PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Alexander Instrument Location Alexander County SD
Instrume	nt Serial No. 008813 91 Commercial Park Ave., Tayloryille
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
procedur	hat on the 9th day of February, 20 6 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certificial Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813

Test Record Number: 1439

Test Date: 02/09/2016

Test Time: 7:53am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:54am
FLO	Pass	7:54am
FC	Pass	7:54am

Temperature Tests

Test	Status	Time
FC1	Pass	7:54am
SRC	Pass	7:54am
DET:	Pass	7:54am
BAR	Pass	7:54am
BT	Pass	7:54am

Blank Tests

Test	Status	Time
AIR	Pass	7:55am

Printer Tests

Test	Status	Time
PRNT	Pass	7:55am
71.7		100

CRC Tests

Test	Stat	us	Time
COMP	Pass		7:55am
CAL	Pass		7:55am

Preventive Maintenance Status: Pass

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 02/09/2016

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: 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: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	7:57am
AIR BLK	.00	7:58am
ACCY CHK	07	7:59am
AIR BLK	.00	8:00am
SUB TEST	.00	8:00am
AIR BLK	.00	8:01am
SUB TEST	.00	8:02am
AIR BLK	.00	8:03am

.00 g/210L Reported AC:

of Chemical Analyst Signature

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECA	
County	Nacombe Instrument Location Buncon	
Instrument S	erial No. <u>008697</u> <u>Ashevii</u>	1/c, NC
The preventi	ve 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;	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 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 Alawhichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v Department	on the	rgoing preventive maintenance nt regulations of the N.C.
TATE STATE TATE STATE TATE TATE	Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 275
Test Date: 02/18/2016 Test Time: 7:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR 💮	Pass,	7:14pm
FLO	Pass	7:14pm
FC	Pass	7:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:14pm
SRC	Pass	7:14pm
DET	Pass	7:14pm
BAR	Pass	7:14pm
BTW	Pass	7:14pm

Blank Tests

Test	Status	Time

Pass 7:14pm

Printer Tests

Test Status Time

PRNT Pass 7:14pm

CRC Tests

Test Status Time

COMP Pass 7:15pm CAL Pass 7:15pm

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC	
County(Instrument Location Cal	12 YFAUCO 2VIVE
Instrument	Serial No. <u>006792</u> 30 Corban A	10, Concord
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to sare:	o be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures Department	at on the	e forgoing preventive maintenance rrent regulations of the N.C. ly.
COLUMN CARATER SECTION OF SECTION		656
	Signature of Certifying Official	Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 2025
Test Date: 02/01/2016 Test Time: 11:08am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
BT	Pass	11:09am

Blank Tests

Test	1.1	Status	Time
	- 1:		
AIR	j.	Pass	11:10am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 02/01/2016

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: 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: AG525303 Exp Date: 09/10/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	11:22am 11:23am
ACCY CHK	.08	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	barrus Instrument Location Kannapolis PD		
Instrument Seri	al No. 008589 401 Laureate Way, Kannapolis		
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 8 M day of Feb (uay , 20 16 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.		
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number		

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 02/08/2016

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK ACCY CHK	.00 .07	10:51am 10:52am
ACCY CHK	.07	10:52am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anabasé

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 2459

Test Date: 02/08/2016

Test Time: 10:46am EST

System Check: Passed

Baseline Tests

Test	•	Status	Time
IR		Pass	10:46am
FLO		Pass	10:46am
FC		Pass	10:46am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

Test	Status	Time
		N _c
PRNT	Pass	10:47am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM Instrument Location SUSA CITY POLICE DE
Instrumer	nt Serial No
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
· 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the <u>DE</u> day of <u>FEBRIMA Q</u> , 20 <u>I</u> the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT CE	TATE OF NORTH
ESSE C	Signature of Certifying Official Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 02/08/2016

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: 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	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.07	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 1212

Test Date: 02/08/2016

Test Time: 11:04am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

Temperature Tests

Test	Status	Time
PT -51 -41		
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

Blank Tests

Test	Status	Time	•

11:06am AIR Pass

Printer Tests

Test	Status	Time

11:06am PRNT Pass

CRC Tests

COMP Pass 11:06am CAL Pass 11:06am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX_EC/IR II

Country	HATHAM Instrument Location 17731	30RO POLICE DE
County		<u>R</u>
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	·
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the	ent regulations of the N.C.
STATE OF THE STATE	ON OR THE CAROLINE CA	7-1
William Comment	Signature of Certifying Official	Certificate Number

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Date: 02/11/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-00/00/0000

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	1:05pm 1:05pm 1:06pm
ACCY CHK AIR BLK	.07 .00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591

Test Record Number: 1661

Test Date: 02/11/2016

Test Time: 1:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:26pm 1:26pm
FC	Pass	1:27pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:28pm

Preventive Maintenance Status: Pass

Pass

CAL

1:28pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<u>/</u> ~	INTOXIMETER	is, Model III	OA EC/IR II	11125
County	UMBERLAMA	Instrument Location_	BAT MOBILE	<u> </u>
Instrument Seri	al No. <u>608647</u>		FAYETTEVICLE	, NC_
The preventive four months are	maintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be followed at lea	st once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lcoholic breath simulator ther	mometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;		•	
6.	When "PLEASE BLOW" appear	ars, collect breath sample	,	
7.	When "PLEASE BLOW" appea	rs, collect breath sample	,	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed befored every four months or	re expiration date, or the alco after 125 Alcoholic Breath S	holic breath imulator tests,
I certify that on procedures were Department of I	the 24 day of FEB: e performed on the instrument indic Health and Human Services, and th	20/2/ 20_ cated above, in accordance instrument is functioning	the forgoing preventive with current regulations of the properly.	e maintenance the N.C.
THE STATE OF THE S	Signa	ture of Certifying Officia	Lo 2/	S

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

> Serial Number: 008647 Test Date: 02/26/2016

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:35pm 10:36pm 10:36pm 10:37pm 10:38pm 10:39pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008647

Test Record Number: 2185

Test Date: 02/26/2016

Test Time: 10:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42pm
FLO	Pass	10:42pm
FC	Pass	10:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:42pm
SRC	Pass	10:42pm
DET	Pass	10:42pm
BAR	Pass	10:42pm
BT	Pass	10:42pm

Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:43pm
	CRC Tests	
	6 1 - 1	m

Test	Status	Time
COMP	Pass	10:43pm
CAL	Pass	10:43pm

Preventive Maintenance Status: Pass

Colunty Janalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERLAND	Instrument Location_	BAT MOSILE UNIT
Instrument	Serial No. <u> </u>	·	BAT MOSILE UNIT
The prever	•	ntoximeters, Model Intox l	EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic 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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that procedures Department	at on the 24 day of FER were performed on the instrument ind tof Health and Human Services, and the	icated above, in accordance instrument is functioning	the forgoing preventive maintenance e with current regulations of the N.C. g properly.
STATE OF THE CONTROL	HE O'NO NO STATE OF THE STATE O	2	/ 114
William .	Sign	ature of Certifying Officia	Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 9
250

Serial Number: 008707 Test Date: 02/26/2016

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: AG507902 Exp Date: 03/20/2017

Test	g/210T lime
DIAG	Pass 10:56pm
AIR BLK	.00 10:57pm
ACCY CHK	.08 10:58pm
AIR BLK	.00 10:59pm
SUB TEST	.00 10:59pm
AIR BLK	.00 11:00pm
SUB TEST	.00 11:02pm
AIR BLK	.00 11:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008707 Test Record Number: 2269
Test Date: 02/26/2016 Test Time: 11:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:04pm
FLO	Pass	11:04pm
FC	Pass	11:04pm

Temperature Tests

Status	Time
Pass	11:04pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05pm 11:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Instrument Location	PAT HUISILE UNIT 9	
Instrumen	t Serial No. <u>068704</u>		AYETTEVILLE NC	
The preve	-	r the Intoximeters, Model Intox EC/I	R II to be followed at least once every	
1.	Verify the ethanol gas ca 34 degrees, plus or minus		olic breath simulator thermometer shows	
2.	Verify instrument display	ys time and date;		
3.	Initiate breath test sequer	nce;		
4.	Enter information as pror	npted;		
5.	Verify instrument accura-	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;		•	
9.	Verify Diagnostic Progra	m; and		
10.			xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,	
I certify th procedures Departmen	at on theday of s were performed on the instrument of Health and Human Services,	ent indicated above, in accordance we, and the instrument is functioning pr	_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.	
CAREATORY OF THE CAREAT	ATE OF NOTH CAROLINA			
* ESSE QU	IZ. IT'S AMYVIDEN X	1113-	648	
		Signature of Certifying Official	Certificate Number	

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

> Serial Number: 008704 Test Date: 02/26/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008704

Test Record Number: 380

Test Date: 02/26/2016 Test Time: 10:14pm EST

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 SRC DET BAR	Pass Pass Pass Pass	10:15pm 10:15pm 10:15pm 10:15pm
\mathtt{BT}	Pass	10:15pm

Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:16pm
CAL	Pass	10:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	MARC Instrument Location Kill Davil Hills
Instrumer	Serial No. 008551 102 TOWN HALL Dr., KILL DEVI
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 the procedure Departme	t on theday of
SECTION OF	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008851 Test Date: 02/25/2016

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: 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 .08 .00 .00	12:46pm 12:47pm 12:48pm 12:49pm 12:49pm 12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008851 Test Record Number: 537
Test Date: 02/25/2016 Test Time: 12:53pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

Test	Status	TIME
PRNT	Pass	12:55pm

CRC Tests

Test	Status	Time
COMP	Pass	12:55pm
CAL	Pass	12:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	avic Instrument Location Davie County Dail
Instrument Se	rial No. 008905 Mocksyille, N.C.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
i.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 02/08/2016

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	Pass .00 .08	12:30pm 12:30pm 12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	0.0	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	. 9ø	12:36pm

Reported AC: .(

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 1760

Test Date: 02/08/2016

Test Time: 12:37pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm

CRC Tests

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cour	ity <u>Du</u>	RHAM	Instrument Location DURHA	
Instr	ument Seria	al No. <u>008891</u>	2175. MANGUM ST.	Duzijam, nc
	preventive i	•	Intoximeters, Model Intox EC/IR II to b	e followed at least once every
	1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer show
	2.	Verify instrument displays tim	ne and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted	1;	
	5.	Verify instrument accuracy;		
	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; ar	nd	
	10.		ister is being changed before expiration inged every four months or after 125 Al	
proce	dures were	performed on the instrument in	the fo dicated above, in accordance with curre the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE OREAL STATES	THE STATE OF A MN 20. 1772 MN 20. 1772 AND 20. 1772	Sign Sign	Dawl nature of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 02/04/2016

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: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:04pm 1:05pm 1:06pm 1:07pm 1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3140

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II	
County	DICHAM Instrument Location DURHAM CO. JAIL
Instrument So	erial No. COS8878 217 S. MANGUM ST. DURHAM, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the Odday of FERRUARY, 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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 02/04/2016

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: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:59pm 1:00pm 1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 3526

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

Blank Tests

Test	Status	111111111111111111111111111111111111111

1:13pm AIR Pass

Printer Tests

Test	Status	TIME
PRNT	Pass	1:13pm

CRC Tests

Test	Status	Time
COMP	Pass	1:14pm
CAL	Pass	1:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and market	INTOAMMETERS, MODEL INTOA EC/IR II
County Du	Instrument Location DURHAM CO. JAIL
Instrument Seri	ial No. <u>DO8859</u> 217 S. MANGUM ST. DURHAM NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the OH day of FEBRUARY, 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.
O'M STATE OF THE TOTAL OF THE T	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 02/04/2016

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: 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 AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:58pm 12:58pm 12:59pm 1:00pm 1:01pm 1:02pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 1981

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm
•	CRC Tests	

Test	Status	Time
COMP	Pass Pass	1:07pm 1:07pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fursyth		Instrument Location Bat Muliie Va. + 1)				
Instrume	ent Serial No. 0089 70					
The prev		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every			
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer 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" app	pears, collect breath sample;				
7.	When "PLEASE BLOW" app	pears, collect breath sample;				
8.	Print test record;					
9.	Verify Diagnostic Program; a	nd				
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,			
I certify t procedur Departme	that on the	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.			
COREAL SE	STATE OF THE STATE		659			
	Sig	nature of Certifying Official	Certificate Number			

FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008970 Test Date: 02/11/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	9:17pm 9:18pm 9:18pm 9:19pm 9:20pm 9:22pm 9:23pm
TIN DIN	100	/· 23piii

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008970 Test Record Number: 109 Test Date: 02/11/2016 Test Time: 9:24pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	

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

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II 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 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

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: 008659 Test Date: 02/08/2016

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	d/sior rime
DIAG	Pass 11:20am
AIR BLK	.00 11:21am
ACCY CHK	.07 11:21am
AIR BLK	.00 11:22am
SUB TEST	.00 11:23am
AIR BLK	.00 11:24am
SUB TEST	.00 11:25am
AIR BLK	.00 11:26am

Reported AC: .00

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 3860
Test Date: 02/08/2016 Test Time: 11:27am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BT	Pass	11:27am

Blank Tests

Test	1	Statu	S	÷	Т	'ime	:	
	- !		4		oj s	Special.	17	
AIR		Pass			1	1:2	8a	m

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	ana m	

CRC Tests

Test

		i		
:		;		15 (4) (4)
COMP	1	Pass		11:28am
~	1		4 1	T 11 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CAL	- 1	Pass	1 1	11:28am

Status

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

Analyse

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	TERS, MODEL INTOX	
County Fo	RSYTA	Instrument Location	2Syth County Detention
Instrument Ser	rial No. 008583	Wi	nston-Salem, N.C.
			· .
The preventive four months ar	•	ne Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		lic breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	(A)	-11	
I certify that or	n the day of	bruary , 20 /6 indicated above, in accordance with	the forgoing preventive maintenance a current regulations of the N.C.
		nd the instrument is functioning pro	
THE STATE OF THE S	NO.		
	Scale		•
* ARR. 12. ITIB	Kunt	LASIM.	657
	S	Signature of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 02/08/2016

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

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	Pass .00 .08	11:06am 11:07am 11:08am
AIR BLK	.00	11:09am
SUB TEST AIR BLK	.00 .00	11:10am 11:10am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 02/08/2016 T

Test Record Number: 6020 Test Time: 11:14am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
\mathtt{DET}	Pass	11:15am
BAR	Pass	11:15am
\mathtt{BT}	Pass	11:15am

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:16am 11:16am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FOR	SYTH Instrument Location FORSYTH COUNTY Detention
Instrument Seria	
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of for uary, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF N. C. THE STATE OF N. C	Signature of Certificial Cortificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 02/08/2016

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	Pass .00 .08	10:57am 10:58am 10:58am
AIR BLK	.00	11:00am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:03am
AIR BLK-,	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925

Test Record Number: 1205

Test Date: 02/08/2016

Test Time: 11:05am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:05am
FC	Pass	11:05am

Temperature Tests

Status	Time
Pass	11:06am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔTD	Pagg	11 · 06am

Printer Tests

Test

COMP

PRNT	Pass	11:06am
•	CRC Tests	
Test	Status	Time

Status

Time

11:06am

CAL Pass 11:06am

Pass

Preventive Maintenance Status: Pass

Analyst

1995年 - 1995年 - 1995年 - 1995年 - 1995年 - 1996年 -

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location_ Instrument Serial No. <u>008650</u> 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. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/08/2016

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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:08am 10:09am 10:09am 10:11am
AIR BLK SUB TEST	.00	10:12am 10:14am
AIR BLK	700	10:14am

Signature of Chemica Analyst

Court CVR

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

Analyst/

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1213

Test Date: 02/08/2016

Test Time: 10:15am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
\mathtt{BT}	Pass	10:16am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
ייוועסס	Dagg	10·16am

CRC Tests

Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· April	, intoximeters,	MODEL INTOX EC/	· · · · · · · · · · · · · · · · · · ·
County	705 to 11	nstrument Location <u>()95/40</u>	County SU
Instrument Se	erial No. <u>008694</u>	125 N. Marietta	St. Gydnia
			·
The preventive four months as	ve maintenance procedures for the Intoxinare:	neters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree of		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, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.		
	on the <u>by</u> day of <u>Flb(see</u> ere performed on the instrument indicated f Health and Human Services, and the inst		going preventive maintenance t regulations of the N.C.
STATE OF THE STATE	Signature	of Certifying Official	656 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008694

Test Record Number: 1099

Test Date: 02/10/2016

Test Time: 1:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
\mathtt{BT}	Pass	1:57pm

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm

CRC Tests

Test	Status	Time
COMP	Pass	1:58pm
CAL	Pass	1:58pm

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008694 Test Date: 02/10/2016

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.08	2:01pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:06pm
ATR BLK	. 0.0	2:07rm

Reported AC: \setminus .00 g/2101

Signature of Chemical Analy

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	UI/TORD Instrument Location Greensboro VAII
Instrument Ser	ial No. <u>008638</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 02/19/2016

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: DEAN, L K
Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:01pm 12:02pm 12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 2302 Test Date: 02/19/2016 Test Time: 12:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

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

12:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HOKE Instrument Location Hoke COUNTY DETENTION CT
Instrument So	erial No. <u>008855</u> <u>Record, NC</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
TATATE IN CHARLES IN CONTROL OF THE CHARLES	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 02/25/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:36pm
AIR BLK	.00	2:37pm
ACCY CHK	.07	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:42pm
ATR BLK	.00	2:43pm

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

& Burself

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 02/25/2016 Test Record Number: 1123
Test Time: 2:43pm EST

System Check: Passed

Baseline Tests

atus Tir	ne
ss 2:4	13pm 13pm

Temperature Tests

Test	Status	Time
F'C1	Pass	2:44pm
SRC	Pass	2:44pm
DET.	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

Blank Tests

Test	Status	Time
		•
AIR	Pass	2:44pm

Printer Tests

Test

CAL

Status

Time

2:44pm

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

Preventive Maintenance Status: Pass

Pass

Analyst

form is used when performing Preventive Maintenance

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HOKE Instrument Location HOKE Co. TETENTION CTQ.
Instrument Ser	ial No. OD8852 / LARFORD, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the <u>25</u> day of <u>6220424</u> , 20 <u>16</u> the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	NORTH CAROLIN
AFRILIZ. UTB	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 02/25/2016

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: 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	Pass .00 .07	2:05pm 2:06pm 2:07pm 2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 750 Test Date: 02/25/2016 Test Time: 2:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

Preventive Maintenance Status: Pass

analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hy	de Instrument Location Hyde (O. S.O.
Instrument Seri	DO000 1022 M. d C D
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 H	the 29 day of February, 20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 02/29/2016

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:12am 10:13am 10:13am 10:14am
SUB TEST	.00	10:14am
AIR BLK	.00	10:16am
SUB TEST AIR BLK	.00 .00	10:17am 10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 384 Test Date: 02/29/2016 Test Time: 10:19am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status	Time	
AIR	Pass	10:20am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:21am 10:21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IL

County	Johnston Instr	rument Location 3	FNSON POLICE DAPT
Instrument Ser	erial No. <u>00872</u>] <u>B</u>	FALSON NC	(303 E.Church ST)
The preventive four months ar	ve maintenance procedures for the Intoximet are:	ters, Model Intox EC/IF	R II to be followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cen		lic breath simulator thermometer show
2.	Verify instrument displays time and date	te;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coll	lect breath sample;	
7.	When "PLEASE BLOW" appears, coll	lect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.	eing changed before ex ery four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures were	on the <u>22</u> day of <u>FBQUA</u> ere performed on the instrument indicated all of Health and Human Services, and the instru	bové, in accordance wit	th current regulations of the N.C.
STATE O, 1772 STATE	Signature of	// / / / / / / / / / / / / / / / / / /	Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008721 Test Date: 02/22/2016

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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	4:56pm
AIR BLK	.00	4:57pm
ACCY CHK	.08	4:57pm
AIR BLK	.00	4:58pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm
SUB TEST	.00	5:01pm
ATR BLK	. 00	5:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008721

Test Record Number: 931

Test Date: 02/22/2016

Test Time: 5:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:03pm 5:03pm
FC	Pass	5:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:03pm
SRC	Pass	5:03pm
DET	Pass	5:03pm
BAR	Pass	5:03pm
BT	Pass	5:03pm

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:04pm
CAL	Pass	5:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JONES	Instrument Location \iint	ATMOBILE UNI
Instrument Se	rial No. <u>00870</u> 2	1 N.	MYSVILLE, NC
The preventive four months as		or the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas of 34 degrees, plus or min	canister displays pressure, or the alcoholic us .2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displ	ays time and date;	
3.	Initiate breath test sequ	ence;	
4.	Enter information as pr	ompted;	
5.	Verify instrument accur	racy;	
6.	When "PLEASE BLOV	V" appears, collect breath sample;	
7.	When "PLEASE BLOV	V" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expir ing changed every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	on the day of_ ere performed on the instrur f Health and Human Service	FEBRUARY, 20 16 to nent indicated above, in accordance with es, and the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
OF OTHER STATE OF THE STATE OF	CAROLINI CAR	Signature of Certifying Official	Certificate Number

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008704 Test Date: 02/06/2016

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	Pass	9:03pm 9:04pm
ACCY CHK	.08	9:04pm
AIR B LK	.00	9:05pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008704 Test Record Number: 377
Test Date: 02/06/2016 Test Time: 9:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

Printer Tests

Test	Status	Time
PRNT	Pāss	9:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:13pm 9:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE	Instrument Location 155	Co San
Instrument Seria	no. <u>008645</u>	SANFORD,	NC
The preventive four months are	maintenance procedures for the Into	oximeters, Model Intox EC/IR II t	o 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 bee centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expira- ed every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures wer	the <u>/</u> day of <u>FG2</u> e performed on the instrument indic Health and Human Services, and th	cated above, in accordance with ci	itteitt tegutations of the 14.0.
OTHE STATE OF THE	NORTH CAROLIN	*	
+ see Graw Anger	Signa	ture of Certifying Official	Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 02/10/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:42am 11:44am 11:45am 11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Rec Test Date: 02/10/2016 Test Ti

Test Record Number: 1585 Test Time: 11:53am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

SAnalyst Sansell

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	lacon	Instrument Location Mac or	n Co. Magistrate
		Highlands, NC	
The prevention four months		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic br degree centigrade;	eath 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	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expirati nanged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the day of tweether the day of day of tweether the day of Health and Human Services, and	dragry, 20/6 the ndicated above, in accordance with curd the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TIATE WE WANTED BEAT OF THE COMMENT	CAROLINA	R. Cuth	635
	Si	gnature of Certifying Official	Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 02/24/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

09/01/2015-09/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:34pm 12:35pm
ACCY CHK	.07	12:36pm
AIR BLK SUB TEST	.00 .00	12:37pm 12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 02/24/2016 Test

Test Record Number: 389
Test Time: 12:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:44pm 12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

Blank Tests

Test	Status	Time
7. TD	Dogg	12.4Em

Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:45pm 12:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	ason	Instrument Location ${\cal N}$	lacon Co. Jail
Instrument Se	erial No. <u>008789</u>		
The preventive four months as	· •	oximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		olic breath 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" appear	rs, collect breath sample;	,
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
		2011	d. C
procedures we Department of	on the day of	ated above, in accordance wi e instrument is functioning pr	_ the forgoing preventive maintenance th current regulations of the N.C. operly.
STAIL	CAROLIN CAROLINA		
TESSE QUAM VIDE	Signat	S. Cath- ure of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 , Test Date: 02/23/2016

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: 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	12:24pm 12:25pm 12:25pm 12:26pm 12:27pm 12:28pm 12:29pm
		_
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 510 Test Date: 02/23/2016 Test Time: 12:31pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:32pm
SRC	Pass	12:32pm
DET	Pass	12:32pm
BAR	Pass	12:32pm
BT	Pass	12:32pm

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:32pm

Preventive Maintenance Status: Pass

Analyst

the design of a series of the series of

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Lo.		EKS, MODEL INTOX	EC/IR II
County M	lacon	Instrument Location <u>Ma</u>	con Co. Jail
Instrument S	Serial No. <u>008618</u>	Franklin, N	'C
The prevention four months	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IF	R II to be followed at least once every
1. ·	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoho degree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	:
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
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.	ster is being changed before expinged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
certify that on rocedures were epartment of I	the day of	rugy, 20 //b to the instrument is functioning properties.	the forgoing preventive maintenance current regulations of the N.C. erly.
Silvana and Market Silvana			J
STATE OF	CAROLLIN CAR		
APRIL 12, 1738 * CISE QUAM VIDER!*		R. Cuth	625
	/ Signa	ture of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 02/23/2016

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: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:21pm 12:22pm 12:23pm 12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Record Number: 1623

Test Date: 02/23/2016

Test Time: 12:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time

1000	Deacus	T THIC
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	neckhabur	Instrument Location_	13 of mobile Unit 11
Instrument S	Serial No. <u>608690</u>		
The preventi	ive maintenance procedures for the Intoxi	meters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	ays pressure, or the ale	coholic breath simulator thermometer show
. 2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, or	collect breath sample;	
7.	When "PLEASE BLOW" appears, o	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before very four months or at	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the 18 day of February ere performed on the instrument indicated f Health and Human Services, and the inst	above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. properly.
STATE OF STA	Cal V		658
	Signature o	f Certifying Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008090 Test Date: 02/18/2016

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: TOWERY, $CHAD\ V$

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:30pm
AIR BLK	.00	7:31pm
ACCY CHK	.08	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008090

Test Record Number: 42

Test Date: 02/18/2016

Test Time: 7:37pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:37pm 7:37pm
FC	Pass	7:37pm

Temperature Tests

Time
7:37pm 7:37pm 7:37pm 7:37pm
7:37pm

Blank Tests

Test	Status	Time
AIR	Pass	7:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:38pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	7:38pm 7:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklesburg Instrument Location Bat Mobile Unit 1)
Instrument	Serial No
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that procedures w Department o	on the 18 day of February, 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.
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number
	/ /

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 02/18/2016

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

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

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

02/01/2016-02/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	7:22pm 7:23pm 7:24pm 7:24pm 7:25pm 7:26pm 7:27pm 7:28pm

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 11 590

Serial Number: 008970 Test Date: 02/18/2016

Test Record Number: 114
Test Time: 7:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:30pm
FLO	Pass	7:30pm
FC	Pass	7:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:30pm
SRC	Pass	7:30pm
DET	Pass	7:30pm
BAR	Pass	7:30pm
BT	Pass	7:30pm

Blank Tests

Test	Status	Time
AIR	Pass	7 · 31 nm

Printer Tests

Test	Status	Time
PRNT	Pass	7:31pm

CRC Tests

Test	Status	Time
COMP	Pass	7:31pm
CAL	Pass	7:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MeckeenBur	Instrument Location	PAT MOBILE 7
Instrumer	Meckle NBUR nt Serial No. <u>00896</u>	~ 8	
mon unio	10 Oct 140.		
The preve	entive maintenance procedures hs are:	for the Intoximeters, Model Intox EC/IR	If to be followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the alcoholic nus .2 degree centigrade;	e breath simulator thermometer show
2.	Verify instrument disp	lays time and date;	•
3.	Initiate breath test sequ	ience;	
4.	Enter information as p	rompted;	
5.	Verify instrument accu	тасу;	
6.	When "PLEASE BLO"	W" appears, collect breath sample;	
7.	When "PLEASE BLO	W" appears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expirating changed every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
certify tha procedures Department	were performed on the instrum	hent indicated above in accordance with cos, and the instrument is functioning prope	urrent regulations of the N.C.
OT THE STA	TE O NO.		
S TO SE OLIM	TO SERVICE TO THE PROPERTY OF	wet /	- 65 g
ادار داردان		Signature of Certifying Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 02/19/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	7:37pm 7:38pm 7:38pm 7:39pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:42pm
AIR BLK	<i>[</i> .00	7-43pm

Reported AC:

2 9/210I

Signature of Chemical Analyst

Court OVR

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Record Number: 136 Test Date: 02/19/2016 Test Time: 7:44pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:45pm
FLO	Pass	7:45pm
FC	Pass	7:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:45pm
SRC	Pass	7:45pm
DET	Pass	7:45pm
BAR	Pass	7:45pm
BT	Pass	7:45pm

Blank Tests

Test	Status	Time
AIR	Pass	7:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm

CRC Tests

Test	Status	Time
COMP	Pass	7:46pm
CAL	Pass	7:46pm

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

	Manual Interest Model Interest	
County	MECKLENBURY Instrument Location BAT	MOBILE 1
Instrument C	erial No. 008972	
msu ument s	eriai No.	
The prevention 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 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 desimulator solution is being changed every four months or after 125 Alcowhichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that o procedures we Department of	the forgoined on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	ACAMON AND AND AND AND AND AND AND AND AND AN	658
	Signature of Certifying/Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 02/19/2016

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: 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	7:36pm
AIR BLK	.00	7:37pm
ACCY CHK	.07	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:42pm

Reported AC: .00 g/210L

Signature of Chemical Chalyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Record Number: 181 Test Date: 02/19/2016 Test Time: 7:44pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
${ t BT}$	Pass	7:44pm

Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:45pm 7:45pm

Preventive Maintenance Status: Pass

Analyst 🧠

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Date: 02/19/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:36pm 7:37pm 7:37pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:41pm
AIR BLK /	1.00	7:42pm

Reported AC: .00/g/210

Signature of Chemical Analyst

Court Cyf

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Record Number: 141 Test Date: 02/19/2016 Test Time: 7:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:46pm
FLO	Pass	7:46pm
FC	Pass	7:47pm

Temperature Tests

Test Status Ti	.me
FC1 Pass 7:	47pm
SRC Pass 7:	47pm
DET Pass 7:	47pm
BAR Pass 7:	47pm
BT Pass 7:	47pm

Blank Tests

Test	Status	Time
AIR	Pass	7:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:47pm
	CRC Tests	
Test	Status	Time

COMP	Pass	7:48pm
CAL	Pass	7:48pm

Preventive Maintenance

Status: Pass

Analyst/

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

I certify that on the day of d



Signature of Certifying Official

656
Certificate Number

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008684 Test Date: 02/23/2016

Test Record Number: 3159
Test Time: 10:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:00am 11:00am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008684 Test Date: 02/23/2016

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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; Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20 / 6 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

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691

Test Record Number: 5974

Test Date: 02/12/2016

Test Time: 9:36am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

Temperature Tests

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
DET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

Blank Tests

Test	Status	Time
AIR	Pass	9:38am

Printer Tests

Test	Status	Time
PRNT	Pass	9:38am
	CRC Tests	
Test	Status	Time

COMP Pass 9:38am CAL Pass 9:38am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 02/12/2016

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:40am
AIR BLK	.00	9:41am
ACCY CHK	.08	9:41am
AIR BLK	.00	9:43am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am

.00 g/210L Reported AC:

Signature of Chem/cal Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTGOMERY Instrument Location MONTGOMERY Co. MIL
Instrument Se	rial No. <u>008709</u> <u>T7204</u> NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE CONTROL OF THE CONT	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 02/01/2016

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: 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: AG414801 Exp Date: 05/28/2016

Test	g/310P	Time
DIAG AIR BLK	Pass	5:02pm 5:03pm
ACCY CHK.	.07	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:08pm
ATR BLK	.00	mqe0:5

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Record Number: 920 Test Date: 02/01/2016

Test Time: 5:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:11pm 5:11pm
FC	Pass	5:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:12pm
SRC	Pass	5:12pm
DET	Pass	5:12pm
BAR	Pass	5:12pm
BT	Pass	5:12pm

Blank Tests

Test	Status	Time
AIR	Pass	5:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:12pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

5:13pm

5:13pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTGOMERY Instrument Location MONTGOMERY Co. JAIL
Instrument So	erial No. <u>008657</u> <u>TRoy</u> NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
978 - 1. 8	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the Olday of FEBRICAL , 20 6 the forgoing preventive maintenance vere 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 THE STATE	
A WEST SERVICES	371 371 371
	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 02/01/2016

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 State: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	4:46pm
AIR BLK	.00	4:46pm
ACCY CHK	.07	4:47pm
AIR BLK	.00	4:48pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:52pm
AIR BLK	.00	4:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657

Test Record Number: 1178

Test Date: 02/01/2016

Test Time: 4:54pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:55pm

Printer Tests

PRNT	Pass	4:55pm
Test	Status	Time

CRC Tests

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

Preventive Maintenance Status: Pass

Ànalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. Son Truff No. Son Truff No. No.	County	700RE	Instrument Location	,	en Russ	; Pouce
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	Instrument Seria	ul No. <u>00872C</u>)5a	THERN !	PINES	NC
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.			e Intoximeters, Model Int	ox EC/IR II to be	followed at lea	st once every
 Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 	1.			ne alcoholic breath	simulator ther	mometer show
 Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 	2.	Verify instrument displays t	ime and date;	da		
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 	3.	Initiate breath test sequence	;			
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 	4.	Enter information as prompt	ted;			
 When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 	5.	Verify instrument accuracy;		, si		
 Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 	6.	When "PLEASE BLOW" a	ppears, collect breath sam	ple;		
 Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 	7.	When "PLEASE BLOW" a	ppears, collect breath sam	ple;		
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	8.	Print test record;				
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	9.	Verify Diagnostic Program;	and			
	10.	simulator solution is being c				
I certify that on the	certify that on t rocedures were Department of H	he	FERRU PRY, 2 indicated above, in accord d the instrument is function	the forgonal the f	oing preventive	maintenance he N.C.
O'NE STATE OF NO PLANT OF THE CONTROL OF THE CONTRO	NAIE ON NAIE O	CAROUNA M CAROUNA	9-H)	, nd	energy cone	*}

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 02/01/2016

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: 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	Pass .00 .07	11:05am 11:05am 11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720

Test Record Number: 880

Test Date: 02/01/2016

Test Time: 11:11am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11·13am

Printer Tests

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

COMP	Pass	11:13am
CAL	Pass	11:13am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location CAMPS	Lejacue PMC
Instrumen	Serial No. 008922-	
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be as are:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	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" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, 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 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures	at on theday of	orgoing preventive maintenance ent regulations of the N.C.
E SISTEMATOR STATES OF THE CRIENTS O	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922 Test Date: 02/16/2016

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	Pass .00 .08 .00	5:58pm 5:58pm 5:59pm 6:00pm 6:00pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:03pm
ATR BLK	.00	6:03pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

March E Half
Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922

Test Record Number: 290

Test Date: 02/16/2016

Test Time: 6:04pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	6:05pm

Printer Tests

IIImcol loss.		
Test	Status	Time
PRNT	Pass	6:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:05pm

Preventive Maintenance Status: Pass

Pass

CAL

6:05pm

and E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	CANDOLAN Instrument Location LIBERTY POLICE DEPT.
Instrument Ser	rial No. 008830 LIBERTY, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 THE S	Signature of Certifying Official Certificate Number

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 02/09/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:12pm 4:12pm
ACCY CHK	.07	4:13pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 511

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:20pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	4:21pm 4:21pm 4:21pm 4:21pm
BT	Pass	4:21pm

Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:21pm
CAL	Pass	4:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ndolph Co.	Instrument Location Kandle	emme Police Dept.
Instrument Seria	No. 008737	RANGLEWIAM, 1	VC.
The preventive n four months are:	naintenance procedures for the Into	oximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		breath simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	•
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste	er is being changed before expira ed every four months or after 125	tion date, or the alcoholic breath is Alcoholic Breath Simulator tests,
I certify that on t procedures were Department of H	neday ofbook performed on the instrument indicate alth and Human Services, and the	ated above, in accordance with cu	e forgoing preventive maintenance urrent regulations of the N.C.
OTHE STATE OF AN AND THE S	CAROLINI	ure of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 02/01/2016

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

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

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time:
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:59am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	1.2:02pm
AIR BLK	.00	12:03pm

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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 875

Test Date: 02/01/2016

Test Time: 12:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

Blank Tests

AIR 12:06pm Pass

Printer Tests

Test S	tatus	Time
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PRNT Pass 12:06pm

CRC Tests

Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- Comp	INTOXIMETE	KS, MODEL IN		/ 1
County K	OBEJON	Instrument Location_	YAT MOBIL	E UNIT
Instrument Ser	ial No. 008826		LUMBERT	ON, NC
The preventive four months ar	maintenance procedures for the le:	ntoximeters, Model Intox	EC/IR II to be followed at le	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a egree centigrade;	alcoholic breath simulator the	ermometer 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	pears, collect breath sample	e;	
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;	
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 bef anged every four months o	ore expiration date, or the ale r after 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that o procedures we Department of	n the day of for performed on the instrument in Health and Human Services, and	dicated above, in accordant the instrument is function	the forgoing prevent nee with current regulations of the properly.	ive maintenance of the N.C.
THE STATE OF THE S	P. NORTH CAROLINA			
ARIL 12. 078	al	143		840
	Cic	enature of Certifying Office	ial Certific	ate Number

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008826 Test Date: 02/27/2016

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

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:07pm 6:08pm
ACCY CHK	.08	6:09pm
AIR BLK	.00	6:09pm
SUB TEST	.00	6:10pm
AIR BLK	.00	6:11pm
SUB TEST	.00	6:13pm
AIR BLK	.00	6:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008826

Test Record Number: 7892

Test Date: 02/27/2016

Test Time: 6:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:15pm
FLO	Pass	6:15pm
FC	Pass	6:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:15pm
SRC	Pass	6:15pm
DET	Pass	6:15pm
BAR	Pass	6:15pm
BT	Pass	6:15pm

Blank Tests

Test	Status	Time
AIR	Pass	6:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:16pm 6:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	OBE SON	Instrument Location_	BAT MOBILE	UNIT
	INO. 008616		LUMBERTO.	N, NC
The preventive n four months are:	naintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be followed at leas	t once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath simulator therr	nometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	•	
7.	When "PLEASE BLOW" 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 befo nged every four months or	re expiration date, or the alcohafter 125 Alcoholic Breath Si	olic breath mulator tests,
I certify that on t procedures were Department of H	he 27 day of FE performed on the instrument incealth and Human Services, and	3,2 UNAY, 20_licated above, in accordant the instrument is functioni	the forgoing preventive ce with current regulations of the properly.	maintenance he N.C.
		s Pd		
STATE OF AN	W. CAROLINIA	4		
APRIL 12, 1778 * ÉLEF QUAM VIDER! *	a Clark	Dature of Certifying Officia	Certificate	

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008616 Test Date: 02/27/2016

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

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

pe of Agency: F17 Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008616 Test Date: 02/27/2016

Test Record Number: 2174
Test Time: 6:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:58pm
FLO	Pass	6:58pm
FC	Pass	6:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:59pm
SRC	Pass	6:59pm
DET	Pass	6:59pm
BAR	Pass	6:59pm
BT	Pass	6:59pm

Blank Tests

rest	Status	Time
	_	
AIR	Pass	6:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:59pm

CRC Tests

Test	Status	Time
COMP	Pass	6:59pm
CAL	Pass	6:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County KOCK	Sing ham	Instrument Location Madis	on Police
Instrument Seri	al No. <u>00.8802</u>	Depart of the second of the se	etment
The preventive four months are		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;	h simulator thermometer 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	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.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before expiration g changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on procedures wer Department of	e performed on the instrume	Te bruary , 20 /6 the format indicated above, in accordance with currer and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	Non in Carlo	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 02/16/2016

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	Pass .00 .08	3:37pm 3:37pm 3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	0ر0 .	3:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 688
Test Date: 02/16/2016 Test Time: 3:44pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
\mathtt{BT}	Pass	3:45pm

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	:7	INTOXIMETERS, MODEL INTOX EC/IR II
Cour	nty <i>K <u>O</u></i>	WAW Instrument Location 5A/15BR
Instr	ument Seria	INO. 208868 POlice Department
•		naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four	months are:	
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
4,	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
geron s	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proce	ify that on to dures were rtment of H	he day of 20, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
COREATOR A	TAR 12. UBA	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 02/18/2016

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: 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: 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 .08 .00 .00	1:30pm 1:31pm 1:31pm 1:32pm 1:33pm 1:34pm 1:36pm
AIR BLK	.00	1:37pm
		

Reported AC: .00 g/21qL

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 2511

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:39pm 1:39pm

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

į	INTOXIMETERS, MODEL INTOX EC/IR II
County	(OUA) N Instrument Location SA 115 DV 19
Instrument S	Gerial No. 008896 Police Department
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of brace of Health and Human Services, and the instrument is functioning properly.
STATI	Forms
ARALIZ, T	

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008896 Test Date: 02/18/2016

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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	1:10pm 1:10pm
AIR BLK ACCY CHK	.00	1:10pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008896 Test Record Number: 940
Test Date: 02/18/2016 Test Time: 1:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\overline{O}	INTOXIMETERS, MODEL INTOX EC/IR II
County / 0	WAN Instrument Location China GROVE
Instrument Seri	al No. 008862 Police Department
	·
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
CORPATION OF STATE OF A STATE OF	L. Dein Jan 642

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 02/18/2016

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: *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 AIR BLK ACCY CHK	Pass .00	11:51am 11:52am 11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L'Aun Con
Analyst

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 616

Test Date: 02/18/2016

Test Time: 11:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

rest	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:00pm

Preventive Maintenance Status: Pass

Pass

12:00pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SCOTLAND	Instrument Location LANA	
Instrument S	erial No. <u>608834</u>	LAURINGURG	, NC
The prevention four months		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bre gree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted		ē
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration aged every four months or after 125 A	
I certify that of procedures we Department of	ere performed on the instrument ind	BRINARY, 20 16 the force of the following properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE STATE OF THE	SAROLLI SAROLL	2 To Townsell	371
	Sign	ature of Certifying Official	Certificate Number

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

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 02/01/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:27pm 12:27pm 12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	1.2:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 735

Test Date: 02/01/2016

Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

.Blank Tests

Test	Status	Time	

AIR Pass 12:37pm

Printer Tests

resc	Status	Trille
PRNT	Pass	12:37pm

CRC Tests

Test	Status	Time
COMP	Pass	12:37pm
CAL	Pass	12:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	tanly	Instrumen	t Location	stanly G	unty S	5D
Instrument Seria	1No. <u>008842</u>	126	5. 3. ^Q	Street	, Albei	narle
The preventive n four months are:	naintenance procedures for th	ne Intoximeters, M	lodel Intox EC	/IR II to be follov	ved at least on	ce every
1.	Verify the ethanol gas can 34 degrees, plus or minus .2			holic breath simu	lator thermon	eter show
2.	Verify instrument displays	time and date;	A.			
3.	Initiate breath test sequence	Y _a .	ya e Sarah	,		
4.	Enter information as promp					
5. 6.	Verify instrument accuracy; When "PLEASE BLOW" a		eath sample:		æ	
7.	When "PLEASE BLOW" a	•			14 A 15 A	
8.	Print test record;	•	t de la tradición de la tradic		<i>/</i>	
9. ***	Verify Diagnostic Program;	and				F F
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.					
	ии	a k				
	he <u>1710</u> day of <u>1700</u> performed on the instrument ealth and Human Services, ar		n accordance w			
TO THE STATE OF TH					*	
OS THE STATE OF NO.					:	
	CAROLL		Tan			*
ASER CATALOGUE	Joseph	2 Hutt	The state of the s		650	
<i>y</i> 3	, / S	ignature of Certify	ing Official	C	ertificate Nun	nber

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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 02/04/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:33am 11:34am
ACCY CHK	.07	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:39am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 1710 Test Date: 02/04/2016 Test Time: 11:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

Test	Status	Time
FC1	Pass	11:41am
SRC	Pass	11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
\mathtt{BT}	Pass	11:41am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SCOTIAND Instrument Location SCOTIAND Co. JAIL
Instrument Se	erial No. 008861 <u>LAURINBURG</u> NC
· · · · · · · · · · · · · · · · · · ·	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certificing Official Contigues Number

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

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 02/01/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:57pm 1:58pm
ACCY CHK	.07	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
ATR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

100 A1.

Analysi

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1171

Test Date: 02/01/2016

Test Time: 2:05pm EST

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	
ΔTR	Dagg	2 · 0.7m	n

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	•
Test	Status	Time
COMP	Pass	2:07pm

Preventive Maintenance Status: Pass

Pass

2:07pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	tokes Instrument Location Stokes County Jail
Instrument S	Gerial No. 008596 Danbury, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 COREAL PARTS OF THE PARTS O	CAROL

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

Signature of Certifying Official

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 02/16/2016

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 .00	4:35pm 4:35pm
ACCY CHK	.08	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm

Reported AC:

.00 a/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 806

Test Date: 02/16/2016

Test Time: 4:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:43pm
FLO	Pass	4:43pm
FC	Pass	4:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:43pm
SRC	Pass	4:43pm
DET	Pass	4:43pm
BAR	Pass	4:43pm
BT	Pass	4:43pm

Blank Tests

Test	Status	Time
AIR	Pass	4:44pm

Printer Tests

rest	Status	TIME
PRNT	Pass	4:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	4:44pm 4:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	tokes Instrument Location King Police
Instrum	Serial No. <u>0086/0</u> <u>Department</u>
The pre	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3	Initiate breath test sequence;
4	Enter information as prompted;
5	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
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.
I certify procedi Departi	on theday of
	E or NORTH
THE GREAT	
	Signature of Certifying Official Certificate Number

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

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 02/17/2016

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: 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 .07	10:32am 10:32am 10:33am 10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:36am
SUB TEST AIR BLK	. 00 ≥00	10:37am 10:38am

Reported AC:

.00 g/210L

Signature of Chemidal Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1694

Test Date: 02/17/2016

Test Time: 10:39am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

Printer Tests

Status

Test

Time

PRNT	Pass	10:40am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:40am 10:40am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-(IERS, WODEL INTOX ECH	Pha
County	urky	Instrument Location / Kir	7 PO/KE
	118926	Down	lane a f
Instrument S	erial No. (100 / 00 (1)	- CPARI	
· .			
The preventi four months		he Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoholic breat 2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequenc	e;	
4.	Enter information as prom	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 expiration changed every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
	1-7		
I certify that procedures w	vere performed on the instrumen	t indicated above, in accordance with currer and the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
	,		
STATI			
Of THE 20, 17	TO TO THE TOTAL PROPERTY OF THE PARTY OF THE		
	E S	. /	
			a
AARR 12, 17	mont +	the first of the second	657
	- Land	Signature of Certifying Official	Certificate Number

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 02/12/2016

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: 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/210F	Time
DIAG	Pass	9:19am
AIR BLK	.00	9:20am
ACCY CHK	.07	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:25am
אום סוג	ፈባስ	9 26am

Reported AC: .00 g/210:

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 694

Test Date: 02/12/2016

Test Time: 9:27am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:27am
FLO	Pass	9:27am
FC	Pass	9:27am

Temperature Tests

Test	Status	Time
FC1	Pass	9:27am
SRC	Pass	9:27am
DET	Pass	9:27am
BAR	Pass	9:27am
BT	Pass	9:27am

Blank Tests

Test	Status	Time
AIR	Pass	9:28am

Printer Tests

Test	Status	Time
PRNT	Pass	9:28am

CRC Tests

Test	Status	Time
COMP	Pass	9:28am
CAL	Pass	9:28am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Union	Instrument Location Union County 5D
Instrumen	nt Serial No. <u>008866</u>	3344 Presson Rd, Monroe
The preve		ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays t	time and date;
3.	Initiate breath test sequence	· ·
4.	Enter information as promp	ted;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
Dioceduic	nat on the A day of Fe es were performed on the instrument int of Health and Human Services, an	indicated above, in accordance with current regulations of the N.C. nd the instrument is functioning properly.
GREAT SE	MALM	Contificate Number

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 02/02/2016

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/21011	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:37am 10:38am 10:38am 10:40am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

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

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 2276

Test Date: 02/02/2016

Test Time: 10:32am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
вТ	Pass	10:33am

Blank Tests

Test	Status	Time
ΔTR	Fass	10:34am

Printer Tests

Test	Status	Time
יייזממ	Dade	10.34am

CRC Tests

Test	Status	Time
COMP	Pass	10:34am
CAL	Pass	10:34am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	nion	•	Location Wayl	1aw PD
Instrument Ser	rial No. <u>008598</u>	3620	Providence 1	Ed South War
		704	1-843-035	3
The preventive four months as	e maintenance procedures for the	e Intoximeters, M	odel Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			th simulator thermometer shows
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;	, i		
4.	Enter information as prompt	æd;		
5.	Verify instrument accuracy;	art.		
6.	When "PLEASE BLOW" a	ppears, collect bro	eath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect bro	eath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and	÷	
I certify that or procedures we Department of	Verify that the ethanol gas consimulator solution is being clumbrated whichever occurs first. In the	hanged every four	r months or after 125 Alc , 20 16 the for n accordance with curren	oholic Breath Simulator tests,
THE STATE OF THE S	Ag M	E Huttignature of Certify	ying Official	650 Certificate Number

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

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 02/04/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/16/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	01:01pm 01:02pm
ACCY CHK AIR BLK	.07 .00	01:03pm 01:04pm
SUB TEST	.00	01:05pm
AIR BLK	.00	01:06pm
SUB TEST	.00	01:07pm
ATR BLK	.00	01:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 02/04/2016 Test Record Number: 614

Test Time: 01:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	01:09pm
FLO	Pass	01:09pm
FC	Pass	01:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	01:10pm
SRC	Pass	01:10pm
DET	Pass	01:10pm
BAR	Pass	01:10pm
BT	Pass	01:10pm

Blank Tests

Test	Status	Time
AIR	Pass	01:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	01:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	01:10pm 01:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		lake Co. Detention Center
Instrument Ser	ial No. <u>0086/2 3301 Hammon</u>	ed Rd. Roleigh 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 alco 34 degrees, plus or minus .2 degree centigrade;	pholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first.	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	theday of, 20	the forgoing preventive maintenance with current regulations of the N.C. properly.
OF STATE OF LAND OF LA	South CARD	654
	Signature of Certifying Official	Certificate Number

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 02/09/2016

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, 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

DIAG	Pass	2:32pm
AIR BLK	.00	2:33pm
ACCY CHK	.07	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:39pm

Time .

Reported Ag: 00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services
Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 2796 Test Date: 02/09/2016 Test Time: 2:40pm EST

System Check: Passed

Baseline Tests

Test	Stati	us	Time	
IR	Pass		2:41	mc.
FLO	Pass	i, see	2:41	рm
FC	Pass	1915 (A) 1915 (A)	2:41	.pm

Temperature Tests

Test	Statu	ន ្ទ	me
FC1	Pass		41pm
SRC	Pass	the state of the contract of t	41pm
DET	Pass	March 1997 March 1997	41pm
BAR	Pass		41pm
\mathbf{BT}_{i}	Pass	2:	4 1 pm.

Blank Tests

Test	Statu	s T	ime
AIR	Pass	2	:41pm
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Printer Tests

Test	Statu	រេទ	Time
PRNT	Dace		2:41pm
	Pass		

Test	Statı	ıs Tį	me
			1 3 4 5
COLED	.		4. 7
COMP	Pass	4:	4.2pm
CAL	Pass	য় :	42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (v)	Ake Co. Instrument Location / NAKe Co. Detention Cont	- yi
Instrument Seri	al No. 008460 3301 Hammond Ret Raleigh MC	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	,
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be 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;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister 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.	s,
I certify that on procedures were Department of I	the	e:
THE STATE OF THE S	Signature of Certifying Official Certificate Number	-

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 02/09/2016

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, 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: AG517402 Exp Date: 06/23/2017

Test	g/210L	TTIILE
DIAG	Pass	2:34pm
AIR BLK	.00	2:35pm
ACCY CHK	.08	2:35pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: 2.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 02/24/2016

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: ABC123 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:50am 10:51am
ACCY CHK	.07	10:51am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
ATR BLK	0.0	10.57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 235
Test Date: 02/24/2016 Test Time: 10:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:59am

Printer Tests

Test	Status	Time
PRNT	Pass	10:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

County Vi	Kes INTOXIMETE	Instrument Location Wilks	County Detention	
Instrument Ser	al No. <u>(208843</u>	Wilkost	DOPO, N.C.	
<u> </u>				
The preventive four months are	•	ntoximeters, Model Intox EC/IR II to be f	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" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.		ster is being changed before expiration danged every four months or after 125 Alcol		
	performed on the instrument ind	icated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.	
THE STATE OF THE S	See	L. M. Market	657	
	Sign	ature of Certifying Official	Certificate Number	

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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 02/12/2016

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: 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	10:35am 10:35am
ACCY CHK	.08	10:36am
AIR BLK SUB TEST	.00	10:37am 10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
ATR BLK	1 00	10:41am

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843

Test Record Number: 1845

Test Date: 02/12/2016 Test Time: 10:42am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time	
ΔTP	Pagg	10 · 43am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CDC Toata	

Test	Status	Time
COMP	Pass	10:43am
C'A T	Dagg	10 · 43 am

Preventive Maintenance Status: Pass

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

Signature of Certifying Official

Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008660 Test Date: 02/12/2016

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: 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	Pass .00	10:31am 10:32am 10:33am
ACCY CHK	.00	10:33am 10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AÏR BLK	. 0:0	10:39am

Reported AC:

210%L/ور00.

Signature of Chemical Analyst

Court CVR

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008660 Test Date: 02/12/2016 Test Record Number: 3836 Test Time: 10:40am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
Z T P	Dagg	10.41=

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:41am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1/	INTOXIMETERS, MODEL INTOX EC/IR II
County Vac	Ikin Instrument Location Vackin County Jail
Instrument Ser	rial No. 008854 Instrument Location VacKin County Jail VadKin Ville, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of 16 or depty, 20 the forgoing preventive maintenance be 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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 02/08/2016

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	Pass	1:49pm 1:49pm
ACCY CHK	.08 .00	1:50pm 1:52pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
ATR BLK	∠ .00	1:56pm

Reported AC:

Signature of Chemigal Analyst

Court CVR

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854

Test Record Number: 400

Test Date: 02/08/2016

Test Time: 1:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:59pm
FLO	Pass	1:59pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm

CRC Tests

Test	Status	Time
COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance Stat⁄ús: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 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.

Signature of Certifying Official

Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 02/08/2016

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	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.07	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
ATR BLK	Z00	1:52pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 1231

Test Date: 02/08/2016

Test Time: 1:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

Temperature Tests

Test	Status	,	Time
FC1	Pass	dr dr	1:54pm
SRC	Pass	4	1:54pm
DET	Pass	ÿ	1:54pm
BAR	Pass	ų i	1:54pm
BT	Pass	Ÿ	1:54pm

Blank Tests

Test	Status	ř	Time
AIR	Pass	Ý	1:54pm

Printer Tests

Test	Status	Š.	Time
PRNT	Pass	· ·	1:55pm

CRC Tests

Test	Status	Time
	3	
COMP	Pass	1:55pm
CAL	Pass	1:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mac	Instrument Location Mais Hill PD
Instrument Seria	INO. 00 8582 Mars Hill NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he <u>23</u> day of <u>february</u> , 20 <u>16</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE ON NO.	DOUBLE CAROL
* TOTA GOTOM ADDREST A	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 02/23/2016

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: 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: AG534901

Exp Date: 12/15/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582

Test Record Number: 1063

Test Date: 02/23/2016

Test Time: 3:54pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

Printer Tests

Test	Status	Time	
PRNT	Pass	3:55pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	3:55pm	

Preventive Maintenance Status: Pass

Pass

CAL

37.)

3:55pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	KOBESON	_ Instrument Location_	BAT	MOBILE	- UNIT
Instrument Se	ROBESON orial No. 008575		Lum	BERTON	, NC
The preventive four months a	re maintenance procedures for the re:	Intoximeters, Model Intox	EC/IR II to b	e followed at least	once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		lcoholic brea	ath simulator therm	ometer show
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	1;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breath sample	;		
7.	When "PLEASE BLOW" app	ears, collect breath sample	;		
8.	Print test record;	•			
9.	Verify Diagnostic Program; ar	nd			
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.				
	n the 27 day of 6 re performed on the instrument in Health and Human Services, and		e with curre	rgoing preventive n nt regulations of the	naintenance N.C.
STATE OF STA	CAROLINI CAR				
* ESE QUAM VIDE	al R	3		648	
•		nature of Certifying Officia	1	Certificate N	umber

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008575 Test Date: 02/27/2016

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: 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

Pass	6:46pm
	6:47pm
.08	6:48pm
.00	6:49pm
.00	6:49pm
.00	6:50pm
.00	6:52pm
.00	6:53pm
	.00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008575

Test Record Number: 890

Test Date: 02/27/2016

Test Time: 6:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:54pm
FLO	Pass	6:54pm
FC	Pass	6:54pm

Temperature Tests

Status	Time
Pass	6:55pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:55pm

Printer Tests

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

6:55pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Cleveland	Instrumen	nt Location Kine	S Mount	ain PD_
Instrumen	t Serial No. OO8900	112:	s. Piedm	ont Ave,	Kings M
The prever	ntive maintenance procedures for the hs are:	Intoximeters, N	Model Intox EC/IR I	I to be followed at	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c			breath simulator t	hermometer shov
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 br	eath sample;		
7.	When "PLEASE BLOW" app	pears, collect br	eath 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.				
	at on the <u>940</u> day of <u>Fe</u> s were performed on the instrument in at of Health and Human Services, and	ndicated above, i	in accordance with c	current regulations	tive maintenance of the N.C.
TO STATE OF	ATE OF NORTH CARDON SION SION SION SION SION SION SION SI	mature of Certif	ving Official		ate Number

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 02/09/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:09am
AIR BLK	.00	10:10am
ACCY CHK	.07	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 02/09/2016 Test Record Number: 583
Test Time: 10:05am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

Blank Tests

Test	Status	Time	
ATR	Pagg	10.07am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am
	CPC Tosts	$\gamma_{ij} = 1$

Test	Status	Time
COMP	Pass	10:07am
CAL	Pass	10:07am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	mil Camille I Elas, ivi	ODEL INTOX EC/II	\ 11
County 1	Instru	ument Location Waxha	W bp
Instrument Seri	rial No. <u>008598 362</u>	0 Providence R 704-843-035	•
The preventive four months are	e maintenance procedures for the Intoximete re:	rs, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree cent		simulator thermometer shows
2.	Verify instrument displays time and date	,	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, colle	ct breath sample;	
7.	When "PLEASE BLOW" appears, colle	ct breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is bei simulator solution is being changed every whichever occurs first.		
procedures were	n the <u>HM</u> day of <u>February</u> re performed on the instrument indicated about Health and Human Services, and the instrum	ove, in accordance with current r	ing preventive maintenance egulations of the N.C.
THE STATE OF A VALUE OF THE STATE OF A VALUE OF THE STATE OF A VALUE OF THE STATE O	Signature of C	ertifying Official	(15) Certificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 02/18/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	02:15pm 02:16pm 02:17pm
AIR BLK	.00	02:18pm
SUB TEST	.00	02:19pm
AIR BLK	.00	02:20pm
SUB TEST	.00	02:21pm
AIR BLK	.00	02:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Record Number: 616

Test Date: 02/18/2016

Test Time: 02:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	02:24pm 02:24pm
FC	Pass	02:24pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	02:24pm 02:24pm 02:24pm 02:24pm 02:24pm

Blank Tests

Test	Status	Time
AIR	Pass	02:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	02:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	02:25pm

Preventive Maintenance Status: Pass

Pass

02:25pm

CAL

Analyst