PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence: 4. Enter information as prompted; 5. Verify instrument accuracy: When "PLEASE BLOW" appears, collect breath sample; 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. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 08/10/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

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
. •		<b>9</b> :2
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.08	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

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

# ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907

Test Record Number: 791

Test Date: 08/10/2016

Test Time: 2:06pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

### 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	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance Status: Pass

Analyst

表表表示**读不知识的复数**不要可能够介绍的原理的对**证 网络新加州**克斯斯斯斯加州人名 经有限的资本 人名英克克尔 医皮肤病的现在分词

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 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 08/10/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

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	2:20pm 2:21pm
ACCY CHK	.08	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

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

# ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 2753 

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Status	Time
Pass	2:30pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:31pm
CAL	Pass	2:31pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Α	INTOXIMETE	RS, MODEL	INTOX EC/I	RII	grades where
County A	amanco	Instrument Loca	ation Alan	rance	( , (
Instrument Seri	al No. <u>008913</u>	109	S. W	laple_	S when
		- OVG	ham	ŽIC_	· .
The preventive four months are	maintenance procedures for the Ir	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 degrees.	displays pressure, or gree centigrade;	the alcoholic breat	h simulator therm	ometer shov
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sa	ımple;		
7.	When "PLEASE BLOW" appear	ars, collect breath sa	imple;	•	
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 ged every four mont	before expiration d hs or after 125 Alco	ate, or the alcoho sholic Breath Sim	lic breath ulator tests,
I certify that on t procedures were Department of H	he day of function day of the performed on the instrument indicates and the dealth and Human Services, and the	cated above, in acco	20	oing preventive n	naintenance N.C.
and the same of th					
STATE STATE OF NO.			1		
E C	A DO				
* ESSE QUAN VIDER *	Jacan	Tarle	Carthur .	655	That see we in
	Signat	ure of Certifying-O	fficial	Certificate N	umber
A signed original	of the preventive maintenance rec	ord shall be kept or	file for at least thre	e years.	

# ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 08/10/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
ATR 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

# ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 2588 Test Date: 08/10/2016

Test Time: 11:36am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

# Temperature Tests

tatus	Time
ass	11:37am
	catus ass ass ass ass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:38am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance Status: Pass

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

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



Signature of Certifying Official

Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 08/10/2016

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2014-11/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:54am 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

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

# ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 1986 Test Date: 08/10/2016 Test Time: 11:02am 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 11:03am

### Printer Tests

Test	Status	Time
イニシィ	platus	1 1 1111

PRNT Pass 11:04am

CRC Tests

Test Status Time

COMP Pass 11:04am CAL Pass 11:04am

Preventive Maintenance Status: Pass

Analyst

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

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

County	ANSON Instrument Location ANSON Co. Shrifts 0666
Instrument S	erial No. OO 8597 WADESRORD NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 PARTY OF THE P	Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 08/03/2016

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	Pass .00 .07	4:30pm 4:31pm 4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

# ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 1485 Test Date: 08/03/2016 Test Time: 4:38pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:38pm
FLO	Pass	4:38pm
FC	Pass	4:38pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:38pm
SRC	Pass	4:38pm
DET	Pass	4:38pm
BAR	Pass	4:38pm
BT	Pass	4:38pm

# Blank Tests

Test	Status	Time
AIR	Pass	4:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:39pm 4:39pm

Preventive Maintenance Status: Pass

Analyst

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

County	ANSON Instrument Location ANSON Co Sherriffs OFFICE
Instrument S	erial No. <u>OO 87.39</u> <u>WADGGOOD NC</u>
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.
I certify that o procedures we Department of	on the
TO THE STATE OF TH	Signature of Certifying Official  Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 08/03/2016

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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	4:40pm
ACCY CHK	.07	4:41pm 4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm
SUB TEST	.00	4:47pm
AIR BLK	.00	4:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739

Test Record Number: 235 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:51pm
FLO	Pass	4:51pm
FC	Pass	4:51pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:51pm
SRC	Pass	4:51pm
DET	Pass	4:51pm
BAR	Pass	4:51pm
BT	Pass	4:51pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:51pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:52pm

Preventive Maintenance Status: Pass

Pass

4:52pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

ſ.	INTOXIMETERS, MODEL INTOX EC/IR II	
County	Instrument Location bely aven V.V.	·-
Instrument Se	ial No. 008928 Bellnaven, N.C.	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once re:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	r shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	,
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic b simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath or tests,
I certify that procedures w	on the	tenance C.
TAN 2. IS NOT THE STAN IN THE	Signature of Certifying Official Certificate Num	) lber

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 08/15/2016

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: 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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:26pm 3:27pm 3:27pm 3:28pm 3:29pm 3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Hird S. Keese Analyst

# BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 08/15/2016 Test Record Number: 303 Test Time: 3:36pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:37pm
FLO	Pass	3:37pm
FC	Pass	3:37pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass	3:37pm
DET	Pass Pass	3:37pm 3:37pm
BAR	Pass	3:37pm
BT	Pass	3:37pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:38pm

### Printer Tests

Teat

CAL

rest	Status	Time
PRNT	Pass	3:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:38pm

Preventive Maintenance Status: Pass

Pass

3:38pm

Tinex. Keese

Analyst

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

County $B_{\ell}$	instrument Location Buncambe Co. Ja:	
Instrument Ser	erial No. OU8697 Asheville, NC	
The preventive four months ar	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	ery
. I.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	hov
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	h sts,
I certify that on procedures wer Department of	n the	nce
THE STATE OF THE S		
	Signature of Certifying Official Certificate Number	

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008697 Test Date: 08/25/2016

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

Subject's Date Of Birth: 11/11/191
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:28pm 1:29pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

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

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 2921 Test Date: 08/25/2016 Test Time: 1:36pm EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1:37pm

Control of the second

# Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:37pm
CAT	Pass	1:370m

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Bat mubile Unit 11
Instrument Se	rial No <i>OO 8973</i>
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	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

### CABARRUS BAT MOBILE UNIT 11 120

Serial Number: 008973 Test Date: 08/05/2016

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	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.08	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:18pm
ATR BLK	.00	9:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyší

### CABARRUS BAT MOBILE UNIT 11 120

Serial Number: 008973 Test Record Number: 183
Test Date: 08/05/2016 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
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 CAL	Pass Pass	9:21pm 9:21pm

Preventive Maintenance Status: Pass

Analyst

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

County C		Idwell Co. Ja:1	
Instrument S	ent Serial No. <u>008719</u> <u>Le</u>	noil, Ne	
The prevent four months	ventive maintenance procedures for the Intoximeters, Model Intox EC/Inths are:	R II to be followed at least once ever	—. У
1.	Verify the ethanol gas canister displays pressure, or the alcoh 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer sh	ow
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	4	
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;	-	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath r 125 Alcoholic Breath Simulator test	:s,
I certify that procedures w Department o	that on the	_ the forgoing preventive maintenan th current regulations of the N.C. operly.	ce
TATESTATE OF THE STATES OF THE	STATE ON NO. 1775 NO.		
Manna		6 hf G	_
	Signature of Certifying Official	Certificate Number	

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008719 Test Date: 08/30/2016

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: 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 AIR BLK SUB TEST	Pass .00 .07 .00 .00	5:34pm 5:35pm 5:36pm 5:37pm 5:38pm 5:39pm 5:40pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 2053

Test Date: 08/30/2016 Test Time: 5:42pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	5:42pm
FLO	Pass	5:42pm
FC	Pass	5:42pm

# Temperature Tests

Status	Time
Pass	5:42pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	5:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:43pm

# CRC Tests

rest	Status	Time
COMP	Pass	5:43pm
CAL	Pass	5:43pm

Preventive Maintenance Status: Pass

Analyst

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

County	Caldwell Co. Jail
Instrument S	Serial No. <u>00 8803</u> <u>L'enoit, NC</u>
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 30 day of 41905 to 20/6 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.
STAN STAN PROPERTY OF S	E OT NORTH CE
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 08/30/2016

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: 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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:33pm 5:34pm 5:35pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CALDWELL COUNTY CALDWELL COUNTY JAIL 130 .....

Serial Number: 008803

Test Record Number: 467

Test Date: 08/30/2016 Test Time: 5:41pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR.	Pass	5:42pm
FLO	Pass	5:42pm
F'C	Pass	5:42pm

# Temperature Tests

Test	Status	Time
FC1	Pass	5:42pm
SRC	Pass	5:42pm
DET	Pass	5:42pm
BAR	Pass	5:42pm
BT	Pass	5:42pm

# Blank Tests

Test	Status	Time	
AIR	Pass	5:42pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:43pm

### CRC Tests

Test	Status	Time
COMP	Pass	5:43pm
CAL	Pass	5:43pm

Preventive Maintenance Status: Pass

Analyst

(4) 18 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 14 (1) 1

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

County(	CHATHAM Instrument Location SILER	
Instrument S		
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breatl 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
procedures v	on the 3/ day of 126057, 20/6 the forwere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
1.4		
GREAT OF THE STATE	CAROLINI	
A ESSE CLIAM	Signature of Certifying Official	37/ Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 08/31/2016

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: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:57am 10:58am 10:59am
AIR BLK	.00	11:00am
SUB TEST	. 00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	00	11:04am

Reported AC: .00 g/210L

Signature Chemical Analyst

Court CVR

# CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811

Test Record Number: 1232

Test Date: 08/31/2016

Test Time: 11:05am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
F'C	Pass	11:05am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	<b>11:</b> 05am
BAR	Pass	11:05am
BT	Pass	11:05am

### Blank Tests

Test	Status	Time
AIR	Pass	11:06an

### Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:06am
CAL	Pass	11:06am

Preventive Maintenance Status: Pass

Analyst

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

County C/	lerokee	Instrument Location Chry	okee Co. Jail
Instrument Se	erial No. <u>0087//</u>	Murphy NC	
The preventive four months a	ve maintenance procedures for the	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before expirations anged 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 <u>23</u> day of <u>Ac</u> ere performed on the instrument ir f Health and Human Services, and	, 20 /6 the instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C. ly.
THE STATE OF THE S	Note that the second se	R. Cuth	
		enature of Certifying Official	Cortificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008741 Test Date: 08/23/2016

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: CUTLER, DANIEL R Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Orif R. CullAnalyst

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#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 863
Test Date: 08/23/2016 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

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

s consulmentalité in primer de la consume de

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	

rest	Status	Truie
COMP	Pass	11:08am
CAL	Pass	11:08am

Preventive Maintenance Status: Pass

Analyst

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

County Ch	ierokee	Instrument Location Chevok	re Co. Jail
Instrument Ser	rial No. <u>0086</u> 22	Murphy, NC	
The preventive four months as	•	intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat egree centigrade;	h simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd .	
10.		ister is being changed before expiration on a ster 125 Alc	
procedures we		5 1/2 the for dicated above, in accordance with curren the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE OF THE STATE OF THE CORE VI. 20. 1775	CAROLINI CAR	1011	635
	Sign	nature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 08/23/2016

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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:43am 10:44am 10:45am 10:46am
SUB TEST	.00	10:47am 10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Analyst

### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622

Test Record Number: 963 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:52am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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; Verify instrument accuracy; 5. 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 08/09/2016

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: 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	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.08	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:5 <b>5pm</b>
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 08/09/2016

Test Record Number: 730 Test Time: 3:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:59pm 3:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	leveland	Instrument Location <u>Cleve</u>	land County SD- Annex
Instrument S	erial No. <u>008873</u>	407 MBrayer.	St., Shelby
The prevention four months	ve maintenance procedures for the are:	e Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas co simulator solution is being cl whichever occurs first.	anister is being changed before expirati hanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
•	ere performed on the instrument i	indicated above, in accordance with cur d the instrument is functioning properly	rrent regulations of the N.C.
WWEND BY THE CREAT OF THE CREAT	1.1(W)	ignature of Certifying Official	656 Certificate Number

#### CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008893 Test Date: 08/03/2016

Test Record Number: 1432

Test Time: 9:53am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:54am
FLO	Pass	9:54am
FC	Pass	9:54am

#### Temperature Tests

n
n
n
n ·
n
)

#### Blank Tests

Test	Status	Time
ΔTD	Dagg :	9.55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:55am

Pass

9:55am

Preventive Maintenance Status: Pass

CAL

CLEVELAND COUNTY CLEVELAND SD-ANNEX
220

Serial Number: 008893 Test Date: 08/03/2016

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	9:59am
AIR BLK	.00	9:59am
ACCY CHK	.08	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:04am
ATR BLK	. 0.0	10:04am

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

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

County	CRAVEN	Instrument Location MCAS CHERRY POINS
Instrumen	t Serial No. <u>0/0 8/9</u>	AMO
The preve		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	ter displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays ti	ime and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompt	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	ppears, collect breath sample;
. 7.	When "PLEASE BLOW" a	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.		anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,
	s were performed on the instrument	the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
A GREAT SE	TATE OF NORTH LAND TO THE CARD	my EHall 354

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

Signature of Certifying Official

Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 08/01/2016

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: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

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

Lot Number: 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 .00	12:15pm 12:16pm 12:17pm 12:18pm 12:18pm 12:19pm 12:21pm
AIR BLK	.00	12:22pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 08/01/2016

Test Record Number: 464
Test Time: 12:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

		Instrument Location PAT	MOBILE DIVIT
County (	RAVEN	Instrument Location 1 1 1	rational Comments
Instrument Se	rial No. <u>00 8575</u>	HAVE	LOCK, NC
The preventive four months a		toximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breat gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;	,	
4.	Enter information as prompted;		en e
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration ged every four months or after 125 Alc	
I certify that o procedures we Department of	on the 12 day of 10 day of 15 to the performed on the instrument indiff Health and Human Services, and the	the force instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
O'THE STATE (			
	THE CAROLINA THE		
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process of the second	Sions	atilire of Certifying Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008575 Test Date: 08/12/2016

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: 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	10:16pm
AIR BLK	.00	10:16pm
ACCY CHK	.07	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008575

Test Record Number: 947

Test Date: 08/12/2016

Test Time: 10:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:27pm
FLO	Pass	10:27pm
FC	Pass	10:27pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:27pm 10:27pm 10:27pm 10:27pm
ÐΙ	Pass	10:27pm

#### Blank Tests

Test	Status	Time

AIR Pass 10:28pm

#### Printer Tests

Test	Status	Time
	_	

Pass 10:28pm PRNT

#### CRC Tests

Test	Status	Time
COMP	Pass	10:28pm
CAL	Pass	10:28pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	- INTOXIMETE	KS, MODEL INTOX EC/II	, \
County(	CRAVEN_	Instrument Location BAT A	LUBILE ( WIT
Instrument Ser	ial No. <u>008647</u>	HAVEL	ock, NC
· ·			
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be	followed at least once every
. 1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration d nged every four months or after 125 Alco	
	re performed on the instrument ind	16.057, 20.16 the forg licated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE STATE OF THE	A COLUMN TO THE PARTY OF THE PA		
	CAROU		
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	Sior	pature of Certifying Official	Certificate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008647 Test Date: 08/12/2016

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: 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	10:17pm 10:18pm 10:19pm 10:20pm 10:21pm 10:23pm
AIR BLK	.00	10:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008647

Test Record Number: 2257

Test Date: 08/12/2016 Test Time: 10:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	10:27pm	
FLO	Pass	10:27pm	
FC	Pass	10:28pm	8

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
$\mathtt{BT}$	Pass	10:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:28pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:28pm
CAL	Pass	10:28pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		KS, MODEL IN	IUX EC/II	<b>C 11</b>	1 1
County	LRAVEN	Instrument Location	MATI	MOBILE	UNIT
Instrument Se	rial No. <u>008707</u>		MEW	BERN,	NC
The preventive four months as	e maintenance procedures for the Interes	ntoximeters, Model Into	x EC/IR II to be f	followed at least o	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath	simulator thermo	meter 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 samp	le;		
7.	When "PLEASE BLOW" appe	ears, collect breath samp	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	d			
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed be nged every four months	fore expiration da or after 125 Alcol	nte, or the alcoholic Breath Simu	ic breath lator tests,
I certify that of procedures we Department of	n theday of A U re performed on the instrument ind Health and Human Services, and the	icated above, in accorda	nce with current :	oing preventive m regulations of the	aintenance N.C.
STATE ON THE STATE OF THE STATE	Cel 16	1 13		640	S
	Sign	ature of Certifying Offic	ial	Certificate Nu	ımber

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008707 Test Date: 08/13/2016

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:27pm 2:28pm 2:28pm
ACCI CHK	.00	2:28pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008707

Test Record Number: 2340

Test Date: 08/13/2016

Test Time: 2:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:34pm 2:34pm
FC	Pass	2:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
$\mathtt{BT}$	Pass	2:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance Status: Pass

Ańalyst

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

County	UMBERIAND Instrument Location COMBERIAND CO. DET. CENTER
Instrument Se	rial No. 008614 Faugetteville, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on theday of
STAIL	
* ESSE QUAM'	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 08/05/2016

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:14pm 1:15pm 1:15pm 1:16pm 1:17pm 1:18pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 08/05/2016

Test Record Number: 3460 Test Time: 1:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
$\mathtt{BT}$	Pass	1:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	UMBERLAND Instrument Location CHARGELAND Co. DET. CENT
Instrument Se	rial No. 008632 Poyetleville, 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:
<b>1.</b>	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
OTHE STATE AND DOTTON	Signature of Certifying Official Certificate Number

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 08/05/2016

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 AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:05pm 1:06pm 1:06pm 1:07pm 1:08pm 1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 08/05/2016

Test Record Number: 3654 Test Time: 1:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	1:16pm 1:16pm 1:16pm 1:16pm
DI	Pass	1:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:17pm 1:17pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOAIMETERS, MODEL INTOA ECIR II
County	Instrument Location (UMBERIAND CO. DET. CEN
Instrument Seria	al No. 008672 Fourteville, 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.
	the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 08/05/2016

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:53pm 12:54pm 12:54pm 12:55pm 12:56pm 12:57pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672

Test Record Number: 5187

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	1:03pm 1:03pm
r C	Pass	1:03pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:04pm
CAL	Pass	1:04pm

Preventive Maintenance Status: Pass

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

County	JUMBERLAND Instrument Location CUMBERLAND CO. DET. Ce.
Instrument S	erial No. 008633 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.
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APRIL 12. OT	Signature of Certifying Official Continued

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 08/05/2016

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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	12:45pm 12:46pm 12:47pm 12:48pm 12:48pm 12:49pm 12:51pm 12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Test Record Number: 3937 Serial Number: 008633 Test Date: 08/05/2016 Test Time: 12:53pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:54pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:54pr	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:55pm 12:55pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1		L INTUX EC/IR I	. (
County	lare	Instrument L	ocation Nace Co.	Oexention C
Instrument Se	erial No. 00 6763	1044	Deithmood	Dr., Want
The preventive four months a	e maintenance procedures for the	e Intoximeters, Mo	del Intox EC/IR II to be folk	owed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		e, or the alcoholic breath sin	nulator thermometer sho
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	<b>;</b>		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy	;		
6.	When "PLEASE BLOW" a	appears, collect brea	ith sample;	
7.	When "PLEASE BLOW" a	appears, collect brea	th sample;	•
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being cha changed every four	anged before expiration date, months or after 125 Alcohol	or the alcoholic breath or Breath Simulator test
I certify that procedures w Department of	on theday of vere performed on the instrument of Health and Human Services, a	AUGUST indicated above, in and the instrument is	, 20 / the forgoin accordance with current reg functioning properly.	g preventive maintenan gulations of the N.C.
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	The state of the s	Signature of Certify	ing Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 08/08/2016

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:59pm 5:00pm 5:01pm 5:02pm 5:02pm 5:03pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 617 Test Date: 08/08/2016 Test Time: 5:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:06pm
FLO	Pass	5:06pm
FC	Pass	5:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:06pm
SRC	Pass	5:06pm
DET	Pass	5:06pm
BAR	Pass	5:06pm
BT	Pass	5:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:07pm

#### Printer Tests

Status

Time

	200000	11110
PRNT	Pass	5:07pm
	CRC Tests	·
Test	Status	Time

	10 0010 0110	
COMP	Pass	5:07pm
CAL	Pass	5:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETE	RS, MODEL INT	OX EC/IR II	1 1 0 -
County DASC		Instrument Location	7ace Co. U	etention Ct
- Instrument of		Loyd Dril	twood D	r., Manteo,
four months are:		ntoximeters, Model Intox		
1. Verify 34 deg	the ethanol gas canister grees, plus or minus .2 d	displays pressure, or the agree centigrade;	lcoholic breath sim	ulator thermometer shows
2. Verify	instrument displays tin	ne and date;		
3. Initiat	e breath test sequence;			
4. Enter	information as prompte	d;		
5. Verif	y instrument accuracy;			
6. When	ı "PLEASE BLOW" ap	pears, collect breath sampl	e;	
7. When	1 "PLEASE BLOW" ap	pears, collect breath samp	e;	
8. Print	test record;		•	
	fy Diagnostic Program;			· · · · · · · · · · · · · · · · · · ·
simu	fy that the ethanol gas ca lator solution is being cl thever occurs first.	mister is being changed be nanged every four months	fore expiration date, or after 125 Alcohol	, or the alcoholic breath lic Breath Simulator tests,
I certify that on the	day of	indicated above, in accorded the instrument is function	ance with current rep	ng preventive maintenance gulations of the N.C.
STATE OF NO PLANTS OF THE STATE OF THE STATE OF NO PLANTS OF THE STATE	÷.		,	
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		Signature of Certifying Off	icial	Opinitionio Humbon

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 08/08/2016

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: 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: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:47pm 4:48pm 4:49pm 4:50pm 4:51pm 4:52pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm

Reported AC: \_\_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1752

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:57pm 4:57pm

Preventive Maintenance Status: Pass

Analyst

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

County D	AVI 650 N Instrument Location Thomas	sville
Instrument Se	rial No. 008872 Police Dep	Artment
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath a 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;	15.
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, 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 Alcoh whichever occurs first.	
	on theday of, 20, 20, the forgo ere performed on the instrument indicated above, in accordance with current of f Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
MANDO SEZ+	Signature of Certifying Official	Certificate Number

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 08/09/2016

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: 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: 05/11/2017Test g/210L Time

_	
Pass	1:18pm
.00	1:18pm
.07	1:19pm
.00	1:20pm
.00	1:20pm
.00	1:21pm
.00	1:23pm
.00	1:24pm
	.00 .07 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 1273

Test Date: 08/09/2016

Test Time: 1:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County DAV	Instrument Location Lexing TO N
Instrument Seria	INO.008883 Police Department
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;
<b>6.</b>	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 1 2 2	
I certify that on procedures were Department of I	the
OF THE STATE OF A	
	CAROLINA CONTRACTOR OF THE PROPERTY OF THE PRO
AFRE 12, 178	There was 642

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 08/09/2016

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: 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 AIR BLK	Pass .00 .08 .00	3:09pm 3:10pm 3:10pm 3:12pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

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

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1652

Test Date: 08/09/2016 Test Time: 3:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	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	3:18pm
CAL	Pass	3:18pm

Preventive Maintenance Status: Pass

一句中的是一句,但是一句,我就是一句,"我说,一点,我都不知道我们的,你有**我看你那么我的那**都说,我也是我的我们,我也是我的,我们也没有一个的,我们就是这个人的

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location, Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 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.

procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



I certify that on the

Signature of Certifying Official

Certificate Number

the forgoing preventive maintenance

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

day of

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

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 08/09/2016

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:39pm
AIR BLK	.00	4:39pm
ACCY CHK	.08	4:40pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:44pm
ATR BLK	- 00	4:45pm

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

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 2309
Test Date: 08/09/2016 Test Time: 4:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:46pm
SRC DET	Pass Pass	4:46pm 4:46pm
BAR	Pass	4:46pm
BT	Pass	4:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:47pm 4:47pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD

County	arvie Sive	Instrument Location	County Jail
Instrument Ser	rial No. <u>88805</u>		ville, N.C.
	·	f	
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be	followed at least once every
· i.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breating gree centigrade;	h simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	, and the second second
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration on a second every four months or after 125 Alcohol.	
in that Table	<i>Q</i> /	1	
I certify that or		the for tight the form the for	going preventive maintenance
		he instrument is functioning properly.	or the thick
THE STATE OF THE S	J. m. J.	nature of Certifying Official	Certificate Number

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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 08/08/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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 AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:22pm 1:22pm 1:23pm 1:24pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:27pm
AIR BLK	00مر	1:28pm

Reported AC:

.00<sub>0</sub> g<sub>2</sub>/210L

Signature of Chemical Analy

Court CVR

#### DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 1862
Test Date: 08/08/2016 Test Time: 1:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:30pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

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

County Day	Instrument Location Kill Davil Hills P.D.
Instrument Seria	INO. 008844 102 Town Hall Dr. Kill Devil H.
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.  I certify that on t	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  he
procedures were	performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NOTICE	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 08/22/2016

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 State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:36am 11:37am 11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:39am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### DARE COUNTY KILL DEVIL HILLS PD 270

Test Record Number: 1832 Serial Number: 008844

Test Time: 11:44am EDT Test Date: 08/22/2016

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
$\mathtt{BT}$	Pass	11:45am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:46am

Pass

11:46am

Preventive Maintenance Status: Pass

CAL

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

County 1)Q/	Instrument Location Dave (0, 50 Hatter	4
Instrument Serie	al No. <u>008807</u> <u>50246 NC Hwy 12, Frisco, N</u>	<u>C</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	— у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	)WS
<b>2.</b> .	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
	the	ce
OT THE STATE OF MAN 12 THE	Signature of Certifying Official Certificate Number	-

#### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 08/10/2016

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	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:08pm
AIR BLK	.00 .00	2:09pm 2:11pm
SUB TEST	.00	2:11pm

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: 769 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

Preventive Maintenance Status: Pass

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

College Control Sec	\ /	eno, model in i	, as	1.443
County /	durharn	Instrument Location_	SHP C	<u> </u>
Instrument S	erial No. 008921	101 5.	Miam m, N.C	: 13Nd
		Durha	un N.C	, •
The preventive four months a	ve maintenance procedures for the are:		/	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the a degree centigrade;	lcoholic breath simulat	tor thermometer show
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;	*		
4	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	· }	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed befor anged every four months or	re expiration date, or thater 125 Alcoholic Br	ne alcoholic breath eath Simulator tests,
procedures we	on the 25 day of 4 day of fere performed on the instrument in fereign Health and Human Services, and	dicațed above, în accordanc	e with current regulation	ventive maintenance ons of the N.C.
THE STATE OF THE S	S A COLUMN CAROLINA C	and the second s		The state of the s
WALL OF THE PARTY	Commence of management of the	the les	Salar Sa	600
	Sig	nature of Certifying Official	Cerr	tificate Number

DURHAM COUNTY SHP 7 CAMPAIGN 310

Serial Number: 008924 Test Date: 08/25/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:44am 11:45am 11:45am 11:47am 11:47am 11:50am
ATR BLK	.00	11:51am

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

#### DURHAM COUNTY SHP 7 CAMPAIGN 310

Serial Number: 008924 Test Record Number: 1259
Test Date: 08/25/2016 Test Time: 11:54am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

#### Blank Tests

Test	Status	Time
λΤD	Dagg	11.55an

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:55am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County D	ur ham Instrument Location 5HP CT	
Instrument Ser	rial No.008873 101 S. M: am: Blvd. Purham, N.C.	
	Purham, N.C.	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	ΝS
2.	. Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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	3
THE STATE OF THE S	CAROL	

DURHAM COUNTY SHP C7 CAMPAIGN 310

Serial Number: 008873 Test Date: 08/25/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

#### DURHAM COUNTY SHP C7 CAMPAIGN 310

Serial Number: 008873 Test Record Number: 1314
Test Date: 08/25/2016 Test Time: 11:14am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ERS, MODEL INTOX EC/1	RII
	ICHAM	Instrument Location Dug Hi	
Instrument Se	rial No. <u>608878</u>	217 S. MANGUM	ST. DURHAM, NO
The preventive four months as	e maintenance procedures for the	Intoximeters, Model Intox EC/IR II to be	followed at least once every
- 1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breat egree centigrade;	h simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	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 of any or after 125 Alcoholder	late, or the alcoholic breath pholic Breath Simulator tests,
procedures wer	e perioritied on the instrument inc	the forgulated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STATE OF THE S	Sign	ature of Certifying Official	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 08/31/2016

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: AG534901 Exp Date: 12/15/2017

. E 4 mm
:54pm :55pm :55pm
:56pm
:57pm
:58pm
:59pm
:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 08/31/2016

Test Record Number: 3733 Test Time: 4:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:03pm
FLO	Pass	4:03pm
FC	Pass	4:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:03pm
SRC	Pass	4:03pm
DET	Pass	4:03pm
BAR	Pass	4:03pm
BT	Pass	4:03pm

#### Blank Tests

Test Status Time
AIR Pass 4:04pm

#### Printer Tests

Test Status Time
PRNT Pass 4:04pm

#### CRC Tests

Test Status Time

COMP Pass 4:04pm
CAL Pass 4:04pm

Preventive Maintenance Status: Pass

Analyst

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

County D	URHAM Instrument Location DURHAM Co. JAIL
Instrument Ser	ial No. 008891 217 S. MANGUM ST DURHAM, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 3/ day of August, 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.
TARE QUANTY	

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 08/31/2016

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	Pass	3:37pm 3:38pm
ACCY CHK	.08	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3357

Test Date: 08/31/2016

Test Time: 3:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	3:45pm
	Pass	3:45pm
FC	Pass	3:45pm

#### Temperature Tests

Status	Time
Pass	3:46pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	3 · 46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

Analyst

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

County /	RIBHAM	Instrument Location	
Instrument Se	erial No. <u>008855</u>	217 S. MANGUN	ST DURMAN, NC
The preventive four months a	ve maintenance procedures for the Interes	oximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic be ree 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" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expirations ged every four months or after 125	
I certify that of procedures we Department of	on the <u>3)</u> day of <u>AuG</u> ere performed on the instrument indic of Health and Human Services, and th	the cated above, in accordance with cure instrument is functioning properly	e forgoing preventive maintenance rrent regulations of the N.C. y.
CREATE STATE OF THE STATE OF TH	SALONIA ALIONIA ALIONI	A A	
ESTE QUAM VI	+ $M$	S D Smith	637
	Signa	ture of Certifying Official	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 08/31/2016

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: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:36pm 3:37pm
ACCI CHK	.00	3:38pm 3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 2072

Test Date: 08/31/2016

Test Time: 3:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:44pm
FLO	Pass	3:44pm
FC	Pass	3:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:44pm
SRC	Pass	3:44pm
DET	Pass	3:44pm
BAR	Pass	3:44pm
BT	Pass	3:44pm

#### Blank Tests

Test	Status	Time

AIR Pass 3:45pm

#### Printer Tests

Test	Status	Time	

PRNT Pass 3:45pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:45pm
CAL	Pass	3:45pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	a Devict	RS, MODEL INTOX EC	erville Police
County # 7	OKSU / N	Instrument Location <u>Korne</u>	RespifIE POLICE
Instrument S	Serial No. <u>008650</u>		2 tmant
. <u> </u>			
The preventi four months	ive maintenance procedures for the In are:	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 baree 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; and		
I certify that procedures w Department c	simulator solution is being chang whichever occurs first.	cated above, in accordance with cur	Alcoholic Breath Simulator tests, forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE S	Sunt	ture of Certifying Official	Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 08/04/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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	10:21am
AIR BLK	.00	10:21am
ACCY CHK	.07	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:24am
SUB TEST	.00	10:26am
AIR BLK	J. 00	10:27am

Repørted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1254 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:28am
FLO	Pass	10:28am
FC	Pass	10:28am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass	10:28am
DET	Pass Pass	10:28am 10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP	Pass	10·29am

Preventive Maintenance Staţus: Pass

Pass

10:29am

CAL

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

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

Signature of Certifying Official

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 08/01/2016

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:09am 10:10am 10:10am 10:11am 10:12am 10:13am
SUB TEST	-00	10:15am
AIR BLK	<b>,/</b> 00	10:16am

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 /

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 6310 Test Date: 08/01/2016 Test Time: 10:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:18am
FLO	Pass	10:18am
FC	Pass	10:18am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
$\mathtt{DET}$	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19am

#### Printer Tests

Test

PRNT	Pass	10:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:19am 10:19am

Status

Time

Preventive Maintenance Status: Pass

Knth By Analyst

· 1918年1月1日,1918年1日,1918年1日,1918年1日,1918年1日,1918年1日,1918年1日,1918年1日,1918年1日,1918年1日,1918年1日,1918年1日,1918年1日,19

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 1-6 RSV Instrument Serial No. 208661 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 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.

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

ignature of Certifying Official

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 08/01/2016

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:

09/01/2014-09/01/2016

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	10:08am 10:09am
ACCY CHK	.08	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:12am
AIR BLK	.00	10:12am
SUB TEST	.00	10:14am
AIR BLK	.)00	10:15am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 3895
Test Date: 08/01/2016 Test Time: 10:17am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
FC	Pass	10:17am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

#### Blank Tests

Test	Status	Tıme
AIR	Pass	10:18am

#### Printer Tests

Test

CAL

PRNT	Pass	10:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18am

Status

Time

10:18am

Preventive Maintenance Status: Pass

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; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record: 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 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.

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008925 Test Date: 08/01/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

Analys⊭

# FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 1372 Test Date: 08/01/2016 Test Time: 10:18am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Pass	10:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Time

Pass

Pass

10:20am

10:20am

Preventive Maintenance

COMP

CAL

Status: Pass

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

County (	OILFOFO	_ Instrument Location € ↑ ↑	CEILE CHIT # 10
Instrument S	erial No. <u>(() () 8776</u>	GREENSBORD	
The prevention		Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1,	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd ·	
10.		nister is being changed before expirat anged every four months or after 125	
procedures w	ere performed on the instrument in	dicated above, in accordance with cuthe instrument is functioning properly	rrent regulations of the N.C.
THE STATE OF THE S	S NO AROUND CAROLING TO THE CA		/ , ,
The second		nature of Certifying Official	Certificate Number
	// Sig	induction contribute official	Certificate Number

## GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008776 Test Date: 08/25/2016

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, J B Permit Number: 20630E 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 SUB TEST	Pass .00 .07 .00 .00	9:18pm 9:19pm 9:19pm 9:20pm 9:21pm 9:22pm 9:23pm
AIR BLK	/.00_	9:24pm

Signatur# of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008776

Test Record Number: 3329

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
FC	Pass	9:56pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
BT	Pass	9:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:57pm
CAL	Pass	9:57pm

Preventive Maintenance

Analyst

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

		E WITT TO
Instrument Seri	al No. 003580 GREENSBORD	· · · · · · · · · · · · · · · · · · ·
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be f:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoholichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
procedures were	the <u>95</u> day of <u>AUGUSI</u> , 20/6 the forgo performed on the instrument indicated above, in accordance with current relealth and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF A PART OF THE STATE OF THE STAT	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008580 Test Date: 08/25/2016

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, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONOE, 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 AIR BLK	Pass .00 .07 .00 .00 .00	10:05pm 10:06pm 10:07pm 10:10pm 10:10pm 10:11pm 10:12pm 10:13pm
	/	

.00 g/210L

ire of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008580 Test Record Number: 2308
Test Date: 08/25/2016 Test Time: 10:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:15pm 10:15pm
FC	Pass	10:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:15pm
SRC	Pass	10:15pm
DET	Pass	10:15pm
BAR	Pass	10:15pm
$\mathtt{BT}$	Pass	10:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

#### Printer Tests

Test	Status	Time
דמקק	Pass	10:15pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:16pm
CAL	Pass	10:16pm

Preventive Maintenance Status: Pass

Analyst

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

County_	PULFORD	Instrument Location 697	MOBILE CALIT #10
Instrument S	erial No. <u>OO8666</u>	GREENSROLD	
The preventi	ve maintenance procedures for the lare:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
. 1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic egree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;	,	
4.	Enter information as prompted	ļ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appr	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiratinged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	. T partormed on the manufiche mu	icated above, in accordance with cu he instrument is functioning properly	rrant ragulations - f.H NT C
THE STATE OF THE S	A CONTROL CONT		(d)
÷	Signa	nture of Certifying Official	Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008686 Test Date: 08/25/2016

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, JOCK B
Permit Number: 20630E
Effective:
05/01/2016-05/01/2018

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008686 Test Record Number: 6426
Test Date: 08/25/2016 Test Time: 10:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:14pm 10:14pm 10:14pm 10:14pm
BT	Pass	10:14pm

#### Blank Tests

Test	Status	Time
7 TD	Dagg	10.15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:15pm
CAL	Pass	10:15pm

Preventive Maintenance Status Pass

Analyst

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

County	U. 1 FOR A Instrument Location SPEENS DOPO JAIL
Instrument Ser	rial No. <u>008638</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
O'MAN STATE O'MAN 32. 177  ** STRE QUANTY ** STRE QUANTY	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 08/01/2016

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: DEAN, LARRY 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: AG607501 Exp Date: 03/15/2018

rest	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:54pm
ACCY CHK	.08	2:55pm
AIR BLK	.00	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

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 2509 Test Date: 08/01/2016 Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

#### Blank Tests

Test	Status	Time
a TD	Dagg	3 • 0.2m

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:02pm 3:02pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Common Co	INTOXIMETERS, MODEL INTOX ECTR II  Instrument Location GREENS DOWN ALL
County <u>\</u>	SOOMOO
Instrument Se	rial No. 008/10
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
. <b>2.</b> .	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 08/01/2016

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: 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/210 <b>L</b>	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:20pm 3:20pm 3:21pm 3:22pm 3:23pm
AIR BLK SUB TEST	.00 .00	3:24pm 3:25pm
AIR BLK	.00	3:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 5608
Test Date: 08/01/2016 Test Time: 3:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	mq0E:E

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:31pm 3:31pm

Preventive Maintenance Status: Pass

X - 7 - MAN CANALYST

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- Secretary	INTOXIMETERS, MODEL INTOX EC/IR II	
County	UILTORA Instrument Location + Igh toint	
Instrument Ser	ial No. 008828 Police Department	
	1	
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 sho 34 degrees, plus or minus .2 degree centigrade;	w
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	s,
	theday of, 20/6 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.	;e
THE STATE OF THE S		-

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 08/09/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	11:41am 11:42am 11:43am 11:43am 11:44am 11:46am 11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 08/09/2016 Test Record Number: 2144 Test Time: 11:47am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

#### Blank Tests

Test	Status	TIME
ΔTR̈	Pass	11:48am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County (5)	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location High Point JAI
Instrument Ser	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
<b>6.</b>	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 08/09/2016

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: 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	12:20pm 12:20pm 12:21pm 12:22pm
AIR BLK	.00	12:23pm 12:23pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 2981 Test Date: 08/09/2016 Test Time: 12:26pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12;27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:27pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	12:28pm
	CRC Tests	

Toct	Ctatile	Tim

COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location GREENS DOVO JAi
Instrument S	000001
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
: <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the
THE STATE OF THE S	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 08/01/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:27pm 2:27pm 2:28pm 2:29pm 2:30pm 2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 5089

Test Date: 08/01/2016

Test Time: 2:34pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass Pass Pass	2:34pm 2:34pm 2:34pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:34pm 2:34pm 2:34pm 2:34pm
${ t BT}$	Pass	2:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance Status: Pass

Analyst

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

		EKS, MODEL INTOX E	C/IR II
County 5	rates	Instrument Location	es Co. S.O.
Instrument !	Serial No. <u>008884</u>	202 Court St,	Gatesville, NC.
The prevent four months	tive maintenance procedures for the	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9,	Verify Diagnostic Program; at	nd .	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expirations anged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that or ocedures we Department o	on theday ofday of	, 20 / the dicated above, in accordance with cur the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TATE OF CHAMPER	ON TO STATE CAROLINA	Α	
	KU()	nature of Certifying Official	643
	<b>₽-5</b> ··	Jung Ottividi	Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 08/04/2016

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:26am 11:27am 11:27am 11:28am 11:29am 11:30am
SUB TEST	.00	11:31am
ATR BUK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 08/04/2016 Test Record Number: 743
Test Time: 11:33am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:34am 11:34am 11:34am 11:34am
BT	Pass	11:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35am

Pass 11:35am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County Rich	HMOND Instrument Location BAT MOBILE UNIT U
Instrument Seria	INO. OO8734 HAMLET
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of l	the
OTHE STATE OF THE OF TH	Signature-of-Certifying Official Certificate Number

#### RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008734 Test Date: 08/05/2016

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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:28pm 10:29pm 10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:31pm
AIR BLK SUB TEST	.00 .00	10:32pm <b>10:34pm</b>
AIR BLK	.00	10:35pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008734 Test Record Number: 910 Test Date: 08/05/2016 Test Time: 10:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

#### 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	10:39pm

#### Printer Tests

Status

Time

10:39pm

Test

CAL

PRNT	Pass	10:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:39pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County <u>Hen</u>	1NTOXIMETERS, WODEL INTOXIDED TO Detection 1erson Location Headerson Co. Detection
Instrument Ser	ial No. OO8822 Henderson Ville INC
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 procedures Department	t on the
STATE OF THE CAREAT SECTION OF THE CAREAT SE	Signature of Certifying Official  Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 08/03/2016

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	Pass	6:51pm
AIR BLK	.00	6:52pm
ACCY CHK	.08	6:53pm
AIR BLK	.00	6:54pm
SUB TEST	.00	6:55pm
AIR BLK	.00	6:55pm
SUB TEST	.00	6:58pm
AIR BLK	.00	6:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 1973

Test Date: 08/03/2016 Test Time: 7:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:07pm
FLO	Pass	7:07pm
FC	Pass	7:07pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	7:07pm 7:07pm 7:07pm 7:07pm 7:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:08pm 7:08pm

Preventive Maintenance Status: Pass

Analyst

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

County /-/	enclerson	Instrument Location Hearlor Son	Co. Detention
Instrument S	erial No. <u>(~) 8806</u>	Henderson	Wille, NC
The preventi		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath stree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; and	i	•
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration danged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that procedures v Department	on the day of	, 20 16 the forgo icated above, in accordance with current r he instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
CREAT SE	E O'NO GUILLE CAROLLIA		
* ESSE QUAM*	Sign	nature of Certifying Official	64G Certificate Number

### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 08/03/2016

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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	7:02pm 7:02pm 7:03pm 7:03pm <b>7:05pm</b> 7:06pm
SUB TEST	.00	7:08pm
ATR BLK	.00	7:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806

Test Record Number: 1950

Test Date: 08/03/2016

Test Time: 7:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:13pm 7:13pm
FC	Pass	7:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:13pm
SRC	Pass	7:13pm
DET	Pass	7:13pm
BAR	Pass	7:13pm
BT	Pass	7:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:14pm

#### Printer Tests

Test	Status	Time
ייאסס	Dagg	7 · 14pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:14pm
CAL	Pass	7:14pm

Preventive Maintenance Status: Pass

Analyst

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

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

### HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008734 Test Date: 08/06/2016

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: 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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:08pm 9:09pm 9:10pm 9:11pm 9:11pm 9:12pm 9:14pm
SUB TEST	.00	
AIR BLK	.00	9:14pm

Reported AC:

.00-a/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008734 Test Record Number: 913
Test Date: 08/06/2016 Test Time: 9:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:16pm
FLO	Pass	9:16pm
FC	Pass	9:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:16pm
SRC	Pass	9:16pm
DET	Pass	9:16pm
BAR	Pass	9:16pm
$\mathtt{BT}$	Pass	9:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:17pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:17pm
CAL	Pass	9:17pm

Preventive Maintenance Status: Pass

Analyst

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

County Ma	Instrument Location BAT Mobile Unit
Instrument Ser	ial No. <u>608871</u> Erwin P.O.
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.
	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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008871 Test Date: 08/06/2016

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: 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: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	9:07pm
AIR BLK	.00	9:08pm
ACCY CHK	.08	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:13pm
ATR BLK	.00	9:14pm

Reported AC: .00 g/210L

Ignature of Chemical Analyst

Court CVR

#### HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008871 Test Record Number: 862 Test Date: 08/06/2016 Test Time: 9:15pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
BT	Pass	9:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:16pm 9:16pm

Preventive Maintenance Status: Pass

Analyst

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

	//	ODEL MIOX EC	IK II
County/	HARMETT Co. Instru	ment Location HARHE	H. C. Del. Cent
nstrument :	Serial No. <u>008/29</u> <u>6</u>	: LLington MC	per la company de la company d
The prevent our months	tive maintenance procedures for the Intoximeter are:	s, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays possible 34 degrees, plus or minus .2 degree centig	ressure, or the alcoholic breat grade;	th simulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect	breath sample:	
7.	When "PLEASE BLOW" appears, collect		
8.	Print test record;	<b>,</b>	
9.	Verify Diagnostic Program; and		: !
10.	Verify that the ethanol gas canister is being simulator solution is being changed every f whichever occurs first.	changed before expiration do our months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
			•
rtify that or cedures were artment of	n the day of	the forgo, in accordance with current of it is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF			
N 20, 177	NO.		
APRIL 12, ITTO			
William Co.	1	- Commence of the second	654
	Signature of Certi	fying Official	Certificate Number

Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 08/03/2016

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: AG517403 Exp Date: 06/23/2017

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

ignature of Chemical Analyst

Court CVR

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 2071

Test Date: 08/03/2016

Test Time: 9:45am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:46am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyet

#### Intox EC/IR-II: Test Diagnostics

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 System Date: 08/03/2016 System Time: 9:47am EDT

Flow Baseline: 0
Flow Peak: 0
Blow Time: 0.00
Flow Volume: 0
Ethanol Baseline: 3136
Ethanol Delta: .00
CO2 Baseline: 3112
CO2 Delta: 1442

Fuel Cell Gain: 4
Quick Zero Peak: 417
Cal Factor 1: 8118
Cal Factor 2: 14666

Fuel Cell Baseline: 1212
Fuel Cell SB Baseline: 1212
Integral: 4778
Absolute Peak: 1386

Peak 1: 12 Time 1: 271 Peak 2: 0 Time 2: 0 Peak 4: 0 Time 4: 0 FACT Result: .00

Test Status: Success

Analyst

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

Instrument Serial No. ON 8730 L. Hington, NC	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:	у ,
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>	ows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	i sts,
I certify that on the day of, 20 the forgoing preventive maintenant 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.	ncė
Signature of Certifying Official  Certificate Number	

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 08/03/2016

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: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:39am 9:40am 9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:44am
ATD DIE	0.0	9 · 45 am

Reported ACA

. 10 g / 210 k

Signature of Chemical Analyst

Court CVR

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#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 2572

Test Date: 08/03/2016

Test Time: 9:46am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:48am

Preventive Maintenance Status: Pass

Pass

9:48am

CAL

Analyst

This form is used when performing Preventive Maintenance procedures

Forensia Tests for Alcohol Propeh

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	yde Instrument Location Hyde (0. 5.0.
Instrument S	Serial No. 00880) 1233 Moin St., Swan Quarter, N
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 of	on the
OF THE STATE OF TH	O TO THE CARD IN T
WALLES OF STREET	<u>leun</u> 643
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 08/03/2016

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	Pass .00 .07	2:14pm 2:15pm 2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 397

Test Date: 08/03/2016

Test Time: 2:24pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	2:25pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	2:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

2:26pm

2:26pm

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

	INTUATIVETERS, WODEL INTUA EC/IR II
County H	Instrument Location Hyde (o. S.O Devacuk
Instrument Se	rial No. DO 8797 NC 12, Ocracuke, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
OTHE STATE OF THE	Text John Grand Gold Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 08/10/2016

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: AG607501 Exp Date: 03/15/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 456
Test Date: 08/10/2016 Test Time: 12:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

#### Printer Tests

Test

CAL

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

Status

Time

12:24pm

Preventive Maintenance Status: Pass

Pass

Anabrat

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location_ Iredell County SD
Instrument S	A 2 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the day of
THE STATE OF A PARTY OF THE STATE OF	Signature of Certifying Official  Certificate Number
A signed original	of the preventive maintenance record shall be kept on file for at least three years.

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 3404

Test Date: 08/02/2016

Test Time: 8:55am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:56am
FLO	Pass	8:56am
FC	Pass	8:56am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
7 TD	Dagg	8 - 57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:57am
	CRC Tests	

Test	Status	Time	
COMP	Pass	8:57am	
CAL	Pass	8:57am	

Preventive Maintenance Status: Pass

Analyst

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 08/02/2016

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	8:59am 8:59am 9:00am 9:01am <b>9:02am</b>
AIR BLK	.00	9:03am
SUB TEST	.00	9:04am
ATR RIK	0.0	9 • 06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. OO 86 19 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 4. 5, Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: Verify Diagnostic Program; and 9. 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1255
Test Date: 08/02/2016 Test Time: 9:45am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	9:46am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
	•	

AIR Pass 9:46am

### Printer Tests

Test	Status	Time	

PRNT Pass 9:46am

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 08/02/2016

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: 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

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

Reported AC: \.00 g/210L

Signature of Chemical

Analyst

Court CVR

Analyst

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

County N	Madison	Instrument Location Madiso	
Instrument S	Serial No. <u>00 85 99</u>	Marshal	11,NC
The preventi	ive maintenance procedures for the Intoxi are:	imeters, Model Intox EC/IR II to be	followed at least once every
1,	Verify the ethanol gas canister displayed and degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath centigrade;	simulator thermometer show
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	is being changed before expiration da every four months or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
procedures w	on the <u>Sl</u> day of <u>Avgus 7</u> were performed on the instrument indicates of Health and Human Services, and the in-	d above, in accordance with current:	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	CAROLLA		<i>A</i> 41 a
The same of the sa	Cionotura	of Certifying Official	649
	Signature	or cerutying official	Certificate Number

### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 08/31/2016

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	Pass .00 .07	10:03am 10:04am 10:05am 10:06am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:09am
AIR BLK	.00	10:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 769
Test Date: 08/31/2016 Test Time: 10:10am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:12am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:12am

Preventive Maintenance Status: Pass

Pass

10:12am

CAL

Analyst

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

County	<u>Necklenburg</u>	Instrument Location ?	
Instrument Ser	rial No. <u>608703</u>	427 Main St.	Pineville.
The preventive four months are	e maintenance procedures for the Into	kimeters, 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 alcohole centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		.'
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before exp i every four months or after	iration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures wer	n the <u>26<sup>±h</sup></u> day of <u>Augu</u> re performed on the instrument indicat Health and Human Services, and the i	ed above, in accordance with	the forgoing preventive maintenance a current regulations of the N.C. perly.
THE STATE OF ANY 20, 1775	CAROLLA MANAGEMENT AND	e of Certifying Official	Certificate Number

### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 08/26/2016 Test Record Number: 5502 Test Time: 12:13pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

### Printer Tests

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

Preventive Maintenance Status: Pass

### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 08/26/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:17pm 12:18pm 12:18pm 12:20pm
SUB TEST	.00	12:20pm
AIR BLK SUB TEST	.00 .00	12:21pm 12:22pm
ATR RIK	00 :	12.23nm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLEN BURG Instrument Location BAT MOBILE 47

Instrument Serial No. UC89U8

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the <u>CU</u> day of <u>AUGUST</u>, 20 <u>IU</u> the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 08/26/2016

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: 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

1000	9/2101	TIME
DIAG	Pass	8:18pm
AIR BLK	.00	8:19pm
ACCY CHK	.07	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm
SUB TEST	. 0,0	8:24pm
AIR BLK	<b>,</b> ⁄00	8:25pm

g/210L Time

Reported/AC

Test

Signature of Chemical Analyst

Court

Analyst

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Record Number: 185
Test Date: 08/26/2016 Test Time: 8:26pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:27pm
FLO	Pass	8:27pm
FC	Pass	8:27pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:27pm
SRC	Pass	8:27pm
DET	Pass	8:27pm
BAR	Pass	8:27pm
BT	Pass	8:27pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:28pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:28pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:28pm
CAL	Pass	8:28pm

Preventive Maintenance

Analyst

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

\* CSG CHAM VIDE TO

Signature of Certifying Official

Certificate Number

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Date: 08/26/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: INGLE, LARRY W

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	Pass .00 .08	8:01pm 8:02pm 8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:06/pm
AIR BLK	<i>.</i> 00	8:87pm

Reported AC:

Signature of Chemical Analyst

**A**nalyst

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test 1
Test Date: 08/26/2016 Test

Test Record Number: 189
Test Time: 8:12pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

### Blank Tests

Test	Status	Time
ATR	Pass	8 • 1 3 mm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

Preventive Maintenance Status: Pass

Analyşt

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

County ME	CKIENTBURG Instrument Location BAT MOBILE #7
Instrument Ser	rial No. 008972
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.
procedures we	on the 24 day of AUSUST, 20 14 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 08/26/2016

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: 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	Pass .00 .07 .00	10:02pm 10:03pm 10:04pm 10:05pm 10:05pm
AIR BLK SUB TEST	.00 .00	10:06pm 10:08pm
AIR BLK	<b>/</b> .00	10-709pm

Reported AC:

.00

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

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Record Number: 227 Test Date: 08/26/2016 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	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

### Blank Tests

Test	Status	Time

AIR Pass 10:13pm

### Printer Tests

Test	Status	Time	

PRNT Pass 10:13pm

CRC Tests

Status Test Time COMP Pass 10:13pm CAL 10:13pm

Preventive Maintenance

Pass

Status: Pass

Analyst

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

County	MONTE OMERY	Instrument Loc	ation_ <i>M</i>	NIGOM	ery Co. Ja	11.
Instrument Se	erial No. <u>008721</u>	TROY	NC	· · · · · · · · · · · · · · · · · · ·		
The preventiv	re maintenance procedures for	the Intoximeters, Model	Intox EC/IR	. II to be follo	owed at least once	every
4. 4. <b>1.</b> 4.	Verify the ethanol gas can 34 degrees, plus or minus		or the alcoho	lic breath sin	nulator thermomete	r show
2.	Verify instrument displays	s time and date;				
3.	Initiate breath test sequence	ce;				
4.	Enter information as prom	pted;				
5.	Verify instrument accurac	<b>у;</b>				
6.	When "PLEASE BLOW"	appears, collect breath	sample;	√ -		
7.	When "PLEASE BLOW"	appears, collect breath	sample;	× .		
8.	Print test record;					
9.	Verify Diagnostic Program	n; and	# }			
10.	Verify that the ethanol gas simulator solution is being	s canister is being chang g changed every four mo	ed before exponths or after	piration date, 125 Alcohol	or the alcoholic bi ic Breath Simulato	eath r tests,
	whichever occurs first.		ý			
I certify that	on the 17 day of	AUGUST	,20 16	the forgoin	g preventive maint	enance
procedures w	ere performed on the instrume of Health and Human Services,	nt indicated above, in ac and the instrument is fu	cordance wit nctioning pro	th current reg operly.	ulations of the N.C	
STATE						
OF THE STATE	No. of the last of				4	
COREAT	CARO			·		
AFRIL 12. UT		( It!	Sund	20	371	14,
	wheelers the tree	Signature of Certifying	Official		Certificate Numb	er

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 08/17/2016

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	a\510r	Times
DIAG	Pass	4:39pm
AIR BLK	.00	4:40pm
ACCY CHK	.08	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 939

Test Date: 08/17/2016

Test Time: 4:48pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:49pm
FLO	Pass	4:49pm
FC	Pass	4:49pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:49pm
SRC	Pass	4:49pm
DET	Pass	4:49pm
BAR	Pass	4:49pm
$\mathtt{B}\mathbf{T}$	Pass	4:49pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:49pm

### Printer Tests

Test Status	Time
PRNT Pass	4:49pm
CRC Tests	
Test Status	Time

CAL Pass 4:49pm
Preventive Maintenance

Status: Pass

Pass

COMP

4:49pm

Analyst

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

County /3/	Instrument Location MONTEOMERY Co. JAIL
Instrument Seri	The state of the s
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 STATE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNE	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 08/17/2016

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	Pass .00 .07	4:33pm 4:34pm 4:34pm
AIR BLK	.00.	4:35pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Te

Test Record Number: 1297

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:41pm
FLO	Pass	4:41pm
FC	Pass	4:41pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
BT	Pass	4:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance Status: Pass

)Analyst

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

Instrument Serial No. 008709 Instrument Location MONTGOMERY Co. J.	/11 <i>L</i>
Instrument Serial No. 008709 TROY, NC	/ery
	/eгу
	/егу
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once en four months are:	
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>	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;	į
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	ath tests,
I certify that on the	
THE STATE OF NO	
	top 1
Signafure of Certifying Official Certificate Number	

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 08/17/2016

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 ACCY CHK	Pass .00 .08	5:38pm 5:38pm 5:39pm
AIR BLK	.00	5:40pm
SUB TEST	.00	5:40pm
AIR BLK	.00	5:41pm
SUB TEST	.00	5:43pm
AIR BLK	.00	5:43pm

Reported AC .00 g/210L

Signature (of) Chemical Analyst

Court CVR

### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Record Number: 931 Test Date: 08/17/2016 Test Time: 5:44pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:44pm
FLO	Pass	5:44pm
FC	Pass	5:44pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:44pm 5:44pm
DET	Pass	5:44pm
BAR	Pass	5:44pm
BT	Pass	5:44pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:45pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:45pm

5:45pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	MOORE	Instrument Location Moose	Co. SAIC
Instrument Ser	ial No. <u>008735</u>	CARTHAGE	NC
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath segree centigrade;	imulator thermometer show
2.	Verify instrument displays time	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>i</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
I certify that o procedures we Department of	ere performed on the instrument in	10057, 20/6 the forgo dicated above, in accordance with current r the instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
OT THE STATE OF TH	NON		+ **
S S S S S S S S S S S S S S S S S S S	E CAROLINA TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL		
APRIL 12, 1716		R. H. Pussell	371
	Sig	gnature of Certifying Official	Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 08/30/2016

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: 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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:56pm 1:57pm 1:57pm 1:58pm 1:59pm 2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Record Number: 1845

Test Date: 08/30/2016

Test Time: 2:03pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

### Blank Tests

Test	Status	Time
ATR	Pass	2:04pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	LICORE	Instrument Location Ber Mc	BRE WAT #4
Instrument S	erial No. ©0 8734	PINE HURST	
The prevention four months	ve maintenance procedures for the Intere:	oximeters, Model Intox EC/IR II to I	pe followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic bre ree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 alcoholic Breath Simulator tests,
procedures v	on the <u>ACO</u> day of <u>ACC</u> vere performed on the instrument indi- of Health and Human Services, and th	cated above, in accordance with curr	ent regulations of the N.C.
STATE CLAY	LO ROUND CAROLING		(001
· ————————————————————————————————————	Lumber	ature of Certifying Official	Certificate Number

MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008734 Test Date: 08/26/2016

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, JOCK B
Permit Number: 20630E
Effective:
05/01/2016-05/01/2018

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

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	9:46pm 9:47pm 9:47pm 9:48pm <b>9:49pm</b>
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	(.00)	9:52pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008734 Test Date: 08/26/2016 Test Record Number: 920 Test Time: 9:54pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:54pm 9:54pm
FC	Pass	9:54pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:54pm
SRC	Pass	9:54pm
DET	Pass	9:54pm
BAR	Pass	9:54pm
BT	Pass	9:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:55pm
CAL	Pass	9:55pm

Preventive Maintenance Status: Pass

 $\searrow$ 

Analyst

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

County /	loore	Instrument Location BAT K	DORKE CHIT #1
Instrument Se	rial No. <u>(6 887)</u>	PINE HURST	
The preventive four months a	e maintenance procedures for the Interes:	oximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breee centigrade;	eath simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canisi simulator solution is being chang whichever occurs first.	ter is being changed before expirations and every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests
procedures w	on the Ablance day of Ablance day of Ablance day of Health and Human Services, and the	cated above, in accordance with cur	rent regulations of the N.C.
STATE OF STA	S NOTE AND INC.		
ESSE QUAM V			601
	/Signa	ture of Certifying Official	Certificate Number

MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008871 Test Date: 08/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENENCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	9:47pm 9:48pm 9:48pm 9:50pm
SUB TEST	.00	9:50pm
AIR BLK SUB TEST	.00 .00	9:51pm <b>9:53pm</b>
ATR BLK	.00	9:53pm

.00 g/210L

Signat of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008871

Test Record Number: 869

Test Date: 08/26/2016

Test Time: 9:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
BT	Pass	9:56pm

#### Blank Tests

Test	Status	Time

AIR Pass 9:56pm

#### Printer Tests

Test	Status	Time

PRNT Pass 9:56pm

#### CRC Tests

Test Status Time

COMP Pass 9:56pm

CAL Pass 9:56pm

Preventive Maintenance

\*\Lambda Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County NE	W HANOVER Instrument Location, BAT MOBILE UNIT
Instrument Ser	ial No. 008575 WRIGHTSVILLE BEACH, A
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
<sub>1</sub> . <b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of \( \lambda \text{UCU57} \), 20 // the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	
Monney	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008575 Test Date: 08/06/2016

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: 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	Pass .00 .07	3:58pm 3:59pm 3:59pm 4:00pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575 Test Record Number: 944
Test Date: 08/06/2016 Test Time: 4:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:11pm
FLO	Pass	4:11pm
FC	Pass	4:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:12pm
SRC	Pass	4:12pm
DET	Pass	4:12pm
BAR	Pass	4:12pm
BT	Pass	4:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:12pm
	CRC Tests	
Test	Status	Time

Pass

Pass

4:13pm

4:13pm

Preventive Maintenance Status: Pass

COMP

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	NEW HANDVER Instrument Location BAT MOBILE ONIT
Instrume	MEW HANDVER Instrument Location BAT MOBILE UNIT 9  ont Serial No. 008647 WILMINGTON, MC
The prev	
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;
ç	. Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	that on the
CREAL SE	Signature/of Certifying Official  Starte Or No Control of Certifying Official Certificate Number
	Signature of County ing Office.

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008647 Test Date: 08/26/2016

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: 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	Pass .00	9:54pm 9:54pm
ACCY CHK	.07	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
ATR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Test Record Number: 2262 Serial Number: 008647 Test Date: 08/26/2016

Test Time: 10:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:06pm 10:06pm
FC	Pass	10:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
${ t BT}$	Pass	10:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:07pm 10:07pm

ţ

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 🙏	Instrument Location BAT MUBILE ONIT
	Serial No. 008826 WILMINGTON, NC
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
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
THE STATE WAY OF THE PROPERTY	CONCERNMENT OF THE PROPERTY OF
AFRIL 12, 078	(ilin 1) /3 cm 6 /8
	Signature of Certifying Official Certificate Number

### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008826 Test Date: 08/26/2016

Test Record Number: 7955 Test Time: 10:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:34pm
FLO	Pass	10:34pm
FC	Pass	10:34pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:34pm
SRC	Pass	10:34pm
DET	Pass	10:34pm
BAR	Pass	10:34pm
BT	Pass	10:34pm

#### Blank Tests

Test	٠	Status	Time
AIR		Pass	10:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:35pm 10:35pm

Preventive Maintenance Status: Pass

#### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008826

Test Record Number: 7955 

System Check: Passed

#### Baseline Tests

Test	Status	Time
FLO	Pass Pass Pass	10:34pm 10:34pm 10:34pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:34pm 10:34pm 10:34pm 10:34pm 10:34pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:35pm 10:35pm

Preventive Maintenance Status: Pass

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

1	INTOXIMETERS, MODEL INTOX EC/IR II
County NE	W HANOVER Instrument Location BAT MUBILE ONIT
Instrument Ser	rial No. OO 8707 Instrument Location BAT MOBILE UNIT
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.
procedures were	the
STATE OF THE STATE	
FISE QUAM VIDEN	alu Re Barro 648
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008707 Test Date: 08/26/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:52pm 9:53pm 9:54pm 9:55pm 9:55pm 9:56pm 9:57pm
AIR BLK	.00	9:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cille K Bans

### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707 Test Date: 08/26/2016

Test Record Number: 2343 Test Time: 9:59pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:00pm 10:00pm

Preventive Maintenance Status: Pass

Ilu Ry Bens Analyst

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

}	INTOAINETERS, MODEL INTOA EC/IR II
County ME	WHANOVER Instrument Location BAT MOBILE ONIT
Instrument Ser	rial No. 008575 Instrument Location BAT MOBILE UNIT
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008575 Test Date: 08/26/2016

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: 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	Pass .00 .07	10:04pm 10:05pm 10:06pm 10:07pm
SUB TEST	.00	10:07pm
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

Culum Ranalyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575

Test Record Number: 952 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:17pm
SRC	Pass	10:17pm
DET	Pass	10:17pm
BAR	Pass	10:17pm
BT	Pass	10:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:17pm 10:17pm

Preventive Maintenance Status: Pass

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

		NO, MODEL INTOX EC/IR II
County/	VEW HAMOVER	Instrument Location BAT MOBILE UNIT 9
Instrument S	erial No. <u>008616</u>	Instrument Location BAT MOBILE UNIT 9  WILMINGTON, NC
The prevention four months	ve maintenance procedures for the Intare:	toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath simulator thermometer show ree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" 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 date, or the alcoholic breath ed every four months or after 125 Alcoholic Breath Simulator tests,
	n the <u>27</u> day of AUGO re performed on the instrument indica Health and Human Services, and the	the forgoing preventive maintenance ated above, in accordance with current regulations of the N.C. instrument is functioning properly.
OR STATE OF THE ST	VORTH CAROLINIA	
* SIFE QUAM VIDER	- Calcumation of the contraction	re of Certifying Official Certificate Number
		CEILICAE MIMAA

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Date: 08/27/2016

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: 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	Pass .00 .07 .00	11:10pm 11:11pm 11:11pm 11:13pm
AIR BLK	.00	11:13pm 11:14pm
SUB TEST	.00	11:14pm
AIR BLK	.00	11:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu R B-Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Date: 08/27/2016

Test Record Number: 2252 Test Time: 11:19pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:20pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:20pm

CAL

Analyst

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

()

County	OPANEE	Instrument Location 1397 1110	BILE LINIT IL,
Instrumen	nt Serial No. <u>DO 8656</u>	Cir Juf Aug Blow	L Hill
<del>v=                                    </del>			
The preve four mont		intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath siegree centigrade;	mulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	-  -	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before expiration date nged every four months or after 125 Alcohological every four months of the 125 Alcohological every four months are after 125 Alcohological every four four months are after 125 Alcohological every four four four four four four four four	e, or the alcoholic breath lic Breath Simulator tests,
			•
I certify the procedures Department	nat on the <u>777</u> day of <u>400</u> s were performed on the instrument inc nt of Health and Human Services, and t	the forgoing the forgoing discated above, in accordance with current rethe instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
GOREAT F.	CARE O NO RECEIVED AND RECEIVED		
ESE QU	AM VIORA	26 Mans	636
	Sign	nature of Certifying Official	Certificate Number

#### ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008686 Test Date: 08/27/2016

Test Record Number: 6433

Test Time: 7:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:38pm
FLO	Pass	7:38pm
FC	Pass	7:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:38pm
SRC	Pass	7:38pm
DET	Pass	7:38pm
BAR	Pass	7:38pm
BT	Pass	7:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:39pm
	CRC Tests	
Test	Status	Time

		110
COMP	Pass	7:39pm
CAL	Pass	7:39pm

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008686 Test Date: 08/27/2016

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: 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	7:24pm
AIR BLK	.00	7:25pm
ACCY CHK	.07	7:26pm
AIR BLK	.00	7:27pm
SUB TEST	.00	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	014N66	Instrument Location 541 M	tobile usit
Instrument	Serial No. <u>0655</u>	y CHAP	rel 1+,10
The prever		the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic breat .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.		canister is being changed before expiration changed every four months or after 125 Alc	
procedures	were performed on the instrumen	the for the indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
THE CINETAL OF THE CI	- Commandary Commandary	Emple 1	636
		Signature of Certifying Official	Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 10 670
Serial Number: 008584 Test Record Number: 2128
Test Date: 08/27/2016 Test Time: 7:39pm EDT
System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:40pm
FLO	Pass	7:40pm
FC	Pass	7:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:40pm
SRC	Pass	7:40pm
DET	Pass	7:40pm
BAR	Pass	7:40pm
BT	Pass	7:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:41pm
CAL	Pass	7:41pm

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008584 Test Date: 08/27/2016

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: 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	7:27pm
AIR BLK	.00	7:28pm
ACCY CHK	.07	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:30pm
AIR BLK	00	7:31pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Som Jan

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

County	Mante Instrument Location But Mobile Witt
Instrument Ser	ial No. 00863> CHAPEL HIL
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.
brace and	theday of
OF THE STATE OF A	Signature of Certifying Official Certificate Number

#### ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008637 Test Record Number: 2879
Test Date: 08/27/2016 Test Time: 11:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:02pm
FLO	Pass	11:02pm
FC	Pass	11:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:02pm
SRC	Pass	11:02pm
DET	Pass	11:02pm
BAR	Pass	11:02pm
BT	Pass	11:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:03pm

11:03pm

Preventive Maintenance Status: Pass

Pass

CAL

Agalyst

ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008637 Test Date: 08/27/2016

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: 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	10:30pm 10:31pm 10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:36pm

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

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

County	ORANGE	Instrument Location	Barmos	3,6 d Low, 7 #10
Instrumen	nt Serial No. <u>QO 55 SO</u>		CHApel	HIL
The preve	entive maintenance procedures for the I ths are:	ntoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the agree centigrade;	alcoholic breath s	imulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	•		
<b>√</b> 5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	<u>.</u> ;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	<del>;</del> ;	
8.	Print test record;			•
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months or	ore expiration date after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
procedures	nat on theday ofday of	icated above, in accordance	ce with current re-	ng preventive maintenance gulations of the N.C.
STA STA	ATE OF NO.			
FESSE QUAN	M VIDEN X	monda X	7	<u> </u>
	Signa	ture of Certifying Officia	1	Certificate Number

#### ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008580 Test Record Number: 2314
Test Date: 08/27/2016 Test Time: 11:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

#### Printer Tests

1000	bcacab	11110
PRNT	Pass	11:08pm
	CRC Tests	

Status Time

Test	Status	Time
COMP	Pass	11:08pm
CAL	Pass	11:08pm

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008580 Test Date: 08/27/2016

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: 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	10:26pm 10:27pm 10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:32pm
ATR BLK	0.0	10 · 33 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County (1)	avetank Instrument Location PASANDIANK CO. Public S
Instrument Seria	INO. DOSGSO Bldg. ZODE Colonial St., Glizapeth City. N.C.
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 08/09/2016

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: 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	Pass	2:39pm 2:40pm
ACCY CHK	.08	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
ATR BLK	0.0	2 · 45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1396
Test Date: 08/09/2016 Test Time: 2:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:47pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:48pm
CAL	Pass	2:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

£".	INTOAIMETERS, MODEL INTOX EC/IR II
County V	AUDIANY Instrument Location PASAUDIANI Co. Justic
Instrument Ser	ial No. 108941 Safety Bldg. Zoof Colonial S
·	Elizaveth Cin N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	theday of
THE STATE OF A STATE O	
THE QUAM VIDEN	Chien heed Golf
* - *	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 08/09/2016

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: 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	Pass .00	2:40pm 2:41pm
ACCY CHK	.08	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find A free

# PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941

Test Record Number: 1163

Test Date: 08/09/2016

Test Time: 2:48pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
מדת	Dagg	2:49pm

# Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	\ INTOXIMETE	RS, MODEL INTOX		. ~
County	erson	Instrument Location Fa	vson Co. L.E	
Instrument Se	erial No. <u>008693</u>	130 (	ourt St	
	/	Ruxba	VU N.C.	
The preventive four months a	ve maintenance procedures for the I are:		/	very
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcohol gree centigrade;	ic breath simulator thermometer	shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	<b>,</b>		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;	<i>:</i>	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	. 1.	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.		ister is being changed before exp nged every four months or after		
procedures w	on the day of day of day of Health and Human Services, and	licated above, in accordance with	a current regulations of the N.C.	
OF THE STATE	S NORTH			
A CONTRACTOR OF THE PARTY OF TH	CARO		A Commence of the Commence of	
A QUAM VI		- Follow	655	
	Sign	nature of Certifying Official	Certificate Number	r

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 08/22/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

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	1:52pm 1:53pm 1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reperted AC: .00 g/210L

Senature 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

# PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 1272
Test Time: 2:03pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:04pm
FLO	Pass	2:04pm
FC	Pass	2:04pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

#### Blank Tests

rest	Status	Time
AIR	Pass	2:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:05pm

2:05pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

Rev. 12/2007

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

County_	Person Instrument Location Person Co. C.E.C.
Instrume	Serial No. 008880 120 Court St.  RUXbaro, NC
	RUXBOO, NC
The prev	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departn	at on the day of day of 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
	WE ON TO SEE THE SEE T



Signature of Certifying Official

Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 08/22/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK ACCY CHK	.00 .08	1:44pm 1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

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

# PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Reco Test Date: 08/22/2016 Test Tim

Test Record Number: 1018
Test Time: 1:51pm EDT

System Check: Passed

# Baseline Tests

Time
1:51pm 1:51pm 1:51pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

#### Blank Tests

Test	Status	Time

AIR	Pass	1:52pm

#### Printer Tests

rest	Status	Time

PRNT Pass 1:52pm

# CRC Tests

Test	Status	Time
TC:5C	Blatus	エエルに

COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

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

County P	Instrument Location P. H Co. Dotention Ce
Instrument Seri	al No. OD 8/de 8 124 Detention Dr., Greenville, 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 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	theday of, 20// the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF THE	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 08/08/2016

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: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:46am
AIR BLK	.00	8:47am
ACCY CHK	.08	8:47am
AIR BLK	.00	8:48am
SUB TEST	.00	8:49am
AIR BLK	.00	8:50am
SUB TEST	.00	8:51am
ATR BLK	. 0.0	8:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 2741

Test Date: 08/08/2016 Test Time: 8:53am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:54am 8:54am
FC	Pass	8:54am

# Temperature Tests

Test	Status	Time
FC1	Pass	8:54am
SRC	Pass	8:54am
DET	Pass	8:54am
BAR	Pass	8:54am
BT	Pass	8:54am

# Blank Tests

Test	Status	Time
AIR	Pass	8:54am

# Printer Tests

Test	Status	Time
ייומס	Pagg	8 · 55am

# CRC Tests

Test	Status	Time
COMP	Pass	8:55am
CAL	Pass	8:55am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath	County_	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location P. H. Co. Defeation (e.
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 on the	Instrument S	erial No. DO86410 124 Detention Dr., Greenville, No.
2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before 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	The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before 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 day of day	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  1 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.  1 certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	8.	Print test record;
I certify that on the	9	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests.
TO THE STATE OF HOME TO THE STATE OF HOME TO THE STATE OF	procedures we	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	THE STATE OF THE S	

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 08/08/2016

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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	8:25am 8:25am
ACCY CHK	.08	8:26am 8:27am
SUB TEST	.00	8:28am
AIR BLK	.00	8:29am
SUB TEST	.00	8:30am
AIR BLK	.00	8:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

# PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 3234

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:32am
FLO	Pass	8:32am
FC	Pass	8:33am

# Temperature Tests

Test	Status	Time
FC1	Pass	8:33am
SRC	Pass	8:33am
DET	Pass	8:33am
BAR	Pass	8:33am
BT	Pass	8:33am

# Blank Tests

Test	Status	Time
AIR	Pass	8:33am

# Printer Tests

Test	Status	Time
PRNT	Pass	8:33am
	CRC Tests	

Test	Status	Time
COMP	Pass	8:34am
CAL	Pass	8:34am

Preventive Maintenance Status: Pass

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

County P.	P. H. Instrument Location Ryden	P. D.
Instrument Ser	Serial No. 008666 4144 West Ave, A	Isdan, MC
-		
The preventive four months ar	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folks are:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first.	
	t on the	g preventive maintenance plations of the N.C.
THE STATE OF THE S	CAROLINIA (CAROLINIA CAROLINIA CAROL	<u>(al/3</u>

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 08/05/2016

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	Pass	12:07pm
AIR BLK	.00	12:08pm
ACCY CHK	.08	12:09pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PITT AYDEN PD 730

Serial Number: 008666 Test Date: 08/05/2016

Test Record Number: 894
Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	H County Instrument Location BAT Mobile Unit 8
Instrument Seri	al No. DOST75 Coreenville 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 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 THE STATE OF A PART OF A	

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

Signature of Certifying Official

Certificate Number

PITT COUNTY BAT MOBILE UNIT 8 730

Serial Number: 008775 Test Date: 08/26/2016

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, 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: AG607501 Exp Date: 03/15/2018

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

Reported AC: \_\_.00 g/210L

gnature of Chemical Analyst

Court CVR

# PITT COUNTY BAT MOBILE UNIT 8 730

Serial Number: 008775 Test Date: 08/26/2016

Test Record Number: 1660 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

SRC Pass 10:37pm	Test	Status	Time
BAR Pass 10:37pm	SRC DET BAR	Pass Pass Pass	10:37pm 10:37pm 10:37pm 10:37pm 10:37pm

# 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

Preventive Maintenance Status: Pass

Analyst

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

County_	H County Instrument Location BAT Mobile Und 8
Instrument Se	erial No. 008816 Green11RPD
The prevention four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w	on the day of A wast , 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PITT COUNTY BAT MOBILE UNIT 8 730

Serial Number: 008816 Test Date: 08/26/2016

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, 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	Pass .00 .07	10:32pm 10:33pm 10:34pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:36pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

<del>,00-g</del>/210L Reported AC:

ignature 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** 

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#### PITT COUNTY BAT MOBILE UNIT 8 730

Serial Number: 008816 Test Date: 08/26/2016 Test

Test Record Number: 7254
Test Time: 10:39pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Status	Time
Pass	10:40pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:40pm
CAL	Pass	10:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Di	+ County Instrument Location BAT Mosbile Unit 8
Instrument Seri	al No. <u>008929</u> Greenville 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 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
STATE OF NO.	
William .	Signature of Certifying Official Certificate Number

#### PITT COUNTY BAT MOBILE UNIT 8 730

Serial Number: 008929 Test Date: 08/26/2016

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, 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	10:31pm 10:32pm 10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:36pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

Reported AC: 00 g/210L

Ignature of Chemical Analyst

Court CVR

Analyst

# PITT COUNTY BAT MOBILE UNIT 8 730

Serial Number: 008929 Test Record Number: 976
Test Date: 08/26/2016 Test Time: 10:42pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

# Printer Tests

Test

PRNT	Pass	10:44pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP Pass 10:44pm CAL Pass 10:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pol	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Polk County S D
Instrument Seria	0000027 HC 1 1 C1 C1 1
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the 18th day of August , 2016 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.
OF WE STATE OF WAR 20, 1775 WAS GUARN VIDE A LOS GUARNA VIDE A LOS GUARN VIDE A LOS GUARN VIDE A LOS GUARNA	Signature of Certifying Official Certificate Number

# POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 1306
Test Date: 08/18/2016 Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:41pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:41pm 12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:42pm 12:42pm

Preventive Maintenance Status: Pass

Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 08/18/2016

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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	12:44pm
AIR BLK	.00	12:44pm
ACCY CHK	.07	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:49pm
ATR BLK	. 0.0	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, was	INTOXIMETERS, MODEL INTOX EC/IR II
County	ANDOXAH Instrument Location RANDSMAN BUICE DEPT.
Instrument Ser	ial No. <u>608737</u> RINDLEMAN, 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 wer Department of	the <u>OH</u> day of <u>JUSUS</u> , 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	Signature of Certifying Official  Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 08/04/2016

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:02pm 4:03pm 4:03pm 4:04pm <b>4:05pm</b> 4:05pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 923

Test Date: 08/04/2016

Test Time: 4:09pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	4:10pm 4:10pm

Preventive Maintenance Status: Pass

Analyst

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

County	RANDOLPH	Instrument Location	T AMPLE CLIT # 10
Instrument	t Serial No. <u>೧೧೩/೧೯/</u>	ASHE BORO	
The prever	ntive maintenance procedures for this are:	the Intoximeters, Model Intox EG	E/IR II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus .	ister displays pressure, or the alco 2 degree centigrade;	pholic breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequenc	e;	
4.	Enter information as promp	pted;	
5.	Verify instrument accuracy	<i>'</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or af	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
procedures	t on the <u>20</u> day of <u>A</u> were performed on the instrument of Health and Human Services, a	indicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STAN	TE ON O THE CAROLINE TO THE CA	20	(06)
	s	Signature of Certifying Official	Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: 008686 Test Date: 08/20/2016

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:48pm 10:49pm 10:50pm 10:50pm 10:51pm 10:52pm 10:53pm 10:54pm
r /		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: 008686 Test Record Number: 6420 Test Date: 08/20/2016 Test Time: 10:55pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:55pm
FLO	Pass	10:55pm
FC	Pass	10:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:55pm
SRC	Pass	10:55pm
DET	Pass	10:55pm
BAR	Pass	10:55pm
BT	Pass	10:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:56pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:56pm
CAL	Pass	10:56pm

Preventive Maintenance

Status: Pass

Analyst

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

County	PANDOLPH Instrument Location BAT MOBILE CALETIC
Instrument S	Serial No. OS776 ASHE BORD
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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of
OF THE STATE OF THE STATE OF THE STATE OF CHEMICAL STATE OF THE STATE	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: 008776 Test Date: 08/20/2016

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: 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 .00	10:46pm 10:47pm 10:47pm 10:48pm 10:49pm 10:50pm
SUB TEST	.00	10:51pm
AIR BLK	روه. ،	10:52pm

Reported Ac: .00 g/

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY BAT MOBILE UNIT 10 750

Serial Number: 008776 Test Record Number: 3326

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time	

10:55pm AIR Pass

#### Printer Tests

Test	Status	Time

10:55pm PRNT Pass

CRC Tests

Test Status Time

10:55pm COMP Pass 10:55pm CAL Pass

Preventive Maintenance Status: Pass

Analyst

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

	nder of the state	METERS, MODEL 1	INTOX EC/IF	S II
County	/SANDOLPHI	Instrument Locat	ion <i>Liberty</i>	BUCE DEPT.
Instrument S	Gerial No. <u>0088</u>	30 LIBE	ery NC	·
The preventi- four months	ve maintenance procedures are:	s for the Intoximeters, Model In	ntox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or m	s canister displays pressure, or inus .2 degree centigrade;	the alcoholic breath	simulator thermometer show
2.	Verify instrument dis	plays time and date;		
3.	Initiate breath test sec	quence;	•	
4.	Enter information as p	prompted;		
5.	Verify instrument acc	euracy;		
6.	When "PLEASE BLC	OW" appears, collect breath sai	nple;	
7.	When "PLEASE BLC	OW" appears, collect breath sai	nple;	
8.	Print test record;	,		
9.	Verify Diagnostic Pro	gram; and		
10.	Verify that the ethano simulator solution is b whichever occurs first	I gas canister is being changed being changed every four month t.	before expiration da ns or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
	7			
I certify that or procedures we Department o	ere performed on the instru	ument indicated above, in according to the instrument is functional to the instrument is funct	dance with current r	ing preventive maintenance egulations of the N.C.
			The state of the s	
OF THE STATE	Or No.			
No.			A	
STE QUANTO		To HI Sus		37/
	•	Signature of Certifying Of	ficial	Certificate Number

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 08/30/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	4:25pm 4:25pm 4:26pm 4:27pm 4:27pm 4:28pm 4:30pm
AIR BLK	.00	4:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 530

Test Date: 08/30/2016

Test Time: 4:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:31pm
FLO	Pass	4:31pm
FC	Pass	4:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:32pm
SRC	Pass	4:32pm
DET	Pass	4:32pm
BAR	Pass	4:32pm
BT	Pass	4:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:32pm
•	CRC Tests	
Test	Status	Time

COMP Pass 4:33pm CAL Pass 4:33pm

Preventive Maintenance Status: Pass

Analyst

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

1.1	INTOAIMETERS, MODEL INTOX EC/IR II
County/	SICHMOND Instrument Location RICHMOND Co. MAG. OFF
Instrument So	erial No. DOB 701 ROCKINGHAM, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 08/03/2016

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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	3:10pm 3:10pm
ACCY CHK	.08	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701

Test Record Number: 1102

Test Date: 08/03/2016

Test Time: 3:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:28pm 3:28pm
FC	Pass	3:29pm

## Temperature Tests

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	3:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:30pm

Preventive Maintenance Status: Pass

Analyst

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

/.	INTOXIMETERS, MODEL INTOX EC/IR II
County	SICHMOND Instrument Location KICHMOND G. MAG OFFICE
Instrument S	erial No. <u>008840</u> ROCKING HAM NC
	The state of the s
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 08/03/2016

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	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.07	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
ATR BLK	. 0.0	3:06pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

## RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 1832

Test Date: 08/03/2016 Test Time: 3:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:07pm 3:07pm
FC	Pass	3:08pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:08pm 3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pas <b>s</b>	3:08pm

#### Blank Tests

Test	Status	Time

3:08pm AIR Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Co. Instrument Location Lea Springs Palice Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

Instrument Serial No.

- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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.



Signature of Certifying Official

Certificate Number

Q E. A. BOKKERSKE, KLEIGE ARTE ON BEFORE AND THE CONTRACT OF T

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 08/04/2016

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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:32pm 12:32pm 12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:37pm
ATR BLK	.00	12:38pm

Reported Ac:

.00/a/210L

Signature of Chemical Analyst

Court CVR

## ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 496
Test Date: 08/04/2016 Test Time: 12:39pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:39pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:39pm 12:39pm
DET	Pass Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

#### Printer Tests

Test Stati	ıs Tıme
PRNT Pass	12:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:40pm
CAL	Pass	12:40pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

· de	2 INTOAIMETERS, MODEL INTOX EC/IR II
County X	OPESON (). Instrument Location Jembroke Police Dep
Instrument Seri	al No. 0088311 Pembroke HC
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
OF THE STATE OF NO. 1772 AND 1	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

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 08/04/2016

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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:46am 11:47am 11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:52am

Reported AC

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Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY PEMBROKE POLICE DEPT 770

Test Record Number: 791 Serial Number: 008837 Test Date: 08/04/2016

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

11:54am AIR Pass

#### Printer Tests

Test	Status	TTILLE
DD1777	D	11 [4===

11:54am PRNT Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

Preventive Maintenance Status: Pass

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

County &	obeson Co. Instrument Location Robeson Co. VAIL
Instrument Seri	ial No. 008805 Lumberton 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.
	theday of
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 08/04/2016

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: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:46am 10:47am 10:47am 10:48am 10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BAAK	.00	10:52am

Reported Ag: .00 g

signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

## ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 3622

Test Date: 08/04/2016 Test Time: 10:53am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	<b>1</b> 0:54am
DET	Pass	10:54am
BAR	Pass	10:54am
$\mathtt{BT}$	Pass	10:54am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:55am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Robeson Co. Instrument Location Robeson Co. Jo:
Instrumen	t Serial No. 008836 Lumberstow, NC
	,
The prevention	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on the
COREATE COREATE CONTROL OF THE CORE CONTROL OF THE	Signature of Certifying Official  Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 08/04/2016

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:

ELLECCIVE.

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	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:45am 10:46am 10:47am 10:48am 10:48am
SUB TEST	.00	10:43am
ATR RIK	0.0	10:51am

Reported AC

.Ø0∕G/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Record Number: 4122 Test Date: 08/04/2016 Test Time: 10:52am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO FC	Pass Pass	10:53am 10:53am
rC	rapp	TO. 22 am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:54am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Robeson Co. Instrument Location 57 Pauls Police Le
Instrument S	erial No. <u>008814</u> <u>57 Pacels, XIC</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
<b>2.</b>	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
· 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 of Department	t on theday ofday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAL STALL OF STALL O	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 08/04/2016

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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:30am 9:31am 9:32am 9:33am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am

Reported AC:

 $.20 \, \sigma/2102$ 

Signature of Chemical Analyst

Court CVR

Analyst
his form is used when performing Preventive Maintenance proced

## ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 578
Test Date: 08/04/2016 Test Time: 9:41am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
$\mathtt{BT}$	Pass	9:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:42am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:42am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	intoximeters, model intox e	
County_	SOBESON Instrument Location LUMB	BERTON POLICE DEPT
Instrument S	erial No. 008629 Lumberton, NC	
·		
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree 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, collect breath sample;	
7. · · · <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	·
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 12	ation date, or the alcoholic breath  5 Alcoholic Breath Simulator tests,
* * * * * * * * * * * * * * * * * * * *	whichever occurs first.	
procedures v	on the	surrent regulations of the N.C.
of the STAT	TE OF A CORNEL TO THE CONTROL OF THE	
OREA S		te
APRILIZA	100 A Tussell	37/
	Signature of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 08/22/2016

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: AG607502 Exp Date: 03/15/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 350 Test Date: 08/22/2016 Test Time: 11:32am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	11:32am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
ATR	Pass	11.33am

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:33am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

gran	INTOXIMETERS, MODEL INTOX EC/IR II
County_	OCKING/AM Instrument Location Eden
Instrument S	Serial No. 008636 Police Department
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
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 the
THE STAND TO THE S	Single Scorificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 08/17/2016

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: AG517501 Exp Date: 06/24/2017

	Test	g/210L	Time
	DIAG	Pass	2:46pm
CIP-:	AIR BLK	.00	2:46pm
	ACCY CHK	.07	2:47pm
	AIR BLK	.00	2:48pm
	SUB TEST	.00	2:49pm
	AIR BLK	.00	2:50pm
	SUB TEST	.00	2:51pm
	AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### Analyst

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 1652

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:54pm
FLO	Pass	2:54pm
FC	Pass	2:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
BT	Pass	2:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:55pm
CAL	Pass	2:55pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\cap$	INTOXIMETERS, MODEL INTOX EC/IR II
County Kock	ingham Instrument Location / ladison tolice
Instrument Seria	al No. 008802 Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday 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.
CHIESTATE OF THE STATE OF THE S	

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 08/03/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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 .08 .00	3:54pm 3:55pm 3:56pm 3:57pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	<i>)</i> .00	4:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 710

Test Date: 08/03/2016

Test Time: 4:02pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyse

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

County Lo	Kingham Instrument Location BAT Mabile Unit 8	
Instrument Ser	ial No. 008775 SHP-Paidsille	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
procedures we	n theday of	
CTATE		
STATE OF THE STATE	CAROLA CA	
TEST OILAN MO	600	
	Signature of Certifying Official Certificate Number	

ROCKINGHAM COUNTY BAT MOBILE UNIT 8 780

Serial Number: 008775 Test Date: 08/27/2016

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, 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: AG607501 Exp Date: 03/15/2018

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY BAT MOBILE UNIT 8 780

Serial Number: 008775 Test Record Number: 1665 Test Date: 08/27/2016 Test Time: 11:15pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:15pm
SRC	Pass	11:15pm
DET	Pass	11:15pm
BAR	Pass	11:15pm
BT	Pass	11:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

**Analyst** 

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

County	Jakingham Instrument Location BAT Mobile Unit 8
Instrument Se	erial No. 008816 SHP-Reidsulle
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of, 20_/ the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OT AN 20.1	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY BAT MOBILE UNIT 8 780

Serial Number: 008816 Test Date: 08/27/2016

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, 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	Pass .00 .07	11:07pm 11:08pm 11:09pm
AIR BLK	.00	11:10pm
SUB TEST	.00	11:10pm
AIR BLK	.00	11:11pm
SUB TEST	.00	11:13pm
ATR BLK	.00	11:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROCKINGHAM COUNTY BAT MOBILE UNIT 8 780

Serial Number: 008816 Test Record Number: 7257
Test Date: 08/27/2016 Test Time: 11:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:16pm
FLO	Pass	11:16pm
FC	Pass	11:16pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:17pm
	CRC Tests	
Test	Status	Time

1000	Deacab	1 11110
COMP	Pass	11:17pm
CAL	Pass	11:17pm

Preventive Maintenance Status: Pass

Analyst

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

County 2	Kingham Instrument Location GAT Mobile Unit 8
Instrument Seri	al No. 008929 SHP-Rédoville
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
O'THE STATE OF THE	

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

Signature of Certifying Official

Certificate Number

#### ROCKINGHAM COUNTY BAT MOBILE UNIT 8 780

Serial Number: 008929 Test Date: 08/27/2016

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, JASON R
Permit Number: 19145E

mit 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

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Reported AC: .. 00 q/210L

gnature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY BAT MOBILE UNIT 8 780

Serial Number: 008929 Test Record Number: 979
Test Date: 08/27/2016 Test Time: 11:17pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:19pm
CAL	Pass	11:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. ( The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. 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. 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.



Certificate Number

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914

Test Record Number: 1792

Test Date: 08/18/2016

Test Time: 9:54am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:56am

#### Printer Tests

Test	Status	Time
PRNT	Pagg	9:56am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

> Serial Number: 008914 Test Date: 08/18/2016

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: 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 AIR BLK	Pass	9:59am 9:59am
ACCY CHK	.07	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am

Reported AC: . .00 g/210L

Signature of Chemical/Analyst

Court CVR /

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II  HOW Instrument Location Locust PD  Instrument Location Locust PD
Instrument Se	ACCORD ION D. V. I. N. J.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 19th day of August, 2016 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 OF STA	Signature of Certificial Certificate Number

#### STANLY LOCUST PD 830

Serial Number: 008706

Test Record Number: 3389

Test Date: 08/19/2016

Test Time: 10:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR .	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

#### Temperature Tests

Status	Time
Pass	10:35am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:36am

#### Printer Tests

Test	Status	Time

10:36am Pass PRNT

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	10:36am 10:36am

Preventive Maintenance Status: Pass

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 08/19/2016

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time DIAG Pass 10:39am AIR BLK .00 10:39am ACCY CHK .08 10:40am AIR BLK .00 10:41am SUB TEST .00 10:41am AIR BLK .00 10:42am SUB TEST .00 10:44am

10:45am

Reported AC. .00 g/210L

.00

AIR BLK

Signature of Chemica Analyst

Court CVR'

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5065 Instrument Location 5065 County Jan

Instrument Serial No. 08596

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5 Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- Verify Diagnostic Program; and
- Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 08/03/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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	4:49pm 4:49pm
ACCY CHK	.07	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm

Reported AC: .00 g/

Signature of Chemical Analyst

Court CVR

### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 855

Test Date: 08/03/2016

Test Time: 4:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:56pm 4:56pm
FC	Pass	4:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	4:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:57pm
CAL	Pass	4:57pm

Preventive Maintenance Status: Pass

Anglest

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	Fores Instrument Location King Police
Instrument Ser	rial No. 008610 Department
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify that oprocedures we Department of	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  on the
THE STATE OF THE PROPERTY OF T	Signature of Certifying Official  Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 08/04/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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 AIR BLK	Pass	4:02pm 4:03pm
ACCY CHK	.07	4:03pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:07pm
ATR BLK	<b>~</b> 00	4:08pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

#### STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1754

Test Date: 08/04/2016 Test Time: 4:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:10pm 4:10pm
DET	Pass	4:10pm
BAR	Pass	4:10pm
$\mathtt{BT}$	Pass	4:10pm

#### Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	4 · 11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm

#### CRC Tests

iest	Scacus	TIME
COMP	Pass	4:11pm
CAL	Pass	4:11pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETE	ERS, MODEL INTOX EC/I	KII,
County	ivery	_ Instrument Location_ F / Kir	n tolice
Instrument Se	erial No. <u>808726</u>	Depar	foxent
		,	
The preventive four months a		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic breatlegree centigrade;	h simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
I certify that of procedures we Department of	simulator solution is being ch whichever occurs first.  on the day of	nister is being changed before expiration of anged every four months or after 125 Alcohold anged every four months of the 125 Alcohold and 125 Alcohold anged every four months of the 125 Alc	oholic Breath Simulator tests, going preventive maintenance
THE STATE OF THE OTHER PROPERTY OTHER PROPE	Signature of the state of the s	gnature of Certifying Official	Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 08/08/2016

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

De of Agency: F12 Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK	.00	4:25pm
ACCY CHK	.07	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:28pm
AIR BLK	.00	4:29pm
SUB TEST	.00	4:30pm
ATR BLK	<b>2.</b> 0 0	4:31pm

Reported AC:

\_g/2<u>10</u>L

Ignature of Chemidal Analyst

Court CVR

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 717

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:32pm
FLO	Pass	4:32pm
FC	Pass	4:33pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:33pm 4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:33pm
CAL	Pass	4:33pm

Preventive Maintenance Status: Pass

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 04/27/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:01pm 2:02pm 2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

No. of the last	
County 5	Wain Instrument Location Chronoker Tribal Det
Instrument Se	erial No. OU878Z Cherokee, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the 24 day of 16 day - , 20 16 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.
COREAL STATE OF THE CORE O	
TESTE QUAMV	C'ail R. Cuth 635
	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 08/24/2016

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: 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

g/210L	Time
Pass	11:47am
.00	11:48am
.08	11:49am
.00	11:50am
.00	11:50am
.00	11:51am
.00	11:52am
.00	11:53am
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Caif R. Cuth

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 949
Test Date: 08/24/2016 Test Time: 11:54am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
$\mathtt{BT}$	Pass	11:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:56am 11:56am

Preventive Maintenance Status: Pass

Analyst

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

County Dr	1:0M	Instrument Location Unic	
Instrument Seri	ial No. <u>008876</u>	3344 Presson Ro	
The preventive four months are	maintenance procedures for t	he Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW"	appears, collect breath sample;	
* 7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expirati changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	e periormea on the instrument	, 20 6 the indicated above, in accordance with cur nd the instrument is functioning properly	rrent regulations of the N.C.
THE STATE OF THE S	CAROUNIA MARIONAL MAR	Signature of Certifying Official	656 Certificate Number

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 08/11/2016 Test Record Number: 4105

Test Time: 10:27am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:27am 10:27am
FC	Pass	10:28am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

#### Blank Tests

Test	Status	Time

AIR Pass 10:28am

#### Printer Tests

Test	Status	Time	

PRNT Pass 10:28am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:29am
CAL	Pass	10:29am

Preventive Maintenance Status: Pass

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 08/11/2016

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: 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: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:33am 10:34am 10:34am
AIR BLK SUB TEST	.00	10:36am 10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
ATR BTK	0.0	10:40am

.00 g/210L ed AC:

cal Analyst

Court CVR

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

County U	INTUXIMETERS, MODEL INTUX EC/IR II  N'ON Instrument Location Onion County SD
Instrument S	erial No. 00 8866 3344 Presson R.J., Montoe
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STAT STATE OF THE	Signature of Certifying Official Certificate Number

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 2432

Test Date: 08/11/2016

Test Time: 10:25am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR F'LO	Pass Pass	10:26am 10:26am
F'C	Pass	10:26am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

#### Blank Tests

'iest	Status	Time	

AIR Pass 10:27am

#### Printer Tests

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

PRNT Pass 10:27am

CRC Tests

Test Status Time

COMP Pass 10:27am CAL Pass 10:27am

Preventive Maintenance Status: Pass

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 08/11/2016

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:32am 10:33am 10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
ATR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County WAY	Instrument Location RALEIGH PD NORTHEAST DISTRICT		
Instrument Seria	INO. 008623 SD28 GREEN'S DAIRY RD RALEIGH, NC		
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;		
.∔ <b>2.</b>	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before 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 29 day of August, 20/6 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		

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 08/29/2016

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: 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: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	.08	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Kus D

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3372 Test Date: 08/29/2016 Test Time: 1:42pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:43pm
SRC	Pass	1:43pm
DET	Pass	1:43pm
BAR	Pass	1:43pm
BT	Pass	1:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:44pm
CAL	Pass	1:44pm

Preventive Maintenance Status: Pass

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

County	WAFEE Instrument Location BAT MOBILE LOVE, T
Instrument Ser	ial No008686
4	
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 should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686

Test Record Number: 6429

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:49pm
SRC	Pass	8:49pm
DET	Pass	8:49pm
BAR	Pass	8:49pm
BT	Pass	8:49pm

#### Blank Tests

Test	Status	Tıme
	2	

AIR Pass 8:50pm

#### Printer Tests

Test Status Time

PRNT Pass 8:50pm

CRC Tests

Test Status Time

COMP Pass 8:50pm CAL Pass 8:50pm

Preventive Maintenance Status: Pass

Den

16-1110pa

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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 08/26/2016

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: 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	8:39pm 8:40pm
ACCY CHK	.07	8:41pm
AIR BLK	.00	8:42pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:45pm
ATR BLK	.00	8:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

County WAKE Ins	trument Location BAT MOBILE UNITED
Instrument Serial No. CO 3779 #	APEX
The preventive maintenance procedures for the Intoxim four months are:	eters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree co	s pressure, or the alcoholic breath simulator thermometer show entigrade;
2. Verify instrument displays time and d	ate;
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, co	llect breath sample;
7. When "PLEASE BLOW" appears, co	ellect breath sample;
8. Print test record;	A,
9. Verify Diagnostic Program; and	
	being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the Aday of Autority  procedures were performed on the instrument indicated  Department of Health and Human Services, and the inst	the forgoing preventive maintenance above, in accordance with current regulations of the N.C. rument is functioning properly.
COTH STATE OF NORTH AND THE STATE OF NORTH AN	661
Signature of	of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Date: 08/19/2016

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 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	11:02pm 11:03pm 11:04pm 11:05pm 11:05pm 11:06pm 11:09pm
AIR BLK)	<u>, 0</u> 0	11:10pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Record Number: 3437 Test Date: 08/19/2016 Test Time: 11:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:13pm
CAL	Pass	11:13pm

Preventive Maintenance

Status: Pass

Analyst

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

County L	JAKE	Instrument Location BAT N	OBILE UNIT #10
Instrument Se	erial No. <u>008550</u>	<u>A</u> Pey	
The prevention		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 bre degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;	, in the second	
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration nanged every four months or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests,
I certify that procedures v Department	vere performed on the instrument i	ndicated above, in accordance with curr d the instrument is functioning properly	ent regulations of the N.C.
STATI STATI OF THE STATION OF T	HONOLIN CAROLINA		(010/
	Si	gnature of Certifying Official	Certificate Number
*.*	1/		

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 08/19/2016

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:29pm 10:30pm 10:31pm 10:32pm 10:32pm 10:33pm 10:35pm
AIR BLK	5.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Record Number: 2301 Test Date: 08/19/2016 Test Time: 10:39pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:39pm
SRC	Pass	10:39pm
DET	Pass	10:39pm
BAR	Pass	10:39pm
$\mathtt{B}\mathbf{T}$	Pass	10:39pm

#### Blank Tests

Test	Status	Time
ΔTD	Pass	10:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:40pm
CAL	Pass	10:40pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location BAT NO	BLE DAIT IT 10
Instrument Se	orial No. 003686 418E/	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	, i
3.	Initiate breath test sequence;	A C
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	: : :
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
I certify that of procedures we Department of	on theday of	going preventive maintenance at regulations of the N.C.
THE STATE		
Ame is in		6001
	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 08/19/2016

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 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	10:18pm 10:19pm 10:20pm 10:20pm 10:23pm 10:24pm
SUB TEST	00	10:28pm
AIR BLK	.)oo_	10:29pm

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: 6416
Test Date: 08/19/2016 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
İR FLO	Pass Pass	10:31pm 10:31pm
FC	Pass	10:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:31pm
SRC	Pass	10:31pm
DET	Pass	10:31pm
BAR	Pass	10:31pm
$\mathtt{BT}$	Pass	10:31pm

#### Blank Tests

Test	Status	Time
ηΤD	Dagg	10.32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:32pm
CAL	Pass	10:32pm

Preventive Maintenance
OStatus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Nava Instrument Location Nov I. har Instrument Serial No. 008945 101 Man St.

Nav I. na N C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- Initiate breath test sequence;
- Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 08/03/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

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	Pass .00 .08	2:17pm 2:18pm 2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 316

Test Date: 08/03/2016

Test Time: 2:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

#### Blank Tests

٠	Test	Status	Time
	7\ T D	Pagg	2 • 26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

Department of Health and Human Services

Analysi

Rev. 12/2007

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

County 1	avven	Instrument Location (NG )	ven Co. L.E.
Instrument Seri	al No. <u>608793</u>	128 Ray	ton 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		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	1	
10.		ster is being changed before expira- ged every four months or after 12	ation date, or the alcoholic breath  5 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of I	the 3 t day of 100 day	the instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
OR STATE OF THE ST	SOUTH CAROUND	Taran	655
	Sign	ature of Certifying Official	Čertificate Number
A signed origin	al of the preventive maintenance r	ecord shall be kept on file for at le	ast three years.

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 08/03/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00\_q/210L

Signature of Chemical Analys

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

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 1073

Test Date: 08/03/2016

Test Time: 12:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:19pm 12:19pm
$\mathtt{DET}$	Pass	12:19pm
BAR	Pass	12:19pm
$\mathtt{BT}$	Pass	12:19pm

#### Blank Tests -

Test	Status	Time
ATR	Pass	12:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

Instrument Se	rial No. 008829	Adams	57.,	Ay no	ou th	_N.
The preventive four months a	e maintenance procedures for the Interes:	oximeters, Model Intox	EC/IR II to b	e followed at	least once	every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the ee centigrade;	alcoholic brea	ath simulator t	hermomete	er show
2.	Verify instrument displays time a	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;			· .		
6.	When "PLEASE BLOW" appea	rs, collect breath sampl	le;			
7.	When "PLEASE BLOW" appear	rs, collect breath sampl	le;			**
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 beg	fore expiration or after 125 A	n date, or the a	alcoholic b th Simulate	reath or tests,
I certify that of procedures we Department of	on theday of ere performed on the instrument indi- of Health and Human Services, and the	cated above, in accorda e instrument is function	ince with curr	ent regulation:	ntive main s of the N.	tenance C.
REAL STATE OF THE	CARO CARO					

Signature of Certifying Official

Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 08/08/2016

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:34pm 2:35pm 2:36pm 2:37pm 2:38pm 2:39pm 2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 722

Test Date: 08/08/2016

Test Time: 2:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm

#### CRC Tests

Test	Status	T'1me
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

and the second of 
# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County La	Ashing ton Instrument Location Washington (0.5.0.
Instrument Ser	ial No. 008918 Instrument Location Washington (0.5.0.  Action 10 Strument Location Washington (0.5.0.  Action 57., Plymouth N.
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the day of Allows 7, 20 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 (STATE )	

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

Signature of Certifying Official

Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008918 Test Date: 08/10/2016

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: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:55pm 3:56pm 3:57pm 3:58pm 3:59pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	4:00pm 4:01pm 4:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Lease

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008918

Test Record Number: 519

Test Date: 08/10/2016 Test Time: 4:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:03pm
FLO	Pass	4:03pm
F'C	Pass	4:03pm

#### Temperature Tests

Status	Time
Pass	4:03pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:04pm

#### Printer Tests

Status

Test

Time

PRNT	Pass	4:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:04pm 4:04pm

Preventive Maintenance Status: Pass

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

County 1/	atauga	Instrument Location <u>Boone</u>	PD
Instrument S	erial No. <u>00 87/6</u>	Boone	NC
The preventi four months		toximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breat gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	ı	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v Department	on the <u>19</u> day of <u>41</u> were performed on the instrument indicof Health and Human Services, and the	1905 the for icated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
WAND HE CAREATORING TO SEE STATE OF THE CAREATORING TO SEE STA	CAROLIN CAROLI		649
	Sign	ature of Certifying Official	Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 08/19/2016

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: 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: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	4:14pm 4:15pm 4:16pm
ACCY CHK AIR BLK	.08 .00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:19pm
ATR BLK	. 00	4:200m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 1957

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:23pm 4:23pm
FC	Pass	4:23pm

#### Temperature Tests

Status	Time
Pass	4:23pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:23pm
	CRC Tests	
Test	Status	Time

1000	Deacas	120
COMP	Pass	4:24pm
CAL	Pass	4:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXIEC/IR II

1 con	INTOXIMETERS, MODEL INTOX:EC/I	
County W	Instrument Location Milkes	County Letentio
Instrument Se	erial No. <u>008843</u> Wilke	boro, N.C.
· · · · · · · · · · · · · · · · · · ·		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer 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 simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
I certify that of procedures we Department o	on theday of	going preventive maintenance t regulations of the N.C.
OF THE STATE	O NO.	
SKEAL SKEAL		
THE COUM VI		657
	Signature of Certifying Official	Cartificata Number

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 08/08/2016

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: BENFIELD II, KENNETH R
Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK/	.00	3:12pm

Reported AC: .0

90/9/2101

Signature of Chemical Analyst

Court CVR

### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843

Test Record Number: 1941

Test Date: 08/08/2016

Test Time: 3:13pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
-			
AIR	Pass	3:14pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX,EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

7.

Verify Diagnostic Program; and

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

When "PLEASE BLOW" appears, collect breath sample;

I certify that on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20/6 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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 08/08/2016

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:

09/01/2014-09/01/2016

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:16pm 3:17pm 3:17pm 3:18pm 3:19pm
		_
AIR BLK	.00 .	3:20pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 08/08/2016 Test Record Number: 423
Test Time: 3:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:24pm
FLO	Pass	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
ATR	Pass	3:25pm

#### Printer Tests

PRNT	Pass	3:25pm
Test	Status	TTITE

#### CRC Tests

Test	Status	1111116
COMP	Pass	3:25pm
CAL	Pass	3:25pm

Preventive Maintenance Status: Pass

Analyst

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

County	WILSON	Instrument Location BAT	LNOBILE UNIT TIL
Instrument	nt Serial No. <u>(つつと73</u> と)	WILSON	·
The prever four month	entive maintenance procedures for the In	ntoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		olic breath 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.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures	hat on the 27 day of Average were performed on the instrument indent of Health and Human Services, and the services of the ser	licated above, in accordance wi	th current regulations of the N.C.
ST. CO. C.	TATE OF TO THE PARTY OF THE PAR		(e(o)
•	Sign	nature of Certifying Official	Certificate Number

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734 Test Date: 08/27/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK ACCY CHK	.00 .07	9:40pm 9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:46pm
AIR BLK	00	9:47pm

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734

Ö

Test Record Number: 923

Test Date: 08/27/2016

Test Time: 9:49pm 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 9:50pm Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Cour	nty Yadki	IIVI OXIIVIE	Instrument Location_	Vackin County J	au L
Instr	ument Seria	INO. <u>008744</u>	-	Yadkinville, N.C	~~ •
	preventive n months are:		the Intoximeters, Model Intox	EC/IR II to be followed at least	once every
, , , , , , , , , , , , , , , , , , ,	1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the a .2 degree centigrade;	lcoholic breath simulator thermo	ometer show
:	2.	Verify instrument displays	s time and date;		
	3.	Initiate breath test sequence	ce;		
	4.	Enter information as prom	pted;	•	
	5.	Verify instrument accurac	y;		
•	6.	When "PLEASE BLOW"	appears, collect breath sample	,	
	7.	When "PLEASE BLOW"	appears, collect breath sample	;	
	8.	Print test record;			
	9.	Verify Diagnostic Program	n; and		
	10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before changed every four months or	ore expiration date, or the alcohor after 125 Alcoholic Breath Sim	olic breath nulator tests,
proc	rtify that on edures were artment of I	performed on the instrume	t indicated above, in accordan and the instrument is function	ce with current regulations of th	maintenance e N.C.
CREAT RE	OF THE STATE OF A	Settle Care	Signature of Certifying Offici	al Certificate 1	Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 08/08/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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	12:16pm
AIR BLK	.00	12:16pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	400	12:22pm

Reported AC:

يg/219L

Signature of Chemical Analyst

Court CVR

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1291
Test Date: 08/08/2016 Test Time: 12:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

#### Blank Tests

Test	Status	Time
	•	10 mm
AIR	Pass	12:24pm

#### Printer Tests

1686	Status	TTITE
	•	5
PRNT	Pass	12:24pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Vaa	Kin Instrument Location Yackin County Jail
Instrument Serie	al No. 108853/ Vad Klaville, N.C.
,	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	the day of 1000 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	

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 08/08/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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	12:15pm 12:15pm 12:16pm 12:18pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kutt-UBuffotts
Analyse

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 413 Test Date: 08/08/2016

Test Time: 12:22pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	

lest	Status	TTIIIG
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance Status: Pass

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

County Va	Instrument Location Vancey Co. Jail
Instrument Se	erial No. 008653 Instrument Location Vancey Co. Jail
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATI ST	Signature of Certifying Official  Certificate Number

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 08/12/2016

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	Pass	4:38pm 4:38pm
ACCY CHK	.08	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1198
Test Date: 08/12/2016 Test Time: 4:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:46pm
SRC	Pass	4:46pm
DET	Pass	4:46pm
BAR	Pass	4:46pm
BT	Pass	4:46pm

#### Blank Tests

Test	Status	Time
ΔTD	Dagg	1 · 16mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm
	CRC Tests	•
Test	Status	Time

COMP	Pass	4:47pm
CAL	Pass	4:47pm

Preventive Maintenance Status: Pass

Analyst