 1102 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:03pm 12:03pm
FC	Pass	12:04pm

Temperature Tests

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

Blank Tests

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

AIR Pass 12:04pm

Printer Tests

Test	Status	Time

PRNT Pass 12:04pm

CRC Tests

IESU	Status	Time
COMP	Pass	12:05pm

CAL Pass 12:05pm

Preventive Maintenance Status: Pass

Analyst

and transfer have been stored that the story has been been always and

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		3, MODEL INTUX E	
County	COLUM1303		TMOBILE ONI
Instrument S	erial No. <u>008707</u>	1 A	BOR CITY A
The prevention four months	ve maintenance procedures for the Into	eximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic ee centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canisted simulator solution is being change whichever occurs first.	r is being changed before expira d every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	on the day of bre performed on the instrument indicate f Health and Human Services, and the i	ted above, in accordance with curstrument is functioning proper	e forgoing preventive maintenance irrent regulations of the N.C.
OF LETTER OF	A CONTRACTOR OF THE CONTRACTOR		
TOTAL OLIMA VIEW	Signatur	e of Certifying Official	Certificate Number
	~.5	Jerna, ma Ottions	Certificate Manibel

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: 008707 Test Date: 04/02/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:01pm 10:02pm 10:02pm 10:03pm 10:04pm 10:05pm 10:07pm 10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olun Ray Barnes
Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: 008707

Test Record Number: 2288

Test Date: 04/02/2016 Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

Printer Tests

TCSC	Blatus	TTIIIC
PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time

TESL	Status	TIME
COMP	Pass	10:13pm
CAL	Pass	10:13pm

Preventive Maintenance Status: Pass

alun Ra Barres
Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CUMBERLAND Instrument Location BAT MOBILE UNIT
Instrumer	COMBERLAND Instrument Location BAT MOBILE UNIT
four mont	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the 30 day of APIL , 20 10 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	TE OF ALCOHOLOGY AND

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 9
250

Serial Number: 008826 Test Date: 04/30/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:33pm 10:34pm 10:35pm 10:36pm 10:37pm 10:38pm
AIR BLK	.00	10:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008826 Test Record Number: 7916 Test Date: 04/30/2016 Test Time: 10:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41pm
FLO	Pass	10:41pm
FC	Pass	10:41pm

Temperature Tests

Status	Time
Pass	10:41pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:42pm

Preventive Maintenance Status: Pass

Anglyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	O TONE ECIK II
County	CUMBERLAND Instrument Location BAT MOBICE UNIT
Instrument	Serial No. OOS616 FAJETIEVICLE, DC
The preven	ive maintenance procedures for the Intoximeters. Model Intox EC/IR II to be followed at least once ever
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on the 30 day of 1211 20 16 the forgoing preventive maintenance per 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 STATE	THE CARD IN THE PARTY OF THE PA
SOE QUAM VIE	W- K110 - 648
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008616 Test Date: 04/30/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:54pm 9:55pm
ACCY CHK	.08	9:55pm
AIR BLK SUB TEST	.00 .00	9:56pm 9:59p m
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008616 Test Record Number: 2204 Test Date: 04/30/2016 Test Time: 10:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
${f BT}$	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:14pm 10:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	THE CATHER FIRS, MODEL INTOX	EC/IR II
County(UMBERLAND Instrument Location B	AT MOBILE UNIT
Instrument Se	rial No. <u>008575</u> FA	YETTEVILLE, DC
The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR	
four months a	re:	a so do tono nod at loast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	- 1
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after I whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
certify that on procedures wer Department of	theday of	the forgoing preventive maintenance current regulations of the N.C. perly.
OTHE STATE OF THE		
QUAM VIDEN	White Ka 13	648
	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008575 Test Date: 04/30/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:55pm 9:56pm 9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008575

Test Record Number: 914

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:05pm 10:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu	MBERCAND Instrument Location ComBERCAND Co. Det. C
Instrument Seria	INO. 008/029 Fayetteville, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properties to the procedures were procedured to the procedure of the procedure to the procedure of the procedure of the procedure to the procedure of the p	ne
STATE ON O	Signature of Certificial Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008629 Test Date: 04/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607602 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	8:22pm 8:22pm
ACCY CHK	.00	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

analyst

his form is used when performing Preventive Maintenance or

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008629

Test Record Number: 298

Test Date: 04/18/2016

Test Time: 8:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:29pm
FLO	Pass	8:29pm
FC	Pass	8:29pm

Temperature Tests

Test	Status	Time
		0.00
FC1	Pass	8:29pm
SRC	Pass	8:29pm
\mathtt{DET}	Pass	8:29pm
BAR	Pass	8:29pm
BT	Pass	8:29pm

Blank Tests

Test	Status	Time
AIR	Pass	8:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:30pm 8:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	UMRERIAND Instrument Location Comagniano Co Det. Co.
Instrument S	erial No. 008632 Fayetteville, 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 o procedures we Department of	n the
THE STATE OF THE S	
QUAN VIDE	Sind Sound 311
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 04/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:47pm 6:48pm
ACCY CHK	.08	6:49pm
AIR BLK	.00	6:50pm
SUB TEST	.00	6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:53pm
AIR BLK	.00	6:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 3547

Test Date: 04/18/2016

Test Time: 6:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:55pm 6:55pm
FC	Pass	6:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:55pm
SRC	Pass	6:55pm
DET	Pass	6:55pm
BAR	Pass	6:55pm
BT	Pass	6:55pm

Blank Tests

Test	Status	Time
AIR	Pass	6:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:56pm 6:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERIAND Instrument Location Combertano Co. De	T. CENTE
Instrument S	Gerial No. 008633 Fayotaville, NC	
The preventive	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leas	t once every
four months a	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thern 34 degrees, plus or minus .2 degree centigrade;	nometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	i garaga
5.	Verify instrument accuracy;	j.
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	olic breath nulator tests,
I certify that o procedures we Department of	on the	maintenance e N.C.
THE STATE OF THE S	Signature of Certifying Official Certificate N	

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 04/18/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:58pm 5:59pm
ACCY CHK	07	5:59pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:02pm
SUB TEST	.00	6:04pm
AIR BLK	.00	6:05pm

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

nalyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 3846

Test Date: 04/18/2016

Test Time: 6:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:08pm
FLO	Pass	6:08pm
FC	Pass	6:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:08pm
SRC	Pass	6:08pm
DET	Pass	6:08pm
BAR	Pass	6:08pm
BT	Pass	6:08pm

Blank Tests

Test	Status	Time
AIR	Pass	6 • 0 9 m

Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm
	CRC Tests	
Test	Status	Time

6:09pm

6:09pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location COMREDIAND CO. DET CENT
Instrument S	Serial No. <u>OO 8672</u> FAYETTEVILLE NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 o	on the, 20, 20, the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF THE	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 04/18/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR B L K	Pass	6:24pm 6:25pm
ACCY CHK	.08	6:26pm
AIR BLK	.00	6:27pm
SUB TEST	.00	6:28pm
AIR BLK	.00	6:29pm
SUB TEST	.00	6:30pm
AIR BLK	.00	6:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 04/18/2016 Test Record Number: 4991

Test Time: 6:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:33pm
FLO	Pass	6:33pm
FC	Pass	6:33pm

Temperature Tests

Status	Time
Pass	6:33pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:34pm 6:34pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 04/25/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:39pm 3:40pm 3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Leven Ston Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 2277

Test Date: 04/25/2016 Test Time: 3:47pm EDT.

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

Blank Tests

Test	Status	Time

AIR Pass 3:49pm

Printer Tests

Time

PRNT Pass 3:49pm

CRC Tests

Test	Status	Time

Pass 3:49pm COMP CAL Pass 3:49pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	VICTSON Instrument Location Lexingrow	
Instrument S	rial No. 008883 Police Department	
The prevention four months	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
— 8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator ten whichever occurs first.	h sts,
	on the	nce
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
ATR BLK	. 00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1591

Test Date: 04/25/2016

Test Time: 3:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
${f BT}$	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	AVIDSON Instrument Location Thomas Ville
Instrument S	erial No. 008872 Police Department
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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;
Ø. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
THE STATE OF THE S	CAROL

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

Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

* -

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A Lunder Analyst

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 1258

Test Date: 04/25/2016

Test Time: 2:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

Printer Tests

Status	Time
Pass	2:16pm
CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Durthan Instrument Location 337 WOBILE Con T 74/10
Instrument	Serial No. 608776
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the
STATE CHANGE OF THE STATE OF TH	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008776 Test Record Number: 3296
Test Date: 04/23/2016 Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:47pm
CAL	Pass	9:47pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008776 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

DIEVEL B ELECTISE NUMBER. NOIVE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:38pm
ACCY CHK	.00 .08	9:39pm 9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Duritym Instrument Location Bot MDBile Con, T
Instrument	Serial No. <u>COSG 37</u> <u>D1. 2 pd Assa</u>
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 the
ON THE CARE AND THE COURT OF THE CARE AND TH	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008637

Test Record Number: 2854

Test Date: 04/23/2016

Test Time: 9:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
\mathtt{DET}	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

Test	Status	Time
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008637 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:11pm 9:12pm 9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Durithan Instrument Location Bat Mindeles, 7 4/0
Instrument Ser	rial No
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.
	the
STATE OF THE STATE	Signature of Carliffuith Official Continue No.

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008686 Test Record Number: 6371 Test Date: 04/23/2016 Test Time: 10:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
${ t FLO}$	Pass	10:13pm
FC	Pass	10:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm

CRC Tests

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008686 Test Date: 04/23/2016

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

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:00pm 10:01pm 10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Duzhan	Instrument Location FM MOSILE Land
Instrument S	Serial No. <u>00 8 5 8 4</u>	Pun them
The prevent four months		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;
7.	When "PLEASE BLOW" appear	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
		cated above, in accordance with current regulations of the N.C.
STATI OF STATI OF STATION OF STAT	Single Si	A G. M. Fand G. G.

DURHAM COUNTY BAT MOBILE UNIT 10 310
Serial Number: 008584 Test Record Number: 2096
Test Date: 04/23/2016 Test Time: 9:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

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

Preventive Maintenance Status: Pass

Soul Tope

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008584

Test Date: 04/23/2016 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.08	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dur Han	Instrument Location / Fat W	while lang youth Il
Instrument	Serial No. 60 6582	Desph	fori
The prevent	•	ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiration nged every four months or after 125 Alc	
4 - 2	- pa		
	at on the 23 day of 1 were performed on the instrument indit t of Health and Human Services, and t	icated above, in accordance with current he instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
O'THE STAI	JE or No.		
MAIN 25.54 MAIN 25.54 MAIN 25.54			624
	Sign	ature of Certifying Official	Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008580 Test Record Number: 2267 Test Date: 04/23/2016 Test Time: 10:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:12pm 10:12pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008580 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	9:57pm 9:58pm 9:58pm 10:00pm 10:01pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Warner, was a second	INTOXIMETERS, MOD	ET INTÔX EC	AIK II	
County Do	AVP Instrument	Location Kill]	Devil Hills	P.D
Instrument S	erial No. <u>008881</u> <u>102</u>]	Dwn Ha	11 Dr. Kill	Douil
The preventi four months	ve maintenance procedures for the Intoximeters, Mare:	odel Intox EC/IR II to	be followed at least or	nce every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade	re, or the alcoholic bre	eath simulator thermon	neter shows
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect brea	ath sample;		
7.	When "PLEASE BLOW" appears, collect brea	ith sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being cha simulator solution is being changed every four whichever occurs first.	nged before expiration months or after 125 A	n date, or the alcoholic Icoholic Breath Simula	breath itor tests,
procedures we	n the day of	accordance with curre	orgoing preventive mai ent regulations of the N	ntenance .C.
STATE OF THE STATE				
	Signature of Certifyin	ng Official	Certificate Num	iber

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008851 Test Date: 04/08/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:45am 11:46am 11:48am 11:48am 11:49am 11:51am 11:52am
		++. JZ a

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008851 Test Record Number: 552 Test Date: 04/08/2016 Test Time: 11:53am EDT

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	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ويوسا	INTOXINETERS, MODEL INTOX EC/IK II
County	DARE Instrument Location BAT MOBILE UNIT
Instrument Ser	ial No. <u>308776</u> RILL DEVIL HILLS, IL
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.
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e de la composición d La composición de la	
OREAL STATE OF THE	NOTE TO SERVICE OF THE PARTY OF
FISE QUAM VIDER	Uluk 3 648
	Signature of Certifying Official Certificate Number

DARE COUNTY BAT MOBILE UNIT 10 270

Serial Number: 008776 Test Date: 04/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:50pm 10:51pm
ACCY CHK	.08	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY BAT MOBILE UNIT 10 270

Serial Number: 008776 Test Record Number: 3293 Test Date: 04/21/2016 Test Time: 10:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
\mathtt{BT}	Pass	10:58pm

Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:59pm 10:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE	Instrument Location	BAT	MOBILE UNIT 1
Instrument !	Serial No. <u>OO8 1719</u>		Kne	MOBILE UNIT! DEVIL HILLS, N
The prevent four months	tive maintenance procedures for the	e Intoximeters, Model Intox E	C/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the ald degree centigrade;	oholic bre	ath simulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			a.
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;		·	
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months or a	expiration fter 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
	on the day of ivere performed on the instrument in of Health and Human Services, and	idicated above, in accordance	with curre	rgoing preventive maintenance nt regulations of the N.C.
		-	_ -	
STATI STATI	CAROUN CAROUN			
APRIL 12. IT	Q Car	consture of Certifying Official		Certificate Number

DARE COUNTY BAT MOBILE UNIT 10 270

Serial Number: 008779 Test Date: 04/21/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:50pm 11:51pm 11:51pm
AIR BLK	.00	11:52pm
SUB TEST	.00	11:53pm
AIR BLK	.00	11:54pm
SUB TEST	.00	11:55pm
AIR BLK	.00	11:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY BAT MOBILE UNIT 10 270

Serial Number: 008779 Test Record Number: 3412 Test Date: 04/21/2016 Test Time: 11:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:57pm 11:57pm
FC	Pass	11:57pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:57pm 11:57pm
DET	Pass	11:57pm
BAR BT	Pass Pass	11:57pm 11:57pm
B.T.	Pass	TT:5/DIII

Blank Tests

Test	Status	TIME
AIR	Pass	11:58pm

Time

Printer Tests

Test	Status	Time
PRNT	Pass	11:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:58pm 11:58pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dave	Instrument Location \\ \(\sqrt{e} \)	o Detention (-
Instrument So	Gerial No. <u>() 0 8 7 8 3</u>	1044 Driftwood	Dr. Manter
The preventive four months a	ve maintenance procedures for the Intox are:	cimeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breatle centigrade;	n simulator thermometer shows
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration d every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that o procedures we Department of	on the 25 day of April ere performed on the instrument indicate of Health and Human Services, and the in	ed above, in accordance with current	oing preventive maintenance regulations of the N.C.
THE CORE ALL THE C	CAROLINA IN THE REPORT OF THE PARTY OF THE P		643

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 595

Test Date: 04/25/2016

Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:17am
FC	Pass Pass	11:17am 11:17am

Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
	•	
PRNT	Pass	11:18am

CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

******	INTUAIMETERS, MODEL INTOX EC/IR II
County DC	Instrument Location Dave Co. Detention G
Instrument S	erial No. 008804 1044 Diffwood Dr., Mentro,
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.
procedures we	on the day of da
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/25/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:55am 10:56am 10:56am 10:57am
SUB TEST	.00	10:57am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

South Selling

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/25/2016

Test Record Number: 1669

Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

Test	Status	Time
PRNT	Pass	11:04am

CRC Tests

rest	status	Time
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:47pm
AIR BLK	.00	5:48pm
ACCY CHK	.08	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm
SUB TEST	.00	5:53pm
ATR BLK	0.0	5 · 5 5 mm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 729

Test Date: 04/26/2016

Test Time: 5:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:56pm
FLO	Pass	5:56pm
FC	Pass	5:56pm

Temperature Tests

Status	Time
Pass	5:56pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:57pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:57pm
CAL	Pass	5:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		I OA EC/IR II
County Ec	decombe Instrument Location	Edgecombe Co. Magistrate's
Instrument Ser	orial No. <u>008603</u> Office, 300	Edgecombe (o. Magistrate's
The preventive four months ar	re maintenance procedures for the Intoximeters, Model Intox re:	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample) ;
7.	When "PLEASE BLOW" appears, collect breath sample	;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or whichever occurs first.	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of I	the	the forgoing preventive maintenance ce with current regulations of the N.C.
THE STATE OF THE S	NOR CAROLLE STATE OF THE STATE	
Wall The Control of t	Signature of Certifying Officia	I Certificate Number
		CALITICATE LAMITORI

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 04/15/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1511 Test Date: 04/15/2016 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

Temperature Tests

Status	Time
Pass	11:17am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

PRNT Pass 11:18am	Test	Status	Time
	PRNT	Pass	11:18am

CRC Tests

iest	Status	TTME
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance Status: Pass

Analyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ور دور درس	INTOAINETERS, NODEL INTOA ECIK II
County Edg	erombe Instrument Location Edecombe Co. Maristrate
Instrument Serie	al No. 008663 Office, 300 S. Anaronda Rd., Too
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
O'HE STATE OF A VALUE	Hey SM 643
	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

> Serial Number: 008663 Test Date: 04/15/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

07/01/2015-07/01/2017

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

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:55am 10:55am 10:56am 10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

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

Rev. 12/2007

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 04/15/2016

Test Record Number: 2511
Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04am 11:04am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

مد	gentres.	TERS, MODEL INTOX	EC/IR II
County C	raham	Instrument Location	aham Co SO
Instrument S	Serial No. <u>208915</u>	Robbinsville	, NC
	·		
The prevent four months	ive maintenance procedures for the are:	ne Intoximeters, Model Intox EC/IR	I to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic 2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	,	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration anged every four months or after 12:	ation date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that o rocedures we Department of	on the day of ere performed on the instrument in f Health and Human Services, and	, 20 // the instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.
THE STATE OF THE S	CAROUND		
William William	- Committee of the contract of	K. Certhan	635
	Sig	nature of Certifying Official	Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 04/05/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:50am 10:51am 10:52am 10:53am 10:54am 10:55am 10:56am
WIK DUV	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Re

Test Record Number: 667

Test Date: 04/05/2016

Test Time: 10:58am

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

rest	Status	Time
PRNT	Pass	11:00am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 008736 Guifford Co So The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once er 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; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample;	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once er 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; 5. Verify instrument accuracy;	LM
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; 5. Verify instrument accuracy;	
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; 5. Verify instrument accuracy;	
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy;	very
 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 	shows
4. Enter information as prompted;5. Verify instrument accuracy;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears collect brooth committee	
appears, confect pream sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	th ests,
I certify that on the	ance
Signature of Certifying Official Certificate Number	

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008736 Test Date: 04/30/2016

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

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

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

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

08/01/2015-08/01/2017

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008736 Test Date: 04/30/2016

Test Record Number: 823 Test Time: 12:15am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:17am

Printer Tests

Test	Status	Time
PRNT	Pass	12:17am
-	CRC Tests	
Test	Status	Time
COMP	Pass	12:17am

Preventive Maintenance Status: Pass

Pass

CAL

12:17am

12:17am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No	a county Instrument Location BAT Mobile Unit
	008615 Guilford SO
The preventive mainten four months are:	ance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify 34 de	the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer showness, plus or minus .2 degree centigrade;
2. Verify	instrument displays time and date;
3. Initiat	e breath test sequence;
4. Enter	information as prompted;
5. Verify	instrument accuracy;
6. When	"PLEASE BLOW" appears, collect breath sample;
7. When	"PLEASE BLOW" appears, collect breath sample;
8. Print to	est record;
9. Verify	Diagnostic Program; and
Siliulai	that the ethanol gas canister is being changed before expiration date, or the alcoholic breath or solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ver occurs first.
I certify that on the procedures were performed Department of Health and	day of AOV, 20 / the forgoing preventive maintenance and on the instrument indicated above, in accordance with current regulations of the N.C. Human Services, and the instrument is functioning properly.
TO THE STATE OF NO.	

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

Signature of Certifying Official

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 04/30/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG517403 Exp Date: 06/23/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 04/30/2016

Test Record Number: 5379 Test Time: 12:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:13am
FLO	Pass	12:13am
FC	Pass	12:13am

Temperature Tests

Test	Status	Time
FC1	Pass	12:13am
SRC	Pass	12:13am
DET	Pass	12:13am
BAR	Pass	12:13am
BT	Pass	12:13am

Blank Tests

Test	Status	Time
AIR	Pass	12:14am

Printer Tests

Test	Status	Time
PRNT	Pass	12:14am
	CRC Tests	

Test	Status	Time
COMP	Pass	12:14am
CAL	Pass	12:14am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	instrument Localy Instrument Loc	cation_BATMObilE UNITE
Instrument	t Serial No. <u>008816</u> <u>6v.116</u>	ord 50
The prever	ntive maintenance procedures for the Intoximeters, Model as are:	l Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, o 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	. *
3.	Initiate breath test sequence;	;
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	i de la companya del companya de la companya del companya de la co
6.	When "PLEASE BLOW" appears, collect breath sa	sample;
7.	When "PLEASE BLOW" appears, collect breath sa	sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four mont whichever occurs first.	d before expiration date, or the alcoholic breath oths or after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on theday ofdo. / were performed on the instrument indicated above, in acco of Health and Human Services, and the instrument is func	the forgoing preventive maintenance ordance with current regulations of the N.C. ctioning properly.
THE STATE OF THE S	E CAROLLE CARO	AND DISTORDED AND DESCRIPTION OF THE PARTY O
- with	Signature of Certifying Of	Official Configuration
100		Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 04/30/2016

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

Subject'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: AG517403 Exp Date: 06/23/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 04/30/2016

Test Record Number: 7213 Test Time: 12:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	MILEOCO Instrument Location BRT MODILE UNIT
Instrument Seri	al No (00860) Guilford (050
· · · · · · · · · · · · · · · · · · ·	
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.
certify that on the procedures were procedures were procedures were procedured to the	day of
OF THE STATE OF TH	
	W CAROLIN CONTROL OF THE CONTROL OF
* EST QUAM VIDEN *	Donia B Skunin 644
•	Signature of Certifying Official Certificate Number

GUILFORD COUNTY BATMOBILE UNIT 8 400

Serial Number: 008601 Test Date: 04/30/2016

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

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

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

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

08/01/2015-08/01/2017
Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:18am 12:18am
ACCY CHK	.08	12:19am
AIR BLK	.00	12:20am
SUB TEST	.00	12:21am
AIR BLK	.00	12:21am
SUB TEST	.00	12:23am
AIR BLK	.00	12:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OBOK Analyst

GUILFORD COUNTY BATMOBILE UNIT 8 400

Serial Number: 008601 Test Record Number: 1169
Test Date: 04/30/2016 Test Time: 12:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:27am
FLO	Pass	12:27am
FC	Pass	12:27am

Temperature Tests

Test	Status	Time
FC1	Pass	12:27am
SRC	Pass	12:27am
\mathtt{DET}	Pass	12:27am
BAR	Pass	12:27am
${ t BT}$	Pass	12:27am

Blank Tests

Test	Status	Time
AIR	Pass	12:27am

Printer Tests

Test	Status	Time
PRNT	Pass	12:27am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (2)	Ford County Instrument Location BAT Mobile Unit 8
	al No. 008929 Guilford Co SO
· · · · · · · · · · · · · · · · · · ·	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of 20, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF AN AUTO TO THE STATE OF AN AUTO TO THE STATE OF AN AUTO TO THE STATE OF AUTO TO	CAROLL STATE OF THE STATE OF TH
ASSE GRAM ADDITA	Signature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008929 Test Date: 04/30/2016

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

Subject'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: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:40am 12:41am 12:41am
AIR BLK	.00	12:42am
SUB TEST	.00	12:43am
AIR BLK	.00	12:44am
SUB TEST	.00	12:46am
AIR BLK	.00	12:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008929 Test Date: 04/30/2016

Test Record Number: 965 Test Time: 12:57am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:58am
FLO	Pass	12:58am
FC	Pass	12:58am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:58am 12:58am 12:58am 12:58am
BT	Pass	12:58am

Blank Tests

rest	Status	Time
AIR	Pass	12:59am

Printer Tests

Test	Status	Time
PRNT	Pass	12:59am

CRC Tests

Test	Status	Time
COMP	Pass	12:59am
CAL	Pass	12:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County County	Instrument Location High Point JA;
Instrument S	Serial No. <u>008655</u>
·	
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
O ME STATE OF THE	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 04/25/2016

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

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

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

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

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

Test	.g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:03pm 12:03pm 12:04pm 12:06pm
AIR BLK	.00	12:06pm 12:07pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L'Eure lar

Analyst

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 2923 Test Date: 04/25/2016

Test Time: 12:10pm EDT

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	12:11pm
SRC	Pass	12:11pm
DET	Pass	12:11pm
BAR	Pass	12:11pm
BT	Pass	12:11pm

Blank Tests

Test	Status	Time
	é	P
AIR	Pass	12:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 04/25/2016

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Oak

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 2048

Test Date: 04/25/2016

Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1.1:33am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location (TYCENS Instrument Serial No. OCE 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. 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the 💇 🛇 procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 04/22/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:28am 11:29am 11:30am 11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 5523
Test Date: 04/22/2016 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
ATR	Pass	11:36am

Printer Tests

Test	Status	Time
PRNT	Pass	11:36am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:37am

Preventive Maintenance Status: Pass

Pass

11:37am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX EC/IR II -vi/toRd Instrument Location Sreevis 6000 JA;
Instrument Se	
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. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 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	n the 20 day of 40 l , 20 6 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:59am 11:00am 11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
ATR BLK	. 0.0	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 2360 Test Date: 04/22/2016 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	11/62d Instrument Location Greens	born Jail
	000M	
Instrument Seria	INo. (108) / 74-	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be to	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcohwhichever occurs first.	tte, or the alcoholic breath nolic Breath Simulator tests,
procedures were	the <u>22</u> day of <u>April</u> , 20 <u>M</u> the forgo performed on the instrument indicated above, in accordance with current realth and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE ON CONTROL OF THE STATE O	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:34am
ACCY CHK	.07	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
ATR RIK	0.0	10.40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 4860 Test Date: 04/22/2016 Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:41am 10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
\mathtt{BT}	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:42am 10:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GR	ANVILLE	Instrument Location CREEDA	100R PD
Instrument Ser	rial No. <u>00 864/</u>	III MASONIC ST. C	PERDMONE, NC
The preventive four months ar	e maintenance procedures for the Intoree:	ximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister disparts 34 degrees, plus or minus .2 degrees.	plays pressure, or the alcoholic breath e centigrade;	simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	·	
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration date every four months or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures were Department of I	the 27 day of AFRIA re performed on the instrument indicate Health and Human Services, and the in	ed above, in accordance with current	oing preventive maintenance regulations of the N.C.
STATE OF WAY SO, 177	Juan J.	Smill of Certifying Official	637

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 04/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	2:53pm 2:54pm
ACCY CHK	.07	2:55pm 2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 885

Test Date: 04/27/2016

Test Time: 3:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:04pm
CAL	Pass	3:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	11 (1 O 2 KI VIE)	ERO, MODEL INTOX E	
County <u>GR</u>	ONVILLE	Instrument Location <u>AF6</u>	RD PD
Instrument Se	rial No. <u>008923</u>	204 E. MCCLANA	HAN ST OXFORD M
The preventive four months ar	e maintenance procedures for th	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canisi 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence;	3	
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	\$1
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expirat hanged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures wer	e performed on the instrument i	ndicated above, in accordance with cu	rrent regulations of the N.C.
STATEO	NORTH CAROUNA	a di	
* SEE QUAN VIDEO	- Suci Si	gnature of Certifying Official	Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 04/27/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 1353 Test Date: 04/27/2016 Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 6	Instrument Location Gates (0, S.O.
Instrument S	Serial No. 008884 202 Court St., Gatesuille, M.
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
STATE STATE OF THE	TO THE CARD IN THE

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 04/21/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:13am 11:14am 11:14am 11:15am 11:16am 11:17am 11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 721 Test Date: 04/21/2016 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:21am 11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:21am 11:21am 11:21am 11:21am 11:21am
DI	rass	TT:ZTalli

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location HARNETT Co. Der. Co.	NTEQ.
Instrument	t Serial No	
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on as are:	ice every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade;	neter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator very first.	
I certify that procedures Department	at on the	intenance V.C.
COLEAN STATE OF THE COLEAN	WE O'S NORTH CAROLINE	
QUANTINA	JA Tursell 371	
	Signature of Certifying Official Certificate Num	noer

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 04/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:06pm 1:07pm 1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 04/21/2016

Test Record Number: 2044
Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
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	1:15pm 1:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT	Instrument Location HARNET	ra Desertion CTR
Instrument S	erial No. <u>OO 8730</u>	LILLINGTON, NC.	
The preventi	ve maintenance procedures for the Intare:	toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic brea	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 caniston simulator solution is being change whichever occurs first.	er is being changed before expiration ed every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that opposed ures we Department o	on the 2 day of AP2/ ere performed on the instrument indicate f Health and Human Services, and the	, 20 /6 the for ated above, in accordance with current instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	No.		
TO QUAM VIDE	Signatu	ire of Certifying Official	Certificate Number
			Corninate Maintel

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 04/21/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:05pm 1:05pm 1:06pm 1:07pm 1:07pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

m is used when performing Preventive Maintenance pr

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 2517
Test Date: 04/21/2016 Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Head	Instrument Location Henclesson Ca Detention Henclesson Ville, NC
Instrument Seria	INO. 008806 Hendersonville, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
STATE OF THE STATE	
A TORK IS, UTA	Signature of Certifying Official Certificate Number

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 04/06/2016

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:21pm 3:22pm 3:22pm 3:23pm 3:24pm 3:25pm 3:27pm
AIR BLK	.00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 1886 Test Date: 04/06/2016 Test Time: 3:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

Temperature Tests

1000		ar ar ye ar
Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
BT	Pass	3:29pm

Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:30pm
CAL	Pass	3:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hen	derson Instrument Location Henderson Co. Detention
Instrument Seria	al No. 008822 Hendersonville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 04/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	3:23pm 3:24pm 3:25pm 3:26pm 3:26pm 3:27pm 3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 1940

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

Blank Tests

Test	Status	Time
AIR	Pass	3:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:32pm 3:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIME	ERS, MODEL INTOX ECA	· A -
County	MONTFORD -	Instrument Location \(\mathcal{HW} \textsqrapprox	5kie (.D
Instrument	Serial No. DOGGY	705 U. main 5	r., phuskie n
The prever		ne Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, or the alcoholic brea 2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ited;	2.8
5.	Verify instrument accuracy	;	1944 1928年 1938年
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program	and	
10.		canister is being changed before expiration changed every four months or after 125 Al	
	were performed on the instrument	indicated above, in accordance with currend the instrument is functioning properly.	orgoing preventive maintenance intregulations of the N.C.
THE CREAT SECTION OF S	ATE OF NORTH CARE	Signature of Certifying Official	Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 04/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:03pm 12:04pm
ACCY CHK	.08	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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1175

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

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

Preventive Maintenance Status: Pass

med A. Keel

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II **Instrument Location** County 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. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record: 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the Alat day of the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Officia

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 04/26/2016

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:35pm
AIR BLK	.00	3:36pm
ACCY CHK	.08	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	3:41pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Hire A. Keese Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Record Number: 439

Test Date: 04/26/2016

Test Time: 3:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	•	
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
BT	Pass	3:43pm

Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:44pm 3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

County	-redell	TERS, MODEL INTOX Instrument Location	idell CountySD
Instrument Se	erial No. <u>008809</u>	201 E. Water.	St., Statesville
The preventive four months a	ve maintenance procedures for the are:	e Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholidegree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect 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 expir anged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument in	dicated above, in accordance with color the instrument is functioning proper	he forgoing preventive maintenance current regulations of the N.C. erly.
THE STATE OF THE S	Sig	nature of Certifying Official	656 Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 04/06/2016

Test Record Number: 3294

Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

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

CAL 10:51am Pass Preventive Maintenance

Status: Pass

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 04/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.07	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1223
Test Date: 04/06/2016 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
\mathtt{BT}	Pass	11:27am
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Blank Tests

Test	Status	Time
AIR	Pass	11:28am

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am

CRC Tests

Test	Status	; Time
COMP	Pass	11:28am
CAL	Pass	11:28am

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 04/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG434901 Exp Date: 12/15/2016

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Test	g/210L Time
DIAG	Pass 11:32am
AIR BLK	.00 11:32am
ACCY CHK	.07 11:33am
AIR BLK	.00 11:34am
SUB TEST	.00 11:35am
AIR BLK	.00 11:36am
SUB TEST	.00 11:37am
AIR BLK	.00 11:38am

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Tredell Instrument Location BAT NOBIAE 7
Instrument Ser	rial No
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.
	theday of, 20/6 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.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972 Test Date: 04/09/2016

Citation Number: M0000000-0
Subject's Name: NONE, NONE

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

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

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

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

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:27pm 9:28pm 9:28pm 9:29pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:23pm/

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972 Test Record Number: 192
Test Date: 04/09/2016 Test Time: 9:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:35pm
CAL	Pass	9:35pm

Preventive Maintenance

Status: Pags

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4	Tredell Instrument Location BAT MOBILE 7
Instrument Seri	al No. 008968
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20
TOTAL STATE OF A STATE	Signature of Certifying Official Certificate Number

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008968 Test Date: 04/09/2016

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

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

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

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

Lot Number: AG425303 Exp Date: 10/10/2016

Test	д/2101	TIME
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
AIR BLK	/.00	/9:34 / 0m
,		,, ,,

Reported AC: _____0

g/2/10I کاروبی:

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008968

Test Record Number: 148

Test Date: 04/09/2016 Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	OHNSTON Instrument Location CLAYTON POLICE DEP.
	rial No. 008658 CLAYTON, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
O'M' STATE O'M AN 30, 1772 APRIL 2, 1782 ARE QUAM VIDEN	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 04/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:57pm 7:58pm 7:59pm
AIR BLK	.00	mq00:8
SUB TEST	.00	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:03pm
ATR BLK	.00	8:04pm

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 1214

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

Temperature Tests

FC1 Pass 8:06 SRC Pass 8:06 DET Pass 8:06 BAR Pass 8:06 BT Pass 8:06	6pm 6pm 6pm

Blank Tests

Test	Status	Time
ATR	Pass	8:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm

CRC Tests

Test	Status	Time
COMP	Pass	8:07pm
CAL	Pass	8:07pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Dowell Instrument Location Mc Dowell Co. Jail
Instrument Seria	1No. 008888 Marion, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
O'NE STATE OF N. 1752 O'N.	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 04/11/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:30pm 5:31pm 5:32pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1367

Test Date: 04/11/2016

Test Time: 5:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:38pm
FLO	Pass	5:38pm
FC	Pass	5:38pm

Temperature Tests

Test Status Time	
FC1 Pass 5:38	pm
SRC Pass 5:38	рm
DET Pass 5:38	pm
BAR Pass 5:38	pm
BT Pass 5:38	рm

Blank Tests

Test	Status	Time
AIR	Pass	5:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:39pm 5:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Dowell Instr		
Instrument Se	erial No. <u>008892</u>	Marion,	NC
_			
The preventive four months a	ve maintenance procedures for the Intoximeters:	ers, Model Intox EC/IR II to be for	bllowed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cent	pressure, or the alcoholic breath s tigrade;	simulator thermometer show
2.	Verify instrument displays time and date	: ;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coll	ect breath sample;	
7.	When "PLEASE BLOW" appears, coll	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed ever whichever occurs first.	ing changed before expiration darry four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
procedures w	on the day of	pove, in accordance with current r	ing preventive maintenance egulations of the N.C.
	n.		
THE STATE			
THE COLLANS			
Manager 1		Christopha intercenage of minimal material segments (Christopha or only	649
	Signature of	Certifying Official	Certificate/Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 04/11/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:31pm 5:32pm
ACCY CHK	.07	5:33pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 04/11/2016

Test Record Number: 419
Test Time: 5:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:39pm
FLO	Pass	5:39pm
FC	Pass	5:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:39pm
SRC	Pass	5:39pm
DET	Pass	5:39pm
BAR	Pass	5:39pm
BT	Pass	5:39pm

Blank Tests

Test	Status	Time
AIR	Pass	5:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:40pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	5:40pm
CAL	Pass	5:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ecklenburg Instrument Location Pineville PD
Instrument Ser	ial No. 008703 427 Main Street, Pineville
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>3944</u> day of <u>1000</u> , 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Jappe S. Hard Cost
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: *HUTCHINSON, JOSEPH E*

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:23pm 2:24pm
ACCY CHK	.08	2:24pm 2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

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

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Record Number: 5476 Test Time: 2:31pm EDT

Test Date: 04/29/2016

System Check: Passed

Baseline Tests

Latus	Time
ass	2:31pm 2:31pm 2:31pm
	ass ass

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	ecklenburg Instrument Location Mathews PD
Instrument Se	orial No. 008699 1201 Crews Road, Mathews
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 29th day of Ann , 20 6 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.
THE STATE	Or N
35 THE 20, 177	
S S	
ARRI 12, 171 ALTE QUAN VII	South & Hutchen 650
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK ACCY CHK	.00 .08	12:38pm 12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2428

Test Date: 04/29/2016

Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

Test	Sta tus	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pas s	12:45pm

Temperature Tests

Test	Sta tus	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pas s	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Sta tus	Time
AIR	Pas s	12:46pm

Printer Tests

Test	Sta tus	Time
PRNT	Pas s	12:46pm
	CRC Tests	

Test	Sta tus	Time
COMP	Pass	12:46pm
CAL	Pas s	12:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_//	ecklenburg Instrument Location BAF MOBILE 7
Instrument Seri	al No. 008968 Instrument Location BAF MOBILE 7
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE COME STATE OF THE PART OF	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 04/15/2016

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

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

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

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

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:23pm 10:24pm 10:24pm
SUB TEST	.00	10:25pm 10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.09	19/;/29pm

Reported AC:

00 /g/2/LOL

Signature of Chemical Analyst

Court CV

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Record Number: 151 Test Date: 04/15/2016 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:32pm
SRC	Pass	10:32pm
DET	Pass	10:32pm
BAR	Pass	10:32pm
BT	Pass	10:32pm

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32pm 10:32pm

Preventive Maintenance Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Mecklenburg Instrument Location BAT MOBILE 7
Instrume	nt Serial No. 008972
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.
	nat on the
S S S S S S S S S S S S S S S S S S S	
	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 04/15/2016

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

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

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

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

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:32pm 10:33pm 10:34pm 10:35pm 10:35pm 10:36pm 10:38pm
AIR BLK	00ءو	10:38pm

Reported AC: .00 g/21

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Test Record Number: 195 Serial Number: 008972

Test Date: 04/15/2016 Test Time: 10:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Printer Tests

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

10:41pm

Preventive Maintenance Status / Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_M	artin Instrument Location Martin Co. S.O.
Instrument Ser	ial No. 008912 305 E. Main St., Williamshon,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 13 day of April , 20 16 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	Zullo
	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 04/13/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK	.00	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 AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1113
Test Date: 04/13/2016 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
· .	CRC Tests	
Test	Status	Time

CAL Pass 11:31am

Pass

11:31am

Preventive Maintenance Status: Pass

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\sum_{\text{\tin}\exiting{\text{\tinit}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	DORE CO Instrument Location BOX MOBILE UNIT
Instrument Seri	al No OO8 136 Abordeen PO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the, 20, 20, the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008736 Test Date: 04/15/2016

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

Subject's Date of Birth: 11/11/1911
Subject's Sex: Female Driver's License State: XX Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	10:29pm
AIR BLK	.00	10:30pm
ACCY CHK	.07	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008736 Test Test Date: 04/15/2016 Test

Test Record Number: 813 Test Time: 10:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
BT	Pass	10:38pm

Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:38pm 10:38pm

Preventive Maintenance Status: Pass

Donya B Skinner Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Location Bot Missile Init
Instrument Seri	al No. DO 3615 Aberdeen PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
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THE STATE OF MAN TO THE STATE OF MAN TO THE STATE OF MAN TO THE STATE OF THE STATE	OR SKING OF LOUIS
	Signature of Certifying Official Certificate Number

MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008615 Test Date: 04/15/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya Bokin

MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008615 Test Record Number: 5368
Test Date: 04/15/2016 Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:11pm
FLO	Pass	10:11pm
FC	Pass	10:12pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:12pm 10:12pm 10:12pm 10:12pm 10:12pm

Blank Tests

Test	Status	Time
AIR	Pass	10:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II	
County NEW HANOVER Instrument Location BAT MOBILE UN	<u> </u>
Instrument Serial No. 008616 WILMINGTON /	<u>) (</u>
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:	ery
 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;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	•
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	
I certify that on theday of, 20, 20	nce
Signature of Certifying Official Certificate Number	_

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008616 Test Date: 04/09/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:22pm 9:23pm 9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ra Barres
Analysi

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Date: 04/09/2016 Test Record Number: 2201

Test Time: 9:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
\mathtt{BT}	Pass	9:30pm

Blank Tests

Test	Status	Time
AIR	Pass	9:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:30pm
CAL	Pass	9:30pm

Preventive Maintenance Status: Pass

Mun Ray Barnes
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	EW HANOVER Instrument Location BAT MOBILE UNI
Instrument Seri	ial No. 008575 Instrument Location BAT MOBILE UNIT
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	theday of, 20, 20
A STATE OF NO. 1775 N	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008575 Test Date: 04/09/2016

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barnes
Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575 Test Date: 04/09/2016

Test Record Number: 909 Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01pm
FLO	Pass	10:01pm
FC	Pass	10:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:02pm

Preventive Maintenance Status: Pass

alun Ry Barres
Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOAIMETERS, MODEL INTOX EC/IR II
County NE	W HANOVER Instrument Location BAT MOBILE WAIT
Instrument Ser	ial No. 008647 Instrument Location BAT MOBILE ()WIT
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 on procedures were Department of F	the day of, 20
THE STATE OF	
	CARULARIA DE LA CARULA DEL CARULA DE LA CARULA DEL CARULA DE LA CARULA DEL LA CARULA DE LA CARULA DEL CARULA DE LA CARULA DE LA CARULA DEL CARULA DE LA CARULA DE
APRIL 12, UTA ESDE QUAM VIDERI X	alen Rg Barnes 648
	Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008647 Test Date: 04/09/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	7:09pm
AIR BLK	.00	7:10pm
ACCY CHK	.07	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alen Za Bang Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647 Test Record Number: 222 Test Date: 04/09/2016 Test Time: 7:17pm EDT Test Record Number: 2210

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:17pm
FLO	Pass	7:17pm
FC	Pass	7:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
BAR	Pass	7:17pm
${f BT}$	Pass	7:17pm

Blank Tests

Test	Status	Time
AIR	Pass	7:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:18pm 7:18pm

Preventive Maintenance Status: Pass

alu Ra Bares
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Of	RANGE Instrument Location HILLS ROROUGH PD
Instrument Ser	ial No. 008-799 127 N. CHURTON ST. HILLSRORDUCH, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:37am 10:37am 10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	. 00	10:43am

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 2118

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:56am 10:56am 10:56am 10:56am 10:56am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:56am 10:56am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Yayartank (no Yul) 10 0089 Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Officia

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008941 Test Date: 04/28/2016

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

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

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

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

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:55am 11:56am 11:57am 11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finied Keese
Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941

Test Record Number: 1158

Test Date: 04/28/2016

Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

Printer Tests

		· -
Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 04/28/2016

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

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

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

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

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

> Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:54am 11:55am 11:56am 11:57am 11:58am 11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Keese

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950

Test Record Number: 1328

Test Date: 04/28/2016

Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:03pm 12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm

CRC Tests

iest	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ?		nstrument Location A.	
Instrument S	Gerial No. 008666 4	144 West Ave	e. Anden, N.C.
The preventi	ve maintenance procedures for the Intoxir are:	neters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displaced at the series of	ys pressure, or the alcoholic centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before expirat very four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
p. • • • • • • • • • • • • • • • • • • •	on theday ofday of	above, in accordance with cu	e forgoing preventive maintenance rrent regulations of the N.C. ly.
STATE	NO THE CAROLINA CAROL		
TOP QUAM VIDE	They M		643
	Sighature o	of Certifying Official	Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 04/13/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:51pm 12:51pm
ACCY CHK	.08	12:52pm 12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 04/13/2016

Test Record Number: 882 Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

Blank Tests

Test	Status	Time
ATR	Pass	1 · 01pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm

CRC Tests

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Polk	Instrument Location Polk County 50
Instrument S	Serial No. <u>008881</u>	46 Ward Street, Columbus
The preventi	ive maintenance procedures for the I are:	ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5 ,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	·* }
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
procedures we	on the <u>ABHA</u> day of <u>ABC</u> ere performed on the instrument indi f Health and Human Services, and th	the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STATE OF STA	NO STATE OF THE ST	
* STE QUAN VIDE	MAGDIN -	ture of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008881 Test Date: 04/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:47pm 1:48pm 1:49pm 1:49pm 1:50pm 1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008881

Test Record Number: 623

Test Date: 04/28/2016

Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:45pm

Preventive Maintenance Status: Pass

Pass

1:45pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	SANDOLAY Instrument Location RANDLEMAN POLICE DEPT
Instrument Se	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
TATE OF THE STATE	##CANOUS

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 04/22/2016

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

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

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

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

Lot Number: AG607602 Exp Date: 03/16/2018

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

Reported AC: .00 g/210L

Court CVR

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 900

Test Date: 04/22/2016

Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:00pm
CAL	Pass	12:00pm

Preventive Maintenance Status: Pass

THR Masell
Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Randolph Instrument Location Del Mobile Unit 8

Instrument Serial Nd D8736 SHP Randolph

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

I certify that on the day of ,20 the 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.



RANDOLPH COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008736 Test Date: 04/23/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008736 Test Date: 04/23/2016 Test Record Number: 816
Test Time: 9:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	TOTAL TELEPOS, MODEL INTOX EC/IR II
County /	Instrument Location Dat 1100116 Unit
Instrument S	Serial No DO 8 (02) SHP RONDON
· - <u> </u>	
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed the control of the control o	on the, 20, 20
OF THE STATE	
STATE STATE OF STATE	A CARLON CONTRACTOR OF THE CARLON CONTRACTOR O
APRIL 12, 17th	

RANDOLPH COUNTY BATMOBILE UNIT 8 400

Serial Number: 008601 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:41pm 9:42pm
ACCY CHK AIR BLK	.08 .00	9:43pm 9:44pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY BATMOBILE UNIT 8 400

Serial Number: 008601 Test Date: 04/23/2016 Test Record Number: 1160
Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT .	Pass	9:51pm
DET BAR	Pass Pass	9:51pm 9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:51pm

Preventive Maintenance Status: Pass

Pass

9:51pm

CAL

Anglyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:34pm 9:34pm 9:35pm 9:36pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615 Test Record Number: 5372
Test Date: 04/23/2016 Test Time: 9:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:44pm
SRC	Pass	9:44pm
DET	Pass	9:44pm
BAR	Pass	9:44pm
BT	Pass	9:44pm

Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:45pm 9:45pm

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: 3. Initiate breath test sequence: 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 (a) the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

RANDOLPH COUNTY BAT MOBILE UNIT 8 610

Serial Number: 008816 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:04pm 10:05pm 10:06pm 10:07pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm
SUB TEST AIR BLK	.00 .00	10:10pm 10:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY BAT MOBILE UNIT 8 610

Serial Number: 008816 Test Record Number: 7206 Test Date: 04/23/2016 Test Time: 10:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass Pass	10:12pm 10:12pm
T (**	Fass	TOTTZDIII

Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

Printer Tests

Status

Time

10:13pm

Test

CAL

PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:13pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOX EC/IR II
County 120	Instrument Location Bot Mobile Unit
Instrument Seria	NO 8989 SHP-Randolph
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
OF QUANTINGS	Donya B Skings 641

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

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008929 Test Date: 04/23/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00 .00	10:26pm 10:27pm 10:27pm 10:28pm 10:30pm 10:31pm 10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B. Kum

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008929 Test Record Number: 958

Test Date: 04/23/2016 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:22pm
FLO	Pass	10:22pm
FC	Pass	10:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:22pm
SRC	Pass	10:22pm
DET	Pass	10:22pm
BAR	Pass	10:22pm
BT	Pass	10:22pm

Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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. 1 certify that on the	County /	ICHMOND	Instrument Location Richma	OND CO. MAG OAT
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. 1 certify that on the	Instrument Ser	ial No. <u>008840</u>	ROCKINGHAM,	NC
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the			ntoximeters, Model Intox EC/IR II to be	e followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.			th simulator thermometer shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 20 day of ARIC , 20 16 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.	2.	Verify instrument displays time	e and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 20 day of APQU , 20 16 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.	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	4.	Enter information as prompted;	;	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	5.	Verify instrument accuracy;		
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appe	ears, collect breath sample;	ı
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and	đ	
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being chan		
To A Justill 371	procedures wer	e performed on the instrument ind	icated above, in accordance with curren	going preventive maintenance t regulations of the N.C.
The Algund 371	THE STATE OF THE S	NO SAROLINIA		
	Washington .	Signa	ature of Certifying Official	37/ Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 04/20/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	5:42pm 5:43pm
ACCY CHK	.07	5:43pm
AIR BLK	.00	5:44pm
SUB TEST	.00	5:45pm
AIR BLK	.00	5:46pm
SUB TEST	.00	5:48pm
AIR BLK	.00	5:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840

Test Record Number: 1781

Test Date: 04/20/2016

Test Time: 5:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:50pm
FLO	Pass	5:50pm
FC	Pass	5:50pm

Temperature Tests

Test	Status	Time
FC1	Pas s	5:50pm
SRC	Pas s	5:50pm
DET	Pas s	5:50pm
BAR	Pas s	5:50pm
BT	Pas s	5:50pm

Blank Tests

Test	Sta t u s	Time
AIR	Pass	5:51pm

Printer Tests

rest	Status	Time
PRNT	Pass	5:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:51pm

5:51pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR H

Are.,	INTOXIMETERS, MODEL INTOX EC/IR II
County <	Instrument Location RICHMOND Co. MAGS OFF
Instrument Ser	rial No. 008701 ROCKINGHAM, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 20 day of 4211, 20 16 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	NORTH CAROLLA

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 04/20/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	5:44pm
AIR BLK ACCY CHK	.00 .07	5:45pm 5:45pm
AIR BLK	.00	5:46pm
SUB TEST	.00	5:47pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:50pm
ATR BLK	.00	5:50pm

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 Rev. 12/2007

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701

Test Record Number: 1096

Test Date: 04/20/2016

Test Time: 5:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:52pm
FLO	Pass	5:52pm
FC	Pass	5:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:52pm
SRC	Pass	5:52pm
DET	Pass	5:52pm
BAR	Pass	5:52pm
BT	Pass	5:52pm

Blank Tests

Test	Status	Time
AIR	Pass	5:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:53pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:53pm
CAL	Pass	5:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ROBESON Instrument Location ROBESON CO. JAIL
Instrumen	nt Serial No. OO8805 LUMBERTON, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	at on theday of
STATE OF THE STATE	SE OF NO.

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

Certificate Number

Signature of Certifying Official

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 04/21/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	5:15pm 5:16pm 5:17pm 5:18pm 5:19pm
AIR BLK	.00	5:19pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 3529
Test Date: 04/21/2016 Test Time: 5:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:23pm
FLO	Pass	5:23pm
FC	Pass	5:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:23pm
SRC	Pass	5:23pm
DET	Pass	5:23pm
BAR	Pass	5:23pm
BT	Pass	5:23pm

Blank Tests

Test	Status	Time
AIR	Pass	5:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:24pm

CRC Tests

Test	Status	Time
COMP	Pass	5:24pm
CAL	Pass	5:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	MIOAIMETERS, MODEL INTOX EC/IR II
County/	KOBESON Instrument Location ST. Buls Police Dept
Instrument S	Gerial No. 008814 ST. Pauls, 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.
procedures we	on the
THE STATE OF THE S	Signature of Cartifying Official

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:59pm 2:00pm 2:01pm 2:02pm 2:02pm 2:03pm 2:05pm
AIR BLK	.00	2:05pm
12TI/ 15TI/		2.0212

Reported AC: .00 g/210L

.Signature of Chemical Analyst

Court CVR

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 569

Test Date: 04/26/2016

Test Time: 2:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:07pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:07pm 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

Test	Status	Time
PRNT	Pass	2:07pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	2:07pm 2:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 04/21/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	5:55pm 5:56pm 5:57pm 5:58pm 5:58pm 5:59pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:01pm

Reported AC: .00 g/210L

Court CVR

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 3979

Test Date: 04/21/2016

Test Time: 6:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:02pm
FLO	Pass	6:02pm
FC	Pass	6:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:03pm
SRC	Pass	6:03pm
DET	Pass	6:03pm
BAR	Pass	6:03pm
${ t BT}$	Pass	6:03pm

Blank Tests

Test	Status	Time
AIR	Pass	6:03pm

Printer Tests

CRC Tests

Test	Status	Time
COMP	Pass	6:03pm
CAL	Pass	6:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RORESON	•	ion RMBRE	/ /
Instrument	Serial No. <u>008837</u>	_Pm3 re	OKE, NO	
The prevent	tive maintenance procedures for the In	toximeters, Model Ir	ntox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or gree centigrade;	the alcoholic breat	h simulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			•
6.	When "PLEASE BLOW" appe	ars, collect breath sa	mple;	
7.	When "PLEASE BLOW" appe	ars, collect breath sa	mple;	
8.	Print test record;		•	
9.	Verify Diagnostic Program; and	l		
10.	Verify that the ethanol gas canisimulator solution is being char whichever occurs first.	ster is being changed aged every four mont	before expiration ths or after 125 Alo	date, or the alcoholic breath cholic Breath Simulator tests,
magaduras	at on the day of	icated above, in acco	ordance with curren	it regulations of the N.C.
GREAT SE		nature of Certifying (nell	37/ Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 04/26/2016

Test Record Number: 752 Test Time: 3:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:24pm 3:24pm
FC	Pass	3:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:25pm 3:25pm

Preventive Maintenance Status: Pass

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 04/26/2016

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:17pm 3:17pm
ACCY CHK	.07	3:18pm
AIR BLK SUB TEST	.00	3:19pm
AIR BLK	.00 .00	3:20pm 3:20pm
SUB TEST		3:22pm
AIR BLK	.00	3:23pm

Reported AC: .00 g/210L

Signature Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		O INTOAIMETERS, MODEL INTOX EC/IR II	
Cou	unty/_	SOBRISON Instrument Location KED SPRINGS BLICE	De
Inst	rument Ser	rial No. DOBBS 7 RED SPRINGS, NC	N
The four	preventive months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once e	very
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
-	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twhichever occurs first.	ith ests,
proce	dures were	theday of	ance
THE GREATS	THE STATE OF NO.	Signature of Certifying Official Certificate Number	_

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 04/26/2016

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

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

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

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

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

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	6:23pm 6:24pm 6:25pm 6:26pm
SUB TEST	.00	6:26pm
AIR BLK	.00	6:27pm
SUB TEST	.00	6:29pm
AIR BLK	.00	6:30pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Record Number: 489

Test Date: 04/26/2016

Test Time: 6:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:33pm
FLO	Pass	6:33pm
FC	Pass	6:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:33pm
SRC	Pass	6:33pm
DET	Pass	6:33pm
BAR	Pass	6:33pm
BT	Pass	6:33pm

Blank Tests

Test	Status	Time
AIR	Pass	6:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:34pm

Preventive Maintenance Status: Pass

Pass

6:34pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	utherford	Instrument Location Rath	serford County S
Instrument Ser	rial No. <u>008914</u>	400 N. Washin	gton Street, Ruthe
The preventive four months as		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 c	or displays pressure, or the alcoholic be degree centigrade;	reath 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;		<i>a</i>
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expirate anged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	ere performed on the instrument/ir	, 20 / the indicated above, in accordance with cut the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
STATE OF STATE OF THE STATE OF	Sold C	enature of Certifying Official	Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 04/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:28pm 3:29pm
ACCY CHK	.07	3:29pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914

Test Record Number: 1745

Test Date: 04/28/2016

Test Time: 3:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

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

CAL Pass 3:37pm

Preventive Maintenance

Status: Pass

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	TETERS, MODEL INTOX I	
County Suain	Instrument Location Cher	okee Tribal Det.
	/ /	
Instrument Serial No. <u>00 2782</u>	_ cherokee, 1	ν <u>υ</u>
The preventive maintenance procedures four months are:	for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1. Verify the ethanol gas of 34 degrees, plus or min	canister displays pressure, or the alcoholic us .2 degree centigrade;	breath simulator thermometer show
2. Verify instrument displ	ays time and date;	
3. Initiate breath test sequ	ence;	
4. Enter information as pr	ompted;	
5. Verify instrument accur	racy;	
6. When "PLEASE BLOW	V" appears, collect breath sample;	
7. When "PLEASE BLOV	V" appears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic Progr	am; and	
10. Verify that the ethanol g simulator solution is bei whichever occurs first.	gas canister is being changed before expirating changed every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that on the day of procedures were performed on the instrum Department of Health and Human Service	ent indicated above, in accordance with cus, and the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C. ly.
O THE STATE OF NO. 1775 NO. 13		
S S S S S S S S S S S S S S S S S S S		
* SSE QUAM YOUR *	0011	g in same
- Commander	Signature of Cartifying Official	633
The state of the s	DIENGIALO DI COLLI VIII E L'ATTICINI	i eriticata Niimhae

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 04/28/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:10am 9:11am 9:12am 9:12am 9:13am 9:14am
SUB TEST AIR BLK	.00	9:15am 9:16am
		-> - ± C C(III

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782

Test Record Number: 938

Test Date: 04/28/2016

Test Time: 9:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:18am

Temperature Tests

Test	Status	Time
FC1	Pass	9:18am
SRC	Pass	9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
\mathtt{BT}	Pass	9:18am

Blank Tests

Test	Status	Time
AIR	Pass	9:18am

Printer Tests

Test	Status	Time
PRNT	Pass	9:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:18am

Preventive Maintenance Status: Pass

Pass

9:18am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Tr.	ansylvania Instrument Location Transylvania Co. Jai
Instrument Seri	ial No. <u>008609</u> <u>Brevard</u> , NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the day of , 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF N. P. ST	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 04/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	1:01pm 1:02pm
ACCY CHK	.07	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609

Test Record Number: 681

Test Date: 04/08/2016

Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Transylvania Instrument Location Transylvania Co. 5	(m)
	01,
Instrument Serial No. 008820 Brevard, NO	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:	гу
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	hows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. 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.	
I certify that on the	nce
Signature of Certifying Official Certificate Number	

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 04/03/2016

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

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

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

Lot Number: AG534802 Exp Date: 12/14/2016

Test	g/2101	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1.2:56pm 12:57pm 12:58pm 12:59pm 1:00pm 1:01pm 1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dif R. Cuth

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 943

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
\mathtt{BT}	Pass	1:11pm

Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm

CRC Tests

Test	Status	Time
COMP	Pass	1:12pm
\mathtt{CAL}	Pass	1:12pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Union	Instrument Location Union County SD
Instrument	t Serial No. <u>OO8874</u>	3344 Presson Road, Monroe
		704-283-3770
The prever	•	ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, or the alcoholic breath simulator thermometer show 2 degree centigrade;
2.	Verify instrument displays	time and date;
3.	Initiate breath test sequence	;
4.	Enter information as promp	ted;
5.	Verify instrument accuracy	; ·
6.	When "PLEASE BLOW"	appears, collect breath sample;
7.	When "PLEASE BLOW"	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program	and
10.		canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures Departmen	were performed on the instrument	, 20 16 the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
NAME OF STATE OF STAT	ATE OF NORTH AND	Garding Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 04/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.08	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:55pm
ATR BLK	. 0.0	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876

Test Record Number: 3972

Test Date: 04/15/2016

Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	Action 18 Control	
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 INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Union County SD
Instrument Seri	ial No. 008866 3344 Presson Rd Monene
	704-283-3770
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
CARLES TATE OF THE STATE OF THE	OF THE CARD AND TH
A COR CHAM ADEAN	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 04/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.08	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 2345

Test Date: 04/15/2016

Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pas s	1:55pm
DET	Pass	1:55pm
BAR	Pas s	1:55pm
BT	Pass	1:55pm

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

Printer Tests .

Test	Status	Time
PRNT	Pass	1:56pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Ogk &	Instrument Location_	BOT WE	BILE LLEST IN 10
Instrument Ser	ial No. 008584		Water	FOREST
The preventive four months are	maintenance procedures for the In	ntoximeters, Model Intox	EC/IR II to be for	oilowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath:	simulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	; ;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	; ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.			
procedures wer	the day of day of Health and Human Services, and the	icated above, in accordan	ce with current r	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	NORTH CAROUND Storm	ature of Certifying Offici	al al	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2099 Test Date: 04/29/2016 Test Time: 10:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41pm
FLO	Pass	10:41pm
FC	Pass	10:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
DET	Pass	10:41pm
BAR	Pass	10:41pm
$\mathtt{B}\mathbf{T}$	Pass	10:41pm

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm

CRC Tests

Test	Status	Time
COMP	Pass	10:42pm
CAL	Pass	10:42pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584

Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.08	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:32pm
ATR BLK	- 00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Seb 5. [1/5/2] Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	Instrument Location ByT MOBILE Lange 18
Instrument Seria	1No. 008637 WARE FOREST
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
OTHE STATE OF N	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637

Test Record Number: 2859

Test Date: 04/30/2016

Test Time: 12:07am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08am
FLO	Pass	12:08am
FC	Pass	12:08am

Temperature Tests

Status	Time
Pass	12:08am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:09am

Printer Tests

Test	Status	Time
PR NT	Pass	12:09am

CRC Tests

Test	Status	Time
COMP	Pass	12:09am
CAL	Pass	12:09am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 04/29/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:52pm 11:53pm 11:54pm 11:55pm
SUB TEST	.00	11:57pm
AIR BLK	.00	11:58pm
SUB TEST	.00	11:59pm 12:00am
AIR BLK	.00	IZ:UUaiii

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Form is used when performing Proventive Maintenance process

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location	SAT MOBILE har, THE
Instrument S	erial No. <u>008686</u>		ushe Forest
: 	· · · · · · · · · · · · · · · · · · ·		
The prevention four months a	ve maintenance procedures for the Ir are:	ntoximeters, 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 alcoh gree centigrade;	olic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ex ged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	- free		. జనం
procedures we	on theday of ere performed on the instrument indi- f Health and Human Services, and th	cated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance th current regulations of the N.C.
THE STATE OF	20 A A		÷.
ASSE CITY ASSE CITY ASSE	Sen	6-1115 Ju	1 636
•	Signa	ture of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686

Test Record Number: 6376

Test Date: 04/29/2016

Test Time: 10:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 10:11pm

Printer Tests

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

PRNT Pass 10:11pm

CRC Tests

Test St	atus Time
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COMP Pass 10:11pm CAL Pass 10:11pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.07	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:04pm
ATR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	LAKE Instrument Location BATMOBILE Liv. THE
Instrument Ser	ial No. DD8580 Wake ForesT
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	n the
THE STATE OF THE PROPERTY OF T	A CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Record Number: 2270 Test Date: 04/29/2016 Test Time: 10:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:18pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:18pm 10:18pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:04pm 10:05pm 10:06pm 10:06pm 10:08pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County (WAKE Co. Instrument Location Wake Co. Detantion Center
Instrument Se	rial No. 80 8574 3301 Hammond R.S. Raleigh 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 opposedures we Department of	on the day of day of 20/5 the forgoing preventive maintenance of the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE CORE AT THE CORE	500
100	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 04/22/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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: AG534902 Exp Date: 12/15/2017

Test.	g/210L	'L'ime
DIAG	Pass .	3:04pm
AIR BLK	.00	3:06pm
ACCY CHK	0.7	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 2169
Test Date: 04/22/2016 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
F'LO	Pass	3:17pm
F'C	Pass	3:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
ΒT	Pass	3:17pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Ake Co. Instrument Location Wake Co	. Detention Cante
Instrument Seria	1 No. 00 86/2 3301 Hammond &	21 Raleigh NC
The preventive 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 34 degrees, plus or minus .2 degree centigrade;	n 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 of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
	he	oing preventive maintenance regulations of the N.C.
THE STATE OF N. TO ST	Signature of Certifying Official	Certificate Number

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG526401 Exp Date: 09/21/2017

Test,	g/210L	Time
DIAG AIR BLK	Pass	2:54pm 2:55pm
ACCY CHK AIR BLK	.07	2:55pm 2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:00pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612

Test Record Number: 2918

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	3 • 0 3 mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	Instrument Location WAKE CO. PETENTION CTR		
Instrument Seri	al No. 008760 3301 HAMMOND RD RACEIGH, NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of I	the		
STATE OF THE STATE	Bus D Smill 637		
	Signature of Certifying Official Certificate Number		

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:56pm 2:56pm 2:57pm 2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Sucar D Analys

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760

Test Record Number: 1465

Test Date: 04/22/2016

Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	3:05pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test S	tatus	Time
PRNT P	ass	3:06pm

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IILVE	Instrument Location / AKE	Co. DETENTION CTR
Instrument S	Gerial No. <u>008778</u>	3301 HAMMOND R	D RALEIGH, NC
The preventi		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	· ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration nged every four months or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests,
I certify that procedures v Department	on the 22 day of Apwere performed on the instrument income of Health and Human Services, and	dicated above, in accordance with curr the instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
STATE CHEAT STATE OF THE PARTY	Service Survival Surv	ature of Certifying Official	637 Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
ATP BLK	0.0	2 · 55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778

Test Record Number: 2178

Test Date: 04/22/2016 Test Time: 2:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:5 7p m
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:5 7 pm

Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:58pm

CRC Tests

Test	Status	Time
COMP	Pass	2:58pm
CAL	Pass	2:58pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Vale Instrument Location Bot MOBILE Lait 10
Instrument Ser	rial No. OC 8686 MOLRIS DILLE
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 or procedures we Department of	n the
THE STATE OF THE S	Jon 636
•	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 04/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:34pm 9:35pm 9:35pm 9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686

Test Record Number: 6367

Test Date: 04/08/2016

Test Time: 9:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:50pm

9:50pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No	EIGH PD NORTHEAST D
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; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	IRY RO RALEIGH, NO
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	I to be followed at least once 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; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	c breath simulator thermometer shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
 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 whichever occurs first. I certify that on the	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bree simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	
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. I certify that on the	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasumulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	
THE STATE OF THE S	current regulations of the N.C.
Signature of Certifying Official Certificate Number	637

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008738 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:11pm 12:12pm 12:12pm
AIR BLK SUB TEST	.00 .00	12:13pm 12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008738 Test Record Number: 641
Test Date: 04/26/2016 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:21pm 12:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	ERS, MODEL INTOX	EC/IR II
County W	ARREN	Instrument Location	IRLINA PO
Instrument Se	erial No. <u>008945</u>	101 MAIN ST.	NORLINA, NC
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/I	R 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 alcoh degree centigrade;	olic breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	nister is being changed before e nanged every four months or afte	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
	on the <u>28</u> day of <u>4</u> were performed on the instrument of Health and Human Services, an	illuicated above, in accordance ,	the forgoing preventive maintenance with current regulations of the N.C. properly.
STATE OF THE STATE	CAROUNT TO	ignature of Certifying Official	

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 04/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
ATR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 311

Test Date: 04/28/2016

Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	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 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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WAS	
Instrument Seria	al No. 008793 128 RAFTER'S IN WARRENTON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 28 day of April , 20 16 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.
O'NE STATE OF THE	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/28/2016

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

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

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

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

Reported AC: |.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 1021

Test Date: 04/28/2016

Test Time: 10:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
FC	Pass	10:17am

Temperature Tests

Status	Time
Pass	10:17am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:17am

Printer Tests

Status

Test

CAL

Time

10:18am

PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	KE	Instrument Location CARY	PD
Instrument Serie	al No. <u>008587</u>	120 WILKINSON AVE	CARY, NC
The preventive four months are		ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before expiration da nged every four months or after 125 Alcol	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on procedures were Department of I	the 27 day of APRO e performed on the instrument included Health and Human Services, and t	20 / the forgo licated above, in accordance with current a the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OTHE STATE OF THE	SEE SIGN SIGN	Dature of Certifying Official	Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 04/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 04/20/2017

Test	g/210L	Time
DIAG	Pass	5:23pm
AIR BLK	.00	5:24pm
ACCY CHK	.08	5:24pm
AIR BLK	.00	5:25pm
SUB TEST	.00	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	.00	5:28pm
ATR BLK	.00	5:29pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 04/27/2016

Test Record Number: 3236
Test Time: 5:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:30pm
FLO	Pass	5:30pm
FC	Pass	5:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:30pm
SRC	Pass	5:30pm
DET	Pass	5:30pm
BAR	Pass	5:30pm
BT	Pass	5:30pm

Blank Tests

Test	Status	Time
AIR	Pass	5:31pm

Printer Tests

PRNT Pass 5:31pm	lest	Status	Time
	PRNT	Pass	5:31pm

CRC Tests

Test	Status	Time
COMP	Pass	5:31pm
CAL	Pass	5:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / J/	Instrument Location APRY P.S.S.
Instrument Seri	al No. 008621 1615 E. WILLIAMS ST. APEX N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OTH STATE OF WARDS TO THE OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OF THE OTHER PROPERTY	Bus D Anall 637

WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 04/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	4:25pm
AIR BLK	.00	4:26pm
ACCY CHK	.08	4:26pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:28pm
AIR BLK	.00	4:29pm
SUB TEST	.00	4:31pm
ATD BIK	0.0	4 · 32 m

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Bus D.

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2064
Test Date: 04/27/2016 Test Time: 4:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:33pm
FC	Pass	4:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:33pm
SRC	Pass	4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm

CRC Tests

Test	Status	Time
COMP	Pass	4:34pm
CAL	Pass	4:34pm

Preventive Maintenance Status: Pass

Bus D A

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	AKE Instrument Location KNIGHT DALE PS		
Instrument Ser	ial No. 008838 979 STEEPLE SOUARE CT. KWIGHTDALE,		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of I	the		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:50pm
AIR BLK	.00	3:51pm
ACCY CHK	.07	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
ATR BLK	. 0.0	3:57mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 04/26/2016

Test Record Number: 1342
Test Time: 4:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

rest	Status	Time
PRNT	Pass	4:07pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County (1)	ashington Instrument Location Washington (0.5.D)
Instrument S	and a company of the second
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
TARE CHENT	Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 04/27/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:48am 9:49am
ACCY CHK	.07	9:50am
AIR BLK SUB TEST	.00 .00	9:51am 9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	. 00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 702

Test Date: 04/27/2016 Test Time: 9:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:56am
FLO	Pass	9:56am
FC	Pass	9:56am

Temperature Tests

Test	Status	Time
FC1	Pass	9:56am
SRC	Pass	9:56am
DET	Pass	9:56am
BAR	Pass	9:56am
BT	Pass	9:56am

Blank Tests

Test	Status	Time
AIR	Pass	9:57am

Printer Tests

Test	Status	Time
PRNT	Pass	9:57am
	CRC Tests	

lest	Status	TIME
COMP CAL	Pass Pass	9:57am 9:57am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1)	Instrument Location Wayne (o. Detention (+
Instrument Se	erial No. DO8671 207 E. Chestnut St., Golds boro
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>O(0</u> day of <u>O(1)</u> , 20 <u> (0</u> 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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:22am 10:22am 10:23am 10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:25am
SUB TEST	.00	10:27am
ATR BIK	00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 4283

Test Date: 04/26/2016 Test Time: 10:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:30am
FLO	Pass	10:30am
FC	Pass	10:30am

Temperature Tests

Test	Status	Time
FC1	Pass	10:30am
SRC	Pass	10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
BT	Pass	10:30am

Blank Tests

Test	Status	Time
ΔTD	Pagg	10·31am

Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time

COMP Pass 10:31am CAL Pass 10:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wilson Instrument Location Wilson (D. Octobro)	(
Instrument	Serial No. 008652 100 E. Graen St., Wilson, N.	<u>C.</u>
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evens are:	ery
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;	
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	٠
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	٠.
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	th ests,
I certify that procedures Department	t on theday of, 20 the forgoing preventive maintenate 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.	ance
SE S	Signature of Certifying Official Certificate Number	

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 04/19/2016

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 A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

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

-- /0107

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:54am 9:55am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:57am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	10:00am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 2834
Test Date: 04/19/2016 Test Time: 10:08am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:09am
FLO	Pass	10:09am
FC	Pass	10:09am

Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

Blank Tests

Test	Status	Time
ΔTR	Pagg	10·10am

Printer Tests

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

10:10am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Va	rial No. <u>008653</u> Instrument Location Jancey Co. Jail
Instrument Se	rial No. <u>DO8653</u> <u>BunsVille, NC</u>
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 procedures we Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 04/12/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:25pm 4:26pm 4:27pm
ACCI CHR	.00	4:27pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653

Test Record Number: 1154

Test Date: 04/12/2016

Test Time: 4:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:34pm 4:34pm
FC	Pass	4:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:34pm
SRC	Pass	4:34pm
DET	Pass	4:34pm
BAR	Pass	4:34pm
BT	Pass	4:34pm

Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	4:35pm
CAL	Pass	4:35pm

Preventive Maintenance Status: Pass

Analyst